

## Assisted Suicide

**Mr Speaker:** Before I call the hon. Member for Croydon South (Richard Ottaway) to move the motion, it may be useful for the House to know that I have selected amendments (a) and (b), and that Dame Joan Ruddock will be invited to move amendment (a) during the debate. I should warn the House that it will be possible for amendment (b) to be moved only if it is reached before 7 pm, after the House has disposed of amendment (a). That warning is for the benefit of the House. The House can make its own judgment in the handling of these matters.

Members will be aware that, because of the huge interest in speaking in the debate, I have imposed a five-minute limit on Back-Bench speeches, which will apply after the proposer and seconder of the motion have spoken.

1.54 pm

**Richard Ottaway (Croydon South) (Con):** I beg to move,

That this House welcomes the Director of Public Prosecutions' Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide, published in February 2010.

The motion will be seconded by the hon. Member for Walsall North (Mr Winnick).

The fact that the debate is taking place today is significant, and reflects the willingness of Parliament to address society's concerns in this area. It is more than 40 years since the subject was debated on a substantive motion, and I am extremely grateful to the Backbench Business Committee, without which I strongly suspect today's debate would not be taking place.

This very sensitive area of law evokes deep emotions. I take the firm view that, in these circumstances, Parliament and not the courts should have the last word on prosecuting policy and the criminal law. I think it appropriate to put on record at this point that I have the highest regard for Mr Keir Starmer QC, the current Director of Public Prosecutions, who drew up the policy that we are debating as he was asked to do by the Law Lords.

Let me begin by explaining what the debate is not about. The motion welcomes the DPP's "Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide". This is not a debate on the recently published report of the Commission on Assisted Dying. The House is not being asked to express a view on voluntary euthanasia, which requires a change in the law of murder, and it is not being asked to support assisted dying for the terminally ill, which requires a change in the law on assisted suicide. Whatever our views, the debate is not about the application of Mr Tony Nicklinson to the High Court for assistance in ending his life, and whatever the outcome of the debate, assisted suicide will remain a criminal offence. This is a debate about the application of the existing law of England, Wales and Northern Ireland. There is not an exact equivalent in Scotland, which has an offence of culpable homicide and no guidelines.

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In the wider debate, there are many differing positions. There are those who support a change in the law to allow some form of doctor-assisted dying within up-front safeguards. Equally

vocal are those who do not favour a change. Between those differing positions is the pressing issue of how the current law is applied by the DPP and the courts.

**Ian Paisley (North Antrim) (DUP):** The hon. Gentleman has listed the matters that the debate is not about. Does he acknowledge that a letter was sent to Members indicating that he would welcome comments on all those matters during the debate? Has not the debate been rather confused by his own note about it?

**Richard Ottaway:** Let me say to the hon. Gentleman—for whom I have the highest regard—that it would be slightly naïve to think that the House will focus precisely on assisted suicide for five hours. One or two Members may stray on to the subject of assisted dying or voluntary euthanasia, if only within the scope of the amendment on palliative care, with which I shall deal shortly.

**Mr David Burrowes (Enfield, Southgate) (Con):** My hon. Friend opened the debate by saying, quite properly, that this was an issue not just for courts but for Parliament. To what extent is the discretion of the DPP to prosecute an issue for Parliament?

**Richard Ottaway:** The guidelines—about which I shall say more in a moment—are a model of clarity. They reflect the way in which the DPP is applying the existing law. I hope that, if a majority in Parliament endorses the guidelines today, they will be strengthened because the debate has taken place.

Until the Suicide Act 1961, suicide was a criminal offence, and some of those who attempted suicide were prosecuted. Most were discharged, but the records show that in 1956 some 33 were sent to prison. In 1961, Parliament caught up with public sentiment, and both suicide and attempted suicide were decriminalised. That was done not to condone suicide, but to recognise that it was primarily a medical rather than a legal issue, and therefore better dealt with by healthcare professionals than by the police. Assisted suicide was a new offence, designed to protect against abuse. It created a unique legal precedent in that this was a criminal offence of being an accessory to a non-criminal act. It carries a sentence of up to 14 years in prison.

What our predecessors did not do, however, was to distinguish between the types of assistance—between the person who irresponsibly and maliciously encourages a suicidal person, and the loving spouse who fulfils a dying partner's request for help to die. This is the question we are addressing today: should both actions be treated equally under the law?

The problem was, in part, recognised by the 1961 Act, which gave the DPP discretion, so that even when sufficient evidence existed, prosecution would not automatically occur. That recognises the delicate balance that needs to be struck in respect of motive, compassion, coercion and circumstance.

**Kelvin Hopkins (Luton North) (Lab):** I congratulate the hon. Gentleman on addressing these issues so clearly and in such a measured way. Does he acknowledge that

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some of us support people in situations like that of Diane Pretty, my former constituent, who died 10 years ago? She went to the highest courts possible—the House of Lords and the

European Court of Human Rights—to seek the right to assisted suicide and was refused, but there was massive public support for her at that time. Does the hon. Gentleman agree that that public support should be taken into account in our deliberations?

**Richard Ottaway:** The hon. Gentleman is absolutely right: there is huge public support, and I shall talk about that shortly.

Turning to the policy itself, records show that more than 180 Britons have travelled to Switzerland to die in the last 10 years. No one has been prosecuted for accompanying them or assisting them with their arrangements, even when there has been sufficient evidence to prosecute. However, before the 2010 policy document, precisely what criteria were used was never published—until Debbie Purdy asked for clarity.

Debbie Purdy has primary progressive multiple sclerosis. In 2009, she took her case to the Judicial Committee of the House of Lords. She wanted to know whether her husband would be prosecuted if he accompanied her to Dignitas in Switzerland. In their judgment, the Law Lords instructed the DPP to make clear the factors he took into account when reaching a decision on whether or not to prosecute. Lord Brown’s judgment made it perfectly clear what was required. He said that we need a custom-built policy,

“designed to distinguish between those situations in which, however tempted to assist, the prospective aider and abettor should refrain from doing so, and those situations in which he or she may fairly hope to be...forgiven, rather than condemned, for giving assistance.”

The DPP did just that, with a clarity and precision that is to be welcomed.

In February 2010, following extensive consultation, the DPP published the guidance. I have sent a copy to every Member of this House. The policy recognises the reality of prosecuting practice in cases of assisted suicide: that in certain circumstances, compassionately motivated assisters will not be prosecuted.

There are 16 factors weighing in favour of prosecution, including the assisted person not having mental capacity, and if the assister is a doctor or other professional caring for the assisted person. There are six factors weighing against prosecution, including that the assisted person made a voluntary, informed decision—in other words, they were of sound mind—as well as that the actions were of only minor encouragement or assistance, and that the suicide was reported to the police. The policy reiterates that there can be no immunity from prosecution before a crime is committed.

**Mr Laurence Robertson (Tewkesbury) (Con):** The guidance lists six circumstances in which prosecution would not take place. How does my hon. Friend reconcile that with his statement that this does not represent a change in the law? Surely it does?

**Richard Ottaway:** That is a fair point, and some people think it does represent a change in the law. However, the guidelines are set out as offering clarity on the application of the existing law, and not as changing the law. In the Purdy case, the House of Lords asked the DPP to set out how the existing law would be applied.

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**Richard Graham (Gloucester) (Con):** As my hon. Friend has pointed out, what we are debating is simply an interpretation of the law by the DPP that distinguishes between wholly compassionate assistance and malicious assistance, which will continue to be prosecuted. We are being asked to endorse a reasoned, rational approach that many of our constituents support.

**Richard Ottaway:** My hon. Friend is absolutely right. That approach is supported by many of our constituents. Compassion is at the heart of this debate. The key question is whether someone should be prosecuted for minor assistance, within the terms of the guidelines.

**Bob Stewart (Beckenham) (Con):** To date, have there been any cases, or suspected cases, of malicious assistance?

**Richard Ottaway:** As far as I am aware, there have been no prosecutions for escorting someone to Dignitas in Switzerland. I shall have to write to my hon. Friend with a precise answer to his question, but I am not aware of any prosecutions for assisting suicide in recent years.

**Steve Brine (Winchester) (Con):** I shall support the motion; indeed, I am a signatory to it. The DPP is merely doing his job. This House passed the 1961 Act, which explicitly states that a person may be prosecuted for assisting suicide only

“by or with the consent of the Director of Public Prosecutions”,

who must decide whether or not prosecution is in the public interest. He was asked to draw up these guidelines, and he has done so. He is not acting outside his statutory obligation; he is merely following it.

**Richard Ottaway:** That is right. Returning to the point made by my hon. Friend the Member for Tewkesbury (Mr Robertson), every single case is investigated by the police, and there has been no derogation from the existing law of assisted suicide.

I invite the House to address how we as legislators should approach this difficult subject. When a person makes the decision to end their life, that draws on the depths of human experience and is intensely personal. The responsibility on parliamentarians to make a judgment on the rights and wrongs of assistance in such decisions is enormous.

The view of the British public is emphatic. In 2010, a YouGov poll found that 82% agreed that it is a “sensible and humane approach” not to prosecute someone who helps a close relative

“with a clear, settled and informed”

wish to die.

The same question is before the House today: should someone who is wholly motivated by compassion, and who has behaved within the parameters of the DPP’s policy, be prosecuted for assisting a person of sound mind who has made a clear and settled decision to end their life? Is it right to prosecute Judy Johnson, whose husband, Ken, was diagnosed with terminal

cancer and, after a long battle, decided to end his life? Judy helped Ken make the arrangements and, with his three children, travelled with him to Switzerland. Is it right to

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prosecute Susan McArthur, who sat with Duncan, her loving husband of 42 years, and held his hand as he ended his life? Duncan had motor neurone disease, and decided to take control of his death while he still had the physical capability to do so. In my heart, I cannot believe it is in society's interest to prosecute them and to convict them of a criminal offence, and to give them a prison sentence. It is not in the public interest to do so. That has been the approach taken by the DPP for many years, and I believe it should be supported by the House.

**Jacob Rees-Mogg (North East Somerset) (Con):** How is it possible to be sure that somebody's motivation is entirely compassionate, and that they are not affected by other factors?

**Richard Ottaway:** At the end of the day, that has to be a judgment made by the police and the prosecuting authorities. I have confidence in their ability to make that judgment. Of course there is a human element to that, but the guidelines are perfectly clear, and there is plenty of guidance on the approach taken by the prosecuting authorities.

**Mr John Baron (Basildon and Billericay) (Con):** My hon. Friend is introducing the debate in a very measured way. I support greater patient choice at the end of life. It is absolutely right that there should be parliamentary oversight of prosecuting and sentencing policy, but does he agree that we must never leave far behind the notion that at the core of the debate is compassion, both for the patient and their immediate family? We must not lose sight of that.

**Richard Ottaway:** Yes, it is about compassion for those facing an experience that, obviously, none of us has had. This is the most difficult of subjects, which is possibly why Parliament has been resistant to debating it for many years.

May I turn to the amendment by the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock), which calls on the Government to consult on whether the code should be put on a statutory basis? The law is clear: if someone assists a person in ending their life, it is a criminal offence. However, the Director of Public Prosecutions has made it clear that in a narrowly defined set of circumstances, he will not prosecute. The crux of the point is that it is quite possible that, sometime in the future, the guidance will be changed without parliamentary approval. Parliament should be consulted before any further change, and the amendment ensures that.

There is another point: putting the policy on a statutory basis would address the charge that this debate is the thin end of the wedge, or the slippery slope. It is the complete opposite. The policy exists, and can be amended without parliamentary scrutiny. If we enshrine the policy in statute, it would take another statute to amend the law. Members will have their say on all sides of the debate, and will then vote. That is how we make laws in Parliament, and the public expect no less. In my opinion, the amendment deserves support.

**Sir Peter Bottomley (Worthing West) (Con):** Will my hon. Friend allow me to intervene?

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**Richard Ottaway:** This is the last time I give way.

**Sir Peter Bottomley:** I am grateful to my hon. Friend, and may I say how much I welcome what is on his website, which explains some of the issues? On the motion and amendment (a), the original motion that the House thought it was to consider included a reference to putting matters on a statutory basis. The motion was changed, and the amendment was brought forward. The first, and possibly only, vote this evening may put back into the motion what was taken out and put in amendment (a). Is that coincidence, or clever parliamentary practice?

**Richard Ottaway:** I make no secret of the fact that the original motion included the words in the amendment, but in discussion with colleagues on both sides of the argument, people rightly pointed out that there were two separate arguments in the motion, and one part might be successful, and the other defeated. The part that people agreed with might be defeated because of the bit that they did not agree with. It seemed perfectly sensible to separate the two bits. I confess that I had a conversation with the right hon. Member for Lewisham, Deptford, and she has bravely undertaken to move amendment (a) today.

I turn to the other amendment selected—amendment (b), on palliative care, in the name of my hon. Friend the Member for Congleton (Fiona Bruce). I am happy to accept the amendment. I would have signed it, if it would not have looked odd to sign an amendment to my own motion. I pay tribute to those working in the area of palliative care, and in particular to St Christopher’s hospice in south London, which works closely with a number of people in my constituency.

The previous and current Governments deserve credit for the progress that they have made towards greater access to care, notably through the end-of-life care strategy. We all recognise the first-class palliative care services provided by hospices, and we should be united in hoping that it can be replicated across all care settings. I give a warm welcome to the additional funding for end-of-life care announced last week by the Secretary of State for Health at the Marie Curie Cancer Care reception, but we should recognise that—as was acknowledged by Baroness Finlay, the renowned palliative care professor and passionate campaigner against a change in the law on assisted dying—such care is not a panacea to all the suffering that the dying process can cause.

Some people, regardless of the care available to them, will seek to control the time and manner of their death. Melanie Reid wrote about that in a moving column in *The Times* today, which I commend to the House. She is not terminally ill; she is a tetraplegic, following a riding accident. She admits to contemplating ending her life regularly. She wrote:

“Knowing that I have a choice is a huge comfort to me; it sustains me on the days when I make the mistake of looking too far in the future. But the point is, I am blessed precisely because I have a choice.”

In other words, even if we can provide universal access to good-quality end-of-life care, some Britons will still seek to end their lives. The law must be equipped to deal with such cases and to help the vulnerable.

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I was struck by a recent debate in the other place on the DPP's policy, secured by the former Leader of the House of Lords, Baroness Jay. In that debate, there was a clear division between speakers on whether the law should change to allow doctor-assisted dying, but there was unanimous support for the DPP's approach, with Baroness Finlay describing the policy as "clear, firm and compassionate." Furthermore, in a recent Synod debate that overwhelmingly rejected a change in the law, the Archbishop of Canterbury, who has repeatedly made clear his opposition to a change in the law, said:

"We can be realistic, we can be compassionate in the application of the existing law".

I hope that today, whatever view individually we may take on the law, we can agree that the approach taken by the DPP is both realistic and compassionate.

If there is a majority in the House in favour of this motion, we will have done the nation a service. If there is a majority against it, we will have a problem, as the DPP and 82% of the public will be saying one thing, and the people's elected representatives another. I urge the House to support the motion and show compassion to those facing this terrible dilemma.

**2.16 pm**

**Mr David Winnick (Walsall North) (Lab):** It gives me much pleasure to second the motion moved by the hon. Member for Croydon South (Richard Ottaway). I welcome the debate. It has been a very long time since the House of Commons debated the whole issue, and whatever view we take, it is only right and proper that the House should have an opportunity to debate the subject. The guidelines are a considerable advance on what happened before.

The hon. Gentleman mentioned Debbie Purdy. I pay tribute to the way that she, faced with a terminal illness, was determined to fight through the courts to find out what the position would be if her husband accompanied her to Switzerland should she at some stage want to go there. For someone without influence—a private individual without a private income—to do what she did, albeit with the help of an organisation and sympathisers, is remarkable. Even those opposed to a change in the law would agree that she should be praised for her sheer determination and will-power in fighting her campaign.

Of course, there were others before Debbie. My hon. Friend the Member for Luton North (Kelvin Hopkins) mentioned one of his constituents who, unfortunately, is no longer alive—Diane Pretty. She did not want to end her life in a way that was painful and humiliating, and did not want to be in a situation where she was almost suffocating. She did not succeed in her aim; she had the painful illness, and the ending that she so desperately wanted to avoid.

There were other such people. There are some whose cases we do not know; they, and their loved ones, would not wish their case to be publicised. One case that was particularly publicised was that of Dr Anne Turner, a medical doctor who knew full well from her work what was in store for her. Apart from anything else, her late husband, by a terrible coincidence, died from the same sort of illness that she faced, which would deprive her of all movement; at the end, she would not even be able to

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swallow. Dr Turner was determined that she was not going to end her life in the same way as her husband. Understandably, her children tried to change her mind, but in the end she decided—I believe she had already tried unsuccessfully to commit suicide—to make the journey to Switzerland. In order to publicise her plight and other such cases she invited the BBC to film her journey to Switzerland, and a film was made later about her position.

I can understand the situation that Dr Turner faced. Let me say straight away that I am a late convert to this position. There was a ten-minute rule Bill on euthanasia in April 1970, and had there been a vote nearly 42 years ago, I would have voted no. Indeed, I would have voted against such a Bill not only then, but today, because I am against euthanasia as such. If I was not, I would say so. I do not normally conceal my views, however much they may be in a minority. I am in favour of a change in the law, but only a very sharply defined change and one that is certainly very different from euthanasia, which, to some degree, occurs in Belgium and the Netherlands.

It is sometimes said that those of us who want a change in the law are doing a disservice to the disabled. It is pretty obvious that that is about the last thing I want to do. I have no desire to encourage disabled people in any way whatsoever to end their lives. At every stage in my parliamentary life, I have, obviously, supported every measure to support the disabled—it would be odd if it were otherwise. I believe that that would be the position of all Members of the House, regardless of where they stand on any change in the law.

**Paul Maynard (Blackpool North and Cleveleys) (Con):** The hon. Gentleman is making the point that one particular disabled individual should be given the right to make this judgment. Is he not, by definition, therefore making the case that a particular form of disability inevitably makes a life not worth living? Is that not a dangerous utilitarian judgment to make?

**Mr Winnick:** That is the very opposite of my view. As I said, I have supported every move to support the disabled in every conceivable way. It is an advance for the House of Commons that we have disabled Members and that we do not just represent disabled people who happen to be constituents. One of my colleagues is confined to a wheelchair and it is right and proper that she should be here. There is an idea that, in some way, those of us who want a change in the law would wish to harm the disabled, but the very opposite is the truth. However, I take the point that to the extent that disabled people—or, at least, the organisations that speak on their behalf—have concerns about any change in the law, people such as me, who want a change in the legislation, should certainly bear that very much in mind.

**Paul Goggins (Wythenshawe and Sale East) (Lab):** On five separate occasions my hon. Friend has talked about changing the law and about his desire to do so. Will he confirm, for the sake of everybody in the House this afternoon, that support for the motion is not support for a change in the law, but an acknowledgment that the Director of Public Prosecutions has done his job?

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**Mr Winnick:** Absolutely. I prefaced my remarks by saying that the DPP guidelines can be supported—the debate is actually titled “Assisted Suicide”—by those who are very much in favour of the existing law and by those who are opposed. No contradiction is involved, and I am glad that my right hon. Friend has had the opportunity to make the point.



**Sir Peter Bottomley:** That response to that last intervention was helpful to the House. May I ask the hon. Gentleman kindly to give the House a little more help? He is arguing that he would like to see the law changed. An amendment is to be moved which says that the guidance should be put on a statutory basis—it talks about “whether” that should happen, but it, in effect, proposes that it should. Will he be supporting that amendment or is he against it, given that he wants the law changed?

**Mr Winnick:** I want the law changed, but that does not mean that if the time comes for a vote on the amendment I will not make up my mind accordingly.

If I were asked what sort of change I would like, if change were to occur, I would reply that it would be very much along the lines of what happens in Oregon in the United States. In Oregon, which has all the necessary safeguards in place, those with a terminal illness who wish to end their lives—they must have a terminal illness—are allowed to do so. Some may argue that that is a sliding slope, but palliative care was mentioned by the hon. Member for Croydon South and we should bear in mind what has happened in Oregon, where assisted dying has existed since 1994. The number of people who have died naturally in hospices has actually doubled there. So the argument that hundreds or thousands of people would go to their deaths if we were to change the law and allow assisted dying for the terminally ill is a total fiction.

**Dr Sarah Wollaston (Totnes) (Con):** Does the hon. Gentleman not agree that such an approach would change a fundamental principle, which is that doctors do not kill their patients?

**Mr Winnick:** It is a point that the hon. Lady, a medical doctor herself, has made with great sincerity. The British Medical Association makes the same point, but presumably there are other doctors who take a different view from her. I do not know how many of them there are, but, as we know, there must obviously be certain doctors whose view is that, out of compassion,

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the law should not prevent them from doing what they consider to be appropriate. Of course, that would all be debated at length and in detail if any measure were to change the law as such.

**Paul Flynn (Newport West) (Lab):** Many of us have had the experience, as have many people in other countries, of doctors saying to them when their loved ones are suffering greatly that they will make sure that she or he “will not suffer”. What does my hon. Friend think doctors mean by that?

**Mr Winnick:** I think that we could all come to the same conclusion. Are we to take it that doctors in Oregon, Belgium or the Netherlands are not concerned about their patients, that they are potential Shipmans and that they could not care less whether or not their patients die? Although I accept the sincerity of the hon. Member for Totnes (Dr Wollaston), I must, as my hon. Friend has indicated, accept that some doctors, however much they may be in a minority, take a different view.

I simply say to the House that whether or not we agree to any change in the law, this issue will not go away. The hon. Member for Croydon South said that more than 180 British citizens have gone to Switzerland in these circumstances. Perhaps there are others who would like to go, for they do not want to face an unbearable death, but do not have the financial means to do so. I hope that the House will not only agree to the guidelines, but be willing to explore the dilemma faced by these people. This could happen to any of us, as nobody is exempt from the possibility of having a severe illness of the sort that Anne Turner was facing and was determined to avoid at all costs, and which resulted in her going to the clinic in Switzerland. I hope that we will have a very good debate. The issues are very important and I hope that at the end of it the guidelines which the Law Lords instructed the DPP to produce will be fully supported on all sides and by all the opinions in this House.

## **ROYAL ASSENT**

**Mr Deputy Speaker (Mr Lindsay Hoyle):** I have to notify the House, in accordance with the Royal Assent Act 1967, that Her Majesty has signified her Royal Assent to the following Acts:

Health and Social Care Act 2012

London Local Authorities Act 2012.

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## **Assisted Suicide**

*Debate resumed.*

**2.30 pm**

**Dame Joan Ruddock (Lewisham, Deptford) (Lab):** I beg to move amendment (a), at the end of the Question to add,

‘and invites the Government to consult as to whether to put the guidance on a statutory basis.’.

I very much welcome this debate and the fact that the Backbench Business Committee has found time for it. I congratulate the hon. Member for Croydon South (Richard Ottaway) on the very considered way in which he presented the motion. The amendment, which stands in my name and those of the hon. Members for Amber Valley (Nigel Mills) and for Solihull (Lorely Burt), invites the Government to consult as to whether to put the policy on a statutory basis. I believe the time has come to give the public and stakeholders an opportunity to comment on the Director of Public Prosecutions’ policy in practice. The amendment invites the Government to place the DPP’s policy on a statutory footing but does not demand that.

The final version of the policy on assisted suicide has now been in place for more than two years. The draft policy was the subject of heated debate, particularly in relation to the health

or disability status of the assisted person, the actions of health care professionals and the relative weight to be given to the motivation of the assister. However, there are still some areas of concern in relation to the policy, most notably its impact on doctors where there is less clarity. A patient with a terminal condition may wish to discuss with a health care professional their desire for assistance to end their life. Similarly, a patient who has come to a decision may wish to obtain their medical records in order to be assisted to die overseas.

If the Government were to hold a consultation on whether the DPP's policy on assisted suicide should be placed in statute, I am confident that we would learn much from the response of the public and the stakeholders working with the DPP's policy. Essentially, placing the policy in statute would reinforce not only that the DPP has discretion in deciding on prosecutions in assisted suicide cases, which is already plain in the wording of the Suicide Act 1961, but also the factors that must be considered in taking these decisions. Placing the policy in statute would signal in the strongest possible way that Parliament agrees that those who maliciously or irresponsibly encourage suicide should be prosecuted, but that it is not normally in the public interest to prosecute an otherwise law-abiding citizen who helps a loved one to die on compassionate grounds.

**John Pugh (Southport) (LD):** It is clear that the DPP has discretion. How does placing something on a statutory footing show that the DPP has discretion?

**Dame Joan Ruddock:** Clearly, if the existing guidelines were put into statute they would lie alongside existing statute. I will go on to explain why I think it is very important that they should be in statute.

**Mr David Burrowes (Enfield, Southgate) (Con):** Would not one of the implications of the amendment, if it were passed, be to fetter the discretion of the DPP to

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amend the code? It would drive a coach and horses through section 10 of the Prosecution of Offences Act 1985, which gives the DPP complete discretion to draft his own codes.

**Dame Joan Ruddock:** I completely disagree. First, the amendment invites the Government to consult, which could not possibly contravene an Act in itself. Furthermore, the Act that gives the discretion is not overturned by putting the guidelines into statute. What the statute would then say is, "These are the circumstances..." but it would not remove from the DPP the discretion he has in existing statute.

**Several hon. Members***rose—*

**Dame Joan Ruddock:** I am not going to give way again because I have used up my time for interventions. I am sorry but I will run out of time completely if I give way.

There is also a question of accountability to consider. The DPP is, of course, answerable to the Attorney-General and in this way is accountable to Parliament, but we as Members of Parliament are accountable to our constituents. Public interest in the law on assisted suicide and related issues is extremely high. As the hon. Member for Croydon South has told us, a YouGov poll in 2010 for *The Daily Telegraph* asked 2,000 people whether they agreed with the DPP's policy. For the benefit of the House, let me repeat the outcome of that poll: 82%

agreed with the compassionate treatment of people as laid out in the DPP's guidelines, only 11% disagreed and 8% said they did not know.

As it stands, the policy could be changed by the DPP, who is after all an individual who holds the role of DPP for a term of five years. It is unlikely that a future DPP would make significant changes to the policy, but it is always possible. That is why placing the DPP's policy on a statutory footing would mean that this sensible, humane and popular policy could be changed only by Parliament. In conclusion, I welcome the DPP's policy and this debate. The policy is sensible, humane and provides clarity on how the law is applied in assisted suicide cases. The public strongly support that approach, which is why I believe the Government should consult on whether they want the clarity provided by the policy to be placed on a statutory footing. I have always known that in compelling circumstances I would assist a loved one to die. That is why I think it is so important that the DPP's policy should be placed in statute. I urge hon. Members to support this amendment and the motion.

**Several hon. Members***rose*—

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. I am now going to call Fiona Bruce to speak to amendment (b), but it will not be moved at this stage. I remind hon. Members that there is a limit of five minutes for all Back Benchers.

2.37 pm

**Fiona Bruce (Congleton) (Con):** Thank you, Mr Deputy Speaker, for calling me to speak to my amendment. I understand that although I am not able to move it yet, other Members may speak to it throughout the afternoon.

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I support the motion in the name of my hon. Friend the Member for Croydon South (Richard Ottaway) and I oppose the amendment in the name of the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock).

Britain has been ranked first in the world for quality end-of-life care in a survey by *The Economist* intelligence unit of 40 OECD and non-OECD countries, including the USA, the Netherlands, Germany and France. We should be proud of and support services that are providing care to enable patients to live as well as possible, while accepting natural death and doing everything to keep patients comfortable during dying.

**Mr Robert Buckland (South Swindon) (Con):** Will my hon. Friend join me in paying tribute to organisations such as the Prospect hospice in my constituency, which offers world-class palliative care, not only in-house but within the community that it serves?

**Fiona Bruce:** I will, and I pay tribute to the entire hospice movement in this country. The care and treatment of patients provided by such services embodies the culture that we have in this nation of prioritising care at the end of life, and does not prioritise foreshortening life by months or years at the end-of-life stage.

The DPP has said that the guidelines that he operates are working well; indeed they are. Prosecutorial discretion is part of our criminal law and applies across a wide range of crimes.

We cannot fetter it in law because each case is different. The law gives a clear message that one person should not encourage or assist another's suicide.

**Robert Halfon (Harlow) (Con):** I am proud to be supporting my hon. Friend's amendment today. Does she agree that this is not about choice, but is about people being forced to make choices? Does she also agree that rather than having debates about assisted dying it would be much better if we had more debates and discussions about how we could improve palliative care?

**Fiona Bruce:** I do, and that is entirely the intent of my amendment.

**Mrs Eleanor Laing (Epping Forest) (Con):** Will my hon. Friend give way?

**Fiona Bruce:** I will continue now, if I may, to allow for the many other speakers who want to speak this afternoon.

If encouragement or assistance is given for others to commit suicide, individuals are answerable for their actions, but when appropriate, the law takes a compassionate approach. Patients at the end of life are very vulnerable to influence, particularly from those providing care. Just yesterday a specialist consultant in palliative care told me of his concerns about any change in the law in this area. He told me of an incident which, he said, was not isolated, but typical. He said: "I had a single male patient who was dying of cancer. Life was difficult for him; he had an estranged daughter who confided in me that her father had asked to be taken to Switzerland because his life was not worth living. His daughter had left home quite early in life and they had lost all contact. I talked with him and he told me how proud he

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was that she had become a head teacher, he himself having been a teacher earlier in his life. I encouraged him to get to know his daughter again, to tell her he loved her, and that he was proud of her. They did so and they spent the last two weeks of his life together in the hospice having these conversations, which meant so much to both of them." Is not that the approach that we should take towards those at the end of their life?

The consultant continued, "We"—that is, doctors—"have real concerns that it would place us in a very difficult position if the law is changed, since at the heart of what we do is the tenet that we should do no harm to our patients. So for someone to have their life terminated would place our relationship on a very different footing." Doctors do not want the relationship of trust between doctor and patients fractured. That surely is why the DPP guidelines tend towards prosecution if assistance with suicide is given by a doctor or nurse as part of their clinical relationship with the patient.

Several disability groups have told me that they would be extremely concerned should there be any change in the law—that is, in this relationship—a change which could well occur should doctors, such as the consultant I mentioned, have the "option to kill"—as he put it—their patients as one of their choices.

Unlike Oregon, where assisted suicide was made legal in 1997, we have specialist palliative care in the UK, with a full four-year training programme. Oregon has had a four and a half-fold rise in assisted suicides since it legalised the practice in 1997, a practice that would result

in over 1,100 assisted suicides in this country on a population basis. And Oregon's safeguards are paper-thin. The Royal College of Physicians has stated that physician assisted suicide

“would fundamentally alter the role of the doctor and their relationship with their patient. Medical attendants should be present to preserve and improve life—if they are also involved in the taking of life, this creates a conflict that is potentially very damaging.”

Help the Hospices says:

“It is right that actions by a care professional are treated differently from actions by a friend or family member”.

Baroness Campbell of Surbiton, speaking on behalf of disabled groups, has said that a change in the law

“wouldn't just apply to the terminally ill, no matter what the campaigners may say. It would affect disabled people too, not to mention the elderly. A change in the law. . . would alter the mindset of the medical and social care professions, persuading more and more people that actually the prospect of an 'easy' way out is what people such as me really want. Well, the vast majority of us do not.”

The motion should keep the DPP guidelines as they are, and support improved care at the end of life.

2.43 pm

**The Solicitor-General (Mr Edward Garnier):** I begin by congratulating my hon. Friend the Member for Croydon South (Richard Ottaway) on initiating this debate. His motion and the amendments tabled to it reveal not so much a political issue as a legal and an ethical or moral question, but either way it is here in Parliament, a place that must be at the very centre of our country's political deliberations, that we should debate these questions and shape the laws that provide the background to and the boundaries of the criminal law.

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Parliament makes our laws and has a vital role when the courts can no longer develop or reveal the common law. When a Government take the initiative to change the law, when Parliament on its own initiative decides to change the law or when the judges in our higher courts can no longer develop the common law, we come here, to Parliament, to deliberate on what the law should be and, where appropriate, to make the necessary changes to our law.

Let me make a few preliminary points. First, it is the position of the Government that the substantive law on assisted suicide is a matter of conscience and not a matter of party political controversy. If the House divides today, right hon. and hon. Members on the Government Benches will vote—or abstain—as their conscience dictates and not in response to the advice of the Government Whips. I dare say the same applies on the Opposition Benches.

Secondly, I acknowledge the variety of views held on assisted suicide, euthanasia, and the care of the terminally ill, and quite understand that many will use this debate to express their

opinion on matters that may be outside the strict confines of the DPP's guidelines on assisted suicide prosecutions. I do not intend to express any personal views this afternoon. Rather, I shall make some dispassionate points about the role of the DPP and of prosecutors under his leadership and about the law on assisted suicide.

Thirdly, as a Law Officer, I want to emphasise the importance of the independence of prosecutors and the undesirability of statutory guidelines for prosecutors in any area of law, not least this one. Fourthly, I repeat what I said a moment ago—that ultimately Parliament is supreme and may legislate in this area if it wishes to do so. Fifthly, I will briefly outline the Government's strategy for end-of-life care. A good many right hon. and hon. Members from all parts of the House have added their names to the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce) to encourage the development of specialist palliative care and hospice provision.

No doubt every Member of Parliament knows of a hospice that is deserving of particular praise for the work its staff do in bringing care and sensitivity to the dying and the bereaved, and of doctors and other medical staff who specialise in palliative care. In Leicestershire we are fortunate to have the LOROS hospice for adults and the Rainbows hospice for children, both of which do so much to help their patients and the families, and I cannot commend them highly enough.

Let me now turn to the Suicide Act 1961. Until that Act was passed, suicide, and thus attempted suicide, were crimes. As late as the 1950s, as my hon. Friend the Member for Croydon South told us, a few people who had failed in their attempt to commit suicide were imprisoned. The 1961 Act decriminalised the act of suicide, but section 2 of the Act made it an offence to assist the suicide or attempted suicide of another person. It is, therefore, a highly unusual offence. I cannot think of another example where it is a crime to assist someone in doing something which is not itself a crime, but given that assisting another person to commit suicide is an area potentially open to a good deal of abuse, it was thought right to make it a criminal offence.

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**Dame Joan Ruddock:** I am grateful to the Minister. I want to take him up on that point, because he has made the seminal point that this is a very unusual—perhaps unique—circumstance, in which assisting is a criminal offence, but suicide is not an offence. Because it is such an unusual case, it may be reasonable for the Government to consult on whether the guidelines should go into statute.

**The Solicitor-General:** I listened to the right hon. Lady's speech and although I understood it, I am not convinced by her argument. None the less, she is perfectly entitled to make it.

Assisting or encouraging suicide is an offence and the maximum penalty for it is 14 years. It should not be thought that the law is not clear. We are talking about the application of the law when it comes to a decision about whether or not to prosecute. Those are discrete issues.

It cannot be acceptable to permit people to encourage others to kill themselves. Most often the people concerned would know each other, but the growth in suicide websites means that the person doing the encouraging could well be wholly unknown to, and not even present with, the person being assisted or encouraged to kill himself. To clarify the position the

Coroners and Justice Act 2009 updated section 2 of the 1961 Act. That change was made amid growing concern about misuse of the internet to promote suicide and suicide methods, and to reassure the public that the internet was not outside the law. It is now clear in that 2009 Act that it is not necessary for a person committing the offence of assisted suicide to know the person whom he is encouraging to commit suicide, or even to be able to identify him. The change to section 2 came about via the Coroners and Justice Act, and any further changes to the law must, I suggest, be a matter for Parliament to decide.

Although today's motion does not call for a change in the substantive law, and the amendment tabled by the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock) calls for the DPP's guidance to be put on a statutory basis—no doubt following consultation, but I think I can paraphrase in that acceptable way—she does not ask for a change in the statute itself. I have no doubt that some may suggest during this debate that there should be a change in the criminal law relating to assisting or encouraging suicide. I do not advocate a change in the law, nor do I think it sensible to place the DPP's guidance on a statutory footing.

**Alun Michael (Cardiff South and Penarth) (Lab/Co-op):** The Solicitor-General has come to a point that concerns me. Does he agree that passing the amendment would appear to be doing something that is very close to changing the law, and it would be a pity to give that impression?

**The Solicitor-General:** I think that I am entitled to look at the amendment proposed by the right hon. Lady on its face value, and it proposes to change the current arrangements. It proposes that there should be a consultation as to whether the policy and the guidelines should be placed on a statutory footing. However, I think that I am entitled to infer from that that those who support that aspect of the amendment wish the DPP's guidelines to be on a statutory footing. I disagree with that. I do not think that that is sensible.

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**Ian Swales (Redcar) (LD):** Can the Solicitor-General think of another example where we expect people to commit a crime knowingly, and only find out later whether they will be prosecuted or not?

**The Solicitor-General:** I do not think that I will answer that question, because, to be honest, I am not entirely sure I understand it. I apologise if my failure to understand is entirely my own fault.

The DPP's guidance relates to the framework within which prosecutors apply the law as it currently stands, and I suggest that that is a framework that should remain in place as it currently stands. As Law Officers, it is for the Attorney-General and for me to superintend the Crown Prosecution Service and to account to this House for its activities and performance, but prosecutors have always had discretion to consider what the public interest might be when they bring criminal proceedings, and it is for prosecutors to decide how to exercise that discretion.

That is set out in the code for Crown prosecutors, the document issued by the DPP that provides guidance on the principles that prosecutors should apply when making decisions on whether to prosecute in any particular case. The test requires—I paraphrase—the prosecutor



to be satisfied that there is sufficient evidence to convict and that it would be in the public interest to prosecute. Sometimes a statute requires that either the DPP or the Attorney-General—for these purposes that means the Solicitor-General as well—must consent to the prosecution, and in the case of a prosecution under the Suicide Act 1961, as amended by the Coroners and Justice Act 2009, it is the DPP who has to consent to the bringing of criminal proceedings.

However, it has been clear for many years that it is not in every case where the evidential test is passed that a prosecution must be advanced. In 1951 in the House, the then Attorney-General, Sir Hartley Shawcross, said:

“It has never been the rule in this country—I hope it never will be—that suspected criminal offences must automatically be the subject of prosecution.”—[*Official Report*, 29 January 1951; Vol. 483, c. 681.]

Those words underscore the essential independence of our prosecutors from Government, from Parliament, from newspapers and their readers, from religious leaders, from the expert and ignorant, and from all who would seek to interfere in their discretion and independence. As Law Officers, the Attorney-General and I support and protect the independence of prosecutors in their decision making. With that in mind, I will turn to the DPP’s policy document.

**Guy Opperman (Hexham) (Con):** I make a declaration as a former criminal prosecutor. It was frequently said that we were often consulted but often ignored. In these particular circumstances, given that there may be a presiding view of the Government, what is to be lost by having a consultation and finding out what is the view of the people?

**The Solicitor-General:** I suppose that it is a matter of attitude. I happen to think that the Government were elected to take decisions. I have expressed my view on the matter. No damage will be done to the constitution, and the world will not come to an end, if we consult on this issue. I happen to be of the view that we do not

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need to put this policy into statutory form. It will create a form of sclerosis and lead to all sorts of problems that may not be intended. Therefore the better position is to leave the thing as it is. If my hon. Friend, either as a Member of Parliament or as a private citizen, be he a former prosecutor or a former defender, wishes to advocate the consultation process, he should go ahead. I will not stop him. I will just simply not support him.

**Steve Baker (Wycombe) (Con):** Whereas the guidance at paragraph 6 is clear that it does not decriminalise the offence, if the remainder of the guidance were put in statute, would that not therefore decriminalise assisted suicide, and is not that the crucial difference?

**The Solicitor-General:** There is a growing confusion—perhaps it was there already—between the guidelines, which are the DPP’s policy statement on when it is and is not thought appropriate to prosecute and the factors that he will consider, and the substantive law that is set out in section 2 of the Suicide Act. The two are quite different. As I mentioned to the right hon. Lady, it is a criminal offence to encourage or assist the suicide of another, and if people are prosecuted and convicted, they are very likely to receive a prison sentence measured in

years, the maximum being 14 years. But the DPP's guidelines are not the law. They are a public document that informs us how it is that he considers whether or not it is right to bring a prosecution in any given case.

I agree with my hon. Friend the Member for Croydon South in commending the DPP for producing a document that is notable for both its clarity and its compassion. The House is fully entitled to consider the way the criminal law it enacts is applied in practice, but I hope that by considering the guidelines, the House will not only commend them, but also note that they are based on the principle of independent prosecutors exercising their discretion in their decision making, which, ultimately, must be in all our interests.

**Dame Joan Ruddock:** I am really grateful to the Solicitor-General for giving way. Will he just acknowledge that a future DPP could overturn the guidelines, and does he think that that would be acceptable?

**The Solicitor-General:** If a future DPP overturned the guidelines, he would be judicially reviewed for behaving in a rather whimsical way. I also suspect that the right hon. Lady would be one of the first to stand up in the House and censor him for doing so. I can assure her that placing things in statute will not assist her cause. She and I share the view that the DPP's guidelines are a good thing. Why not leave them where they are and let them remain a good thing?

As I said, I hope that by considering the guidelines the House will not only commend them but also note that they are based on the principle of independent prosecutors exercising their discretion in their decision making, which, ultimately, is in all our interests. The guidelines inform others how he will exercise his discretion, but as with any guidance or policy issued by the DPP, it is subservient to the law of Parliament and the decisions of the higher courts. If the law changes, any relevant prosecutor's guidance must also change. It will change the more flexibly if it is not ossified in statute.

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I make a trite point, but the law cannot do everything. We need flexibility in its application, and to be able to apply the law and to make decisions about whether or not to prosecute on the facts and the surrounding circumstances of each case and on a case-by-case basis. In this area of law, perhaps almost if not exclusively above all others, we need to approach the question of whether to prosecute with sensitivity and with care. Indeed, the High Court, in its judgment on 29 October 2008 in the Purdy case—the very action that, once it had been considered by the House of Lords in 2009, gave rise to the guidelines—said that the nature of the offence created by section 2(1) of the Suicide Act is such that

“the variety of facts which may give rise to the commission of that offence, and therefore which may result in a person being prosecuted, is almost infinite”.

The section 2 offence is very widely drawn. It covers all situations and creates no exceptions, which is why, I suggest, the DPP's consent to a prosecution is so necessary, and why the House of Lords directed the DPP to publish the policy that we now have before us.

Guidelines or a policy statement are not required in every criminal case, but I invite the House to consider that such guidelines are best issued by prosecutors and for prosecutors,

although available for public inspection and comment. Quite apart from the propriety of guidelines for prosecutors being a matter for prosecutors, there are some practical considerations to guidelines remaining on a non-statutory basis. Surely to place them in statute would be to attempt to confine the infinite. Policies and guidance are there to provide practical assistance to prosecutors on how particular categories of cases should be approached and the internal processes that should be followed. Therefore, there needs to be a certain amount of flexibility, not least because, as case law develops and public opinion and our collective moral view alter, the law changes and these guidelines and the policies will need to change in response, often quickly.

I therefore urge the House, as a matter of good practice, to conclude that the current flexible and—I admit—pragmatic approach should be retained. That said, we are all entitled, inside and outside the House, to comment on the guidelines themselves or on a decision to prosecute or not prosecute in any given case, subject to any temporary constraints imposed by the law of contempt and defamation. We should not build into the process a sclerotic arrangement that will not improve the application of the law from year to year.

The CPS has published a number of policies and guidance documents over the years. They are available on its website and are there to help the public understand how decisions are taken by prosecutors. During the past two years or so, that has included policies on prosecuting human trafficking cases, public protest cases and cases about perverting the course of justice when victims in rape and domestic violence cases make false retractions. Should these policies be codified, too? Should they be placed on a statutory footing? As my noble Friend Baroness Berridge said in the other place when this matter was debated last month:

“It is imperative that DPP policy and decisions are free from, and seen to be free from, Government interference... If the House were asking how the Government are assessing the application of DPP policy for prosecutions in cases of phone-hacking, constitutional alarm bells would, I believe, have gone off immediately.”—[*Official Report, House of Lords*, 13 February 2012; Vol. 735, c. 629.]

I agree with her.

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My hon. Friend the Member for Croydon South said that the application of the existing law and, by implication, the application of the guidelines in this area is a pressing issue. It is not so much the application of the existing law that is the issue, but what the substance of the existing law is. I leave others to decide how pressing the issue might be. At the risk of repeating myself, I will say that if Parliament wishes to change the law in this area, that is a matter for Parliament, but we should not confuse the way prosecutors apply the law with what the law is or should be.

As I draw my remarks to a close, I will briefly address the amendment tabled by my hon. Friend the Member for Congleton and supported by a great many right hon. and hon. Members. She is encouraging—I assume—the Government to develop specialist palliative care and hospice provision further and, in responding, I transmogrify my role as a desiccated, boring and apolitical Law Officer to that of a thoroughly exciting political Minister.

The Government recognise that many people, their families and carers do not receive the quality of end-of-life care that we would all wish to receive. Hardly a month passes without our reading in the national or local press or hearing in the broadcast media of some terrible episode of personal suffering endured by an elderly person at the end of their life. Every such story demands of us that something more should be done to ensure that the care of the terminally ill, no matter what age they are, should be improved. The Government are committed to developing and supporting end-of-life and palliative care services to ensure that the care people receive, whatever their diagnosis, is compassionate, appropriate, of good quality and permits the exercise of choice by patients. That choice is, of course, within the current legal framework. For many, that means being able to choose to be cared for and to die at home, or in a care home when that has become someone's home. However, we know that most people die in hospital, the place where they would least prefer to be.

Although realistically many people will continue to die in hospital, we know that more people could be cared for and die at home. We want services to be set up to help people make that choice, and commissioners and providers need to ensure that the right services are available in the right places and at the right time. Much needs to be done to make that happen, and we will review progress in 2013 to see how close we are to being able to offer that choice. It is very much part of the work to implement the Department of Health's end-of-life care strategy. Published in 2008 under the previous Government, the strategy received cross-party support. It aims to improve care for people approaching the end of life, whatever their diagnosis and wherever they are, including enabling more people to be cared for and to die at home.

**Fiona Bruce:** I am extremely pleased to hear my hon. and learned Friend say that. It will build on what is a very high standard of care in many parts of the country, as I have already mentioned. The point I was seeking to emphasise, in particular, was that evidence shows that where there is a high standard of palliative and end-of-life care, there are fewer requests for assisted suicide. That is why it is so important that we focus on supporting and developing further end-of-life care specialism and treatment in this country.

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**The Solicitor-General** *rose—*

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. I take it that the Solicitor-General is coming to the end of his speech, because we are up against time and many Back Benchers wish to speak.

**The Solicitor-General:** With your permission, Mr Deputy Speaker, I will avoid answering my hon. Friend's question in order to save time.

If we are to continue to provide care where and how people want it, to expand this work into the community and to care for people with conditions other than cancer, hospices and other providers of palliative care need the right support and the right funding. We need a funding system that can last, that provides stability and security in the long term and that actively encourages community-based palliative care so that people can stay at home or in a care home as they wish. Of course, this has to be affordable within the constraints of the current financial climate.

The independent palliative care funding review looked at options to ensure that the funding of hospices and other palliative care providers is fair and covers both adult and children's services. When it reported last summer, it recommended that a number of pilots be set up to collect data so it could refine its proposals, because of the lack of reliable data currently available. Last week, my right hon. Friend the Secretary of State for Health announced the seven adult and one children's palliative care funding pilots selected for this important work. They will start in April and run for two years, and our aim is to have a new funding system in place by 2015, a year sooner than the palliative care funding review proposed.

I did not wish to be rude to my hon. Friend the Member for Congleton. I do not know whether there is a correlation or a causative link between the two points she drew to our attention in her intervention. None the less, if the matter comes to a Division, I urge the House to accept the motion moved by my hon. Friend the Member for Croydon South, to be deeply sceptical about the amendment tabled by the right hon. Member for Lewisham, Deptford and to look with interest and care on the matter proposed by my hon. Friend the Member for Congleton.

**3.7 pm**

**Emily Thornberry (Islington South and Finsbury) (Lab):** I begin by congratulating the hon. Member for Croydon South (Richard Ottaway) not only on persuading the Backbench Business Committee to make time for this debate, for which I am grateful, but on his thoughtful contribution, which set the tone for the debate. I also congratulate my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock) and the hon. Member for Congleton (Fiona Bruce) on their contributions. In my view, the debate is one of the highlights of this parliamentary term, and it is such a shame that there is unlikely to be a great deal of interest from the media, as I think that the debate shows the House at its best.

Assisted suicide is certainly a difficult issue, and I do not believe that anyone has an immediate and obvious answer to that difficulty. Personally, I am always slightly

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suspicious of those who believe that there is a ready answer. The issue is perhaps made more difficult by the fact that, as politicians in a democracy, it is our job to reflect public opinion, and when it comes to such issues the public far too often behave like ostriches, wanting to bury their heads and forget about it. No one wants to believe that they or those whom they love would ever be so ill that they would want to die. The truth, however, is that many of us will find ourselves in that situation.

Despite the fact that we have an increasingly ageing population, we also fail to address additional, related problems, such as the problems of pensions and long-term care, which have led to the social care crisis. Again, that is because none of us wants to believe that we will have difficulties in old age or that we will be seriously ill and need assistance. Therefore, it is not terribly surprising that we have failed to address the issue of how we ought to have a good death. Some of us will die peacefully in our sleep, but many of us will not. With advances in medicine, many of us will live with a medical condition that, even 10 years ago, we would have been unlikely to survive, and which would likely have resulted in a speedy death, so many of us are likely to live longer.

Many of us, however, are likely to live with a painful, debilitating disease that will shorten our lives. Some of us believe that that is the will of God; some of us believe that life comes from God and it is for God to take that life away; many of us believe that Pope John Paul II was an inspiration, given the dignity he showed in dealing with his Parkinson's; and some of us—I am one of them—believe that if more hospice and palliative care was available to those coming towards the end of their lives, they would wish to live as long as they could, so long as they could remain pain-free and continue to live with dignity. I was very moved when I went to Trinity hospice, and I would consider myself fortunate, if necessary, to see out the end of my days in such a hospice.

Others, however, do not believe that such an approach is sufficient. Diane Pretty and Debbie Purdy, for example, do not wish, even with the greatest assistance, to live until the time when God, if there is a God, takes that life away; they wish to have some control over the end of their life.

**Caroline Lucas (Brighton, Pavilion) (Green):** Does the hon. Lady agree, however, that the essence of the Director of Public Prosecution's advice is to give dying people the ability to live? It is precisely the knowledge that they have control over when they are able to die that allows them to live more fully and, often, for longer.

**Emily Thornberry:** I am grateful to the hon. Lady, who in fact takes me to my next point, which is that no one could fail to be struck by the clearly unaffected joy of Debbie Purdy and her caring husband, Omar Puente, when they believed that there had been clarification of the stage at which they might jointly have been able to decide when she could die. The fact that they seemed to be overjoyed by that showed an essential truth in relation to them and to the decisions that they personally needed and wanted to make—and wanted the law to allow them to make.

Having rattled through the difficulties in relation to the issue, may I move on to the motion and to the amendments before the House? The motion welcomes the Director of Public Prosecution's guidance on cases

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of encouraging or assisting suicide, and it is certainly my view that, as others have said, the guidelines are sensible and proportionate. The hon. Member for Croydon South rightly said that they are compassionate, and many members of the public believe that they are.

When the public saw that Diane Pretty, despite all her efforts, eventually did suffocate—exactly what she did not want, because she wanted to be able to end her life before that with assistance, if necessary—they found the DPP's response to the case of Debbie Purdy a few years later was proportionate, and it had their broad support. The motion does not seek to change the law.

Amendment (a), in the name of my right hon. Friend the Member for Lewisham, Deptford, would not change the law, either. It

“invites the Government to consult as to whether to put the guidance on a statutory basis.”

When looking at amendments and at quasi-legal documents, I think that the safest way to interpret them is to interpret what they say as meaning what they say, and the amendment simply asks the Government to consult on whether the DPP's guidance should be put on a statutory basis.

**Sir Peter Bottomley:** The hon. Lady is helping the debate. If the Government were forced to hold such a consultation, would it be based precisely on the DPP's guidelines as they are, or would it open up the debate to state that some of the guidelines are wrong, that there should be not just assisted suicide but death on request, or that the situation ought to involve the chronically ill and some of the physically handicapped? Would the consultation be constricted, because if it were not, why would we hold it?

**Emily Thornberry:** The hon. Gentleman, too, anticipates what I am going to say next, because having clarified what I believe to be the purpose of amendment (a), which is to invite the Government to consult, I believe also that it would invite the public to become involved in a debate, and no one in this House, given the difficulties in relation to the issue, should be afraid of that.

There are issues related to the current guidance, but there are wider issues, too, and we should not be afraid of debating them. There are the results of the Commission on Assisted Dying, which recommended permitting a doctor to assist suicide for the terminally ill and defined who the terminally ill are, and there is the issue of whether that recommendation would assist people who suffer from locked-in syndrome, or even Debbie Purdy, who suffered from multiple sclerosis but might not have been considered terminally ill. We should not run away from debating those issues, and it is important in these circumstances that there be a debate. That is why there is some good sense in amendment (a).

**Sir Peter Bottomley:** The unofficial commission started, it might fairly be described, with a majority of commissioners who believed in some of the results that they came out with.

**Emily Thornberry:** I do not wish to apportion any motives one way or the other to people who want to be involved in the debate; it is best that we have the debate and that the public are encouraged to be involved. The DPP has, in my view, come up with very sensible

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guidelines on when a prosecution for assisted suicide should begin, because it is appropriate for the Crown Prosecution Service and the DPP to be informed by a wider public debate.

For the reasons that I set out at the beginning of my remarks, I believe that the public would not necessarily like to have a debate, unless they have coming up in front of them cases such as Debbie Purdy's, which they cannot avoid, but it is our responsibility as elected representatives to listen to the public and to encourage and engender debate, and that is the good sense behind amendment (a).

**Glenda Jackson (Hampstead and Kilburn) (Lab):** I entirely agree with my hon. Friend, but equally she should not attribute too much to the Commission on Assisted Dying, as it was a self-appointed commission that was funded mainly by a pressure group that holds a very clear view of the existing law and how it wishes to see it changed. I also point out to my hon. Friend that this House at the very beginning of this Session argued for e-petitions, and that

the same House is now arguing that e-petitions should be abolished because they produce absolutely nothing other than hundreds and thousands of e-mails.

**Emily Thornberry:** I take on board the points that my hon. Friend makes, but they do not sway me from my path, which is to argue that we should encourage a real debate with and among the public, and that we should learn from their views.

Amendment (b) is clearly nothing but good sense and very important. The vast majority of the public wish to die at home, but on the whole people do not do so because they are afraid that there is insufficient support for them to die pain-free and supported there. If I may step away from being a desiccated lawyer for a moment, I must say that it was such a shame that the Health and Social Care Bill spent so little time dealing with that vital issue, and instead dealt with many other issues that the public did not want.

In a more general debate, another issue that could come up is that of giving information to members of the public who might want to know how they could kill themselves or assist others to kill themselves. Again, that is controversial, but it is important that we politicians are informed by the public's views on the matter.

For those and other reasons I welcome this debate, and I congratulate the hon. Member for Croydon South on having ensured that we hold it here. Let us hope that it spreads to involve people outside this place.

**3.18 pm**

**John Pugh (Southport) (LD):** This is an issue where life, rather than logic, will change people's minds, but I will have to rely on logic for the moment.

In 1961 the act of suicide was legalised, for whatever reason but in a wholly unqualified way, and, cutting through the fine words, what we are considering is legalising not a person killing themselves but, under defined circumstances, a person participating in the killing of another. This debate, to some extent, is a proxy for that, but, we seem to be arguing around and, possibly, avoiding arguing about whether an individual can claim a right in law to request that someone, possibly

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a state agency or a private individual, assists them in ending their life. It is not clear whether giving people this right puts anyone under an obligation, but it is clear that anyone acting in a way that enables a person to exercise the right would not be committing a crime if the law was changed, just as there are people in Switzerland who kill and volunteer to kill many people but are clearly distinguishable from murderers.

The legality of suicide, as presented in the law, is unqualified, but I think that we would all accept that the right to assist suicide has to be qualified to distinguish it from more heinous behaviour. I do not believe that there is any satisfactory way of doing that in law, and there is no evidence that it has ever been done satisfactorily in practice, because the right to assisted suicide is qualified in different ways in different countries—for very good reasons, but normally in an unsatisfactory fashion. In my view, there is no way in which we can qualify this right that will make the potential benefits outweigh the potential harm, even if we set



aside the wider potential alleged social harms that may come from embodying euthanasia in our society, such as pressure on the elderly and diminishing respect for disabled people and for life itself.

Those are very persuasive arguments, but I would like to concentrate specifically on whether we can free assisted suicide, as a proposition, from all taint of harm, however we qualify it. Most people vigorously assert that consent must be a condition, and there are obviously cases in which it would be nonsense to deny that a person does not fully and knowingly consent. However, it is also abundantly clear that free consent is never a sufficient condition to claim the right for assisted suicide, nor to excuse a person who assisted them. Otherwise, we would tolerate assisted suicide in cases of people who enjoyed tolerable health but may have a range of reasons for wishing to be dead, not all of them laudable. Euthanasia on demand is not, I think, a proposition that anybody in this House cares to advance. In fact, we would all agree that it would be a wholly inappropriate response for people who are mentally ill or temporarily depressed.

Consent by itself is never a sufficient condition unless it is coupled with something else, which is usually the possibility of suffering or loss of dignity that an individual is unwilling to bear. It is also usually anticipated as being something that occurs in the last stages of terminal disease, but logically it need not be so. One cannot support euthanasia on the grounds that a level of indignity and suffering characterises a short period before death, and not support it if a lifetime of similar indignity and suffering lies ahead. One cannot easily argue for euthanasia for the terminally ill and not, at the same time, for euthanasia for those who are permanently suffering. It is the character and the extent of the suffering and indignity that counts, not where it is placed in someone's life cycle.

Thus, free consent plus great suffering would, on the face of it, appear to make a minimum case for a civilised version of euthanasia. However, there is a sting in the tail. If we allow euthanasia for those who are either in great pain or unwilling to face the probability of great pain, why should those who are, for whatever reason, incapable of giving consent be denied mercy if they are thought to endure exactly parallel circumstances?

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In other words, why privilege those who are *compos mentis*—those fortunate enough to have their wits about them? Thus, by force of argument, one moves from being unsure about whether consent is a sufficient condition to being unsure about whether it is a necessary condition.

**3.23 pm**

**Jim Dobbin (Heywood and Middleton) (Lab/Co-op):** Let me say at the outset that I am prepared to accept the motion tabled by the hon. Member for Croydon South (Richard Ottaway), particularly because he indicated that he might be prepared to accept the amendment tabled by the hon. Member for Congleton (Fiona Bruce). I cannot support the amendment tabled by my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock), particularly because of the advice from the Minister, which I have received on a previous occasion.

I am vice-chairman of the all-party group on dying well, which is chaired by Baroness Ilora Finlay of Llandaff, who is professor of palliative care at Cardiff university and a former president of the Royal Society of Medicine. I am totally opposed to the legalisation of euthanasia, assisted suicide or assisted dying—whatever one calls it. It is referred to at the moment as assisted dying. I say “at the moment” because over the past few years full-blown and up-front debates on euthanasia have been held in the House of Lords, led by Lord Joffe. The campaign has changed from being one on euthanasia to one on assisted suicide, and it is now known as assisted dying. The trick, so often, is to soften the language throughout the campaign to gain public support. Therein lies a strategy.

I welcome the DPP’s revision of his guidelines for prosecuting in cases of assisted suicide. As we know, this follows a lengthy consultation. The new guidelines are focused more on public safety and, to my mind, on the protection of people with disability and serious illness, who are, as the guidelines say, of equal worth and therefore must have equal protection under the law. I highlight the issue of elder abuse within families and remind the House that not all families are loving or empathetic. It hardly needs to be stated that vulnerabilities such as physical dependence or mental health problems are not a reason for assisting suicide.

Although there is much to welcome in the guidelines, they leave me with some concerns. The use of judgmental aspects on individual cases is inherently problematic. There needs to be complete transparency over decisions to prosecute or not to prosecute. Without this, we will fail to protect the people who care for those who are dying and leave the person who is dependent and ill in a very vulnerable position. The guidelines make it clear that immunity from prosecution is not guaranteed for assistants of suicide. The danger is that the parts of the guidelines that have been published, plus the spin given in the media by those who support assisted dying, could well lead to people getting involved in illegal acts. Having said all that, there is a general welcome for some aspects of the DPP’s guidelines.

In the context of the amendment tabled by the hon. Member for Congleton, I now put the case for the antidote to assisted suicide. I do so by declaring that two of my grandsons live with serious disabilities. They are brothers, and they have a neurological muscle weakness that is controlled by medication. They are both wheelchair

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bound and require one-to-one support at home and in their education. From time to time, they have required life support systems. I do not want them, or any other person living with a disability, to experience pressure in a system whose law suggests that their lives might not be worth living. That important point was made in the Lords debate by Baroness Campbell of Surbiton and others who spoke on behalf of those with disabilities.

As I have said, the antidote to assisted suicide is palliative care for people suffering from terminal illness. I include all types of terminal illness in that. In 2006, I introduced a private Member’s Bill on palliative care for the terminally ill. That is another reason why I support the amendment tabled by the hon. Member for Congleton, of which I am a signatory. Palliative care is about enhancing quality of life and—

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. I call Mr Stephen Metcalfe.

3.28 pm

**Stephen Metcalfe (South Basildon and East Thurrock) (Con):** Thank you, Mr Deputy Speaker, for inviting me to speak so early in this important debate, which was secured by my hon. Friend the Member for Croydon South (Richard Ottaway).

I never thought that I would speak in a debate in support of some form of assisted suicide. However, I have been on a journey and would like to share a little of it with the House. I have a very good friend called Nicky, whom I have known for 30 years. She is in the Gallery today with her husband, David, whom I have also known for 30 years. During that time, Nicky has developed secondary progressive multiple sclerosis. Although at this point it is not terminal, at some point it will be. For many years, Nicky has expressed the view that in the future she will want the right to choose the time and manner of her death. She wants dignity in dying.

Nicky and I have disagreed about that issue for many years and have had many heated debates. However, I am a pragmatist. I want to support my friend in her desire to choose the time and manner of her death, but I also want safeguards. I know Nicky and David well. I believe that I know what Nicky's wishes are. I know that if she were to take her own life, with the assistance of David, she would be doing so of her own free will. I would be able to vouch for David and say with confidence that his only motivation was compassion, but how can I be assured of that in other cases, perhaps involving people more vulnerable than Nicky? I cannot be assured, and so we have the law. At times, though, the law can be a blunt instrument. They say that justice is blind. On occasions, perhaps the blindfold should be lifted just a little, so that justice can see that the same actions may have different motives.

I fully support the development of palliative care provision and I welcome amendment (b). I also recognise that such care, no matter how much we wish, cannot remove all suffering at the end of life. There will always be people, such as Nicky, who may request the assistance of loved ones, such as David, to help them end their lives. That would be an act of compassion, not malice. I therefore welcome the common-sense approach taken by the Director of Public Prosecutions and prosecutors

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in distinguishing between wholly compassionate assistance, which is highly unlikely to be prosecuted, and malicious assistance, which will be prosecuted. That policy provides clarity and peace of mind for people who are facing such difficult decisions. It also allows them to focus on living now.

My friend Nicky welcomed the DPP's policy when it was published. She described it as "a great comfort". She said that it will extend lives

"because people will not have to act prematurely, knowing that they can be helped... I don't have a death wish, I just want the right to a dignified death, when I wish that to happen."

That is what is so crucial about the policy. It gives people a degree of security in the choices that they can make, and gives them a sense of control over their own lives. It means that they can enjoy the present. As Nicky says, it is not about wanting to die, but about wanting to live with the comfort of knowing that a choice is available.

I reiterate that this debate is not about changing the law. It is about providing much-needed clarity on the application of existing legislation. The DPP's policy sensibly distinguishes

between malicious and compassionate assistance. However, it is important to note that it does not grant immunity. If there is evidence of malicious or irresponsible practice, it can and should be prosecuted.

Finally, as a committed Christian, I believe strongly in the sanctity of human life. I believe that human life is intrinsically valuable. Although I recognise the importance of debates such as this, I have many concerns regarding a wider change in the law. I keep an open mind and do not believe that it is for me to force my beliefs on others. I wholeheartedly appreciate that for many people dealing with a terminal illness, life becomes intolerable. Until we can guarantee that we can achieve the correct balance between allowing personal choice and providing complete protection, I am happy to accept the DPP's guidance, but not further changes to the law.

**3.33 pm**

**Jim Fitzpatrick (Poplar and Limehouse) (Lab):** It is a pleasure to follow the hon. Member for South Basildon and East Thurrock (Stephen Metcalfe).

I congratulate the hon. Member for Croydon South (Richard Ottaway) on securing the debate and the Backbench Business Committee on allowing it to take place. I also congratulate the hon. Gentleman on his excellent speech. I do not think that we have agreed on much over the years in this place, but on this we are of one mind. More importantly, I congratulate the Director of Public Prosecutions, Keir Starmer, on publishing the guidance and the balance of public interest test that the hon. Gentleman covered in his speech.

I welcome the debate, and the mood of the House seems clearly supportive of the motion, if not yet of amendment (a), tabled by my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock), although there is still time to persuade colleagues. Even supporting the motion will demonstrate that we are in tune with public opinion. Just as the hon. Member for Croydon South said that the House caught up with public opinion in 1961 by passing the Suicide Act, it will catch up by agreeing to his motion today, whether or not it approves amendment (a). Amendment (b) will obviously command universal support.

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I should put my cards on the table: I support the campaign Dignity in Dying. There is a photograph on its website of a supporter's poster, which states:

“My life, my choice, at the end of my life”,

and “end” is underlined. The emphasis is on personal choice to end not only suffering and loss of dignity but the deterioration in quality of life when individuals know that the end is near and want to be in control of their own death. I say “they”, and our decisions here always have an impact on our fellow citizens, but this is also about us. We need to ask ourselves, what if it were our loved one seeking a less harrowing end to their life? Would we welcome the DPP's common sense more or less? Would we want them to have the chance to choose?

I believe strongly that it needs to be recognised that there is some pain, some misery and some indignity that cannot be ameliorated or made more bearable by palliative care, and that being reduced to a vegetative state by increasing recourse to continuous sedation is not how

some people want to end their lives. They want their own choice, and they do not want loved ones to suffer because of that choice. The DPP's guidelines are helpful in offering both victim and family some protection.

**Anna Soubry (Broxtowe) (Con):** I agree with much of what the hon. Gentleman says. Does he agree that there are some people who, by virtue of their affliction, illness or disease, do not have the choice of ending their lives because they physically cannot do anything for themselves? Are not those people a very important consideration in this debate?

**Jim Fitzpatrick:** The hon. Lady makes a powerful point. I am sure all Members in the Chamber will have read the briefings by a variety of organisations and testimony from family members who have been worried even about filling in the forms to send their loved ones to Dignitas, if they could afford it. They have been worried about whether that constitutes illegality which could lead to their being prosecuted.

The Debbie Purdy case in 2009 helped us get here today. As the hon. Member for Croydon South mentioned, we owe her and her family a great debt. She did not want her husband prosecuted for helping her along the lines that the hon. Member for Broxtowe (Anna Soubry) has just mentioned, and I do not believe most opponents of assisted dying in any form want loved ones prosecuted for a one-off, compassionately motivated act. I believe and hope that the DPP guidance will bring common sense to bear.

I personally believe that we need a change in the law to allow assisted dying for terminally ill, mentally competent adults in specific circumstances, so I support amendment (a). Let me personalise the matter. Most colleagues know that I was in the London fire brigade before being elected here. Every firefighter from the 1970s and before, but not after the early 1980s, used asbestos equipment. Asbestos was and is known for its heat-resistant properties, but it has been lethal for many thousands of people. Tens of thousands of people, if not hundreds of thousands, in other industries and businesses have also been exposed to it.

Asbestosis and mesothelioma cause very unpleasant deaths. They cause an end that is nasty, painful and distressing not only for the victim but for their loved

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ones and the medical staff who have to treat them. I have been with colleagues and families who have been through that. The issue, therefore, is this: what kind of end?

The DPP's policy provides much-needed clarity and, as many colleagues have said, sensibly distinguishes between malicious and compassionate assistance. It does not give immunity. The public interest criteria safeguard the public interest and provide to some degree that there should be a right to choose. Therefore, I support the motion and amendment (a), as well as amendment (b), because the latter is not at all in conflict. As the hon. Member for Congleton (Fiona Bruce) said, most people who go into decent palliative care would choose to extend their life for as long as possible, but not everyone. Those who do not want to stay to the bitter end, and who think that they have a better option for a more dignified end, should have the right to choose.

**3.40 pm**

**Mark Menzies (Fylde) (Con):** I did not originally plan to take part in today's debate, but such is the range of emotion and also the quality of some of the contributions that many hon. Members have made—in the columns of the press and in debate—I felt it important to make a contribution. I am not someone who has ever worked closely with the hospice movement, but I appreciate the work that it puts in. That is why I was heartened to see the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce).

Palliative care should not just be an option when it comes to the decision to seek assisted dying. Instead, it must be at the heart of how we look after those who are nearing the end of their lives. In Fylde, we have several nursing homes that adopt what they refer to as the golden pathway. Every time I visit I leave feeling distressed, having seen people who are clearly getting to the end of their lives, some of whom do not have the benefit of loved ones to take care of them. However, they receive the highest level of nursing care possible in that environment to ensure that when they do leave this earth, they do so with as much dignity and as little pain as possible.

Anyone who knows someone in the harrowing situation of facing terminal illness, which—as we know—can come in many forms, knows that it is important that such care is available in whatever form we can give it. That should be not just through the work of the hospice movement, excellent as it is, but through care in the community and allowing people, where at all possible, to live in their home and to die with dignity in as pain-free and comfortable a way possible.

**Naomi Long (Belfast East) (Alliance):** I had the privilege of nursing my mother at home with the help of Marie Curie and the Macmillan nurse service. Two weeks before she died, there was still dispute among her medical team as to whether her condition was terminal. Some people have made the point that this applies only at the end of life, but who can determine the end of life?

**Mark Menzies:** The hon. Lady makes a very important point and, when she was nursing her mother and was in a state of distress, the last thing she needed was the pressure and the uncertainty of questions about whether it was the end of life or something else. Every step of

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the way, we have to ensure that the care that is provided is of the highest quality, especially for those people whom we think may be entering the end of life. I commend the hon. Lady on the care that she gave to her mother.

I also ask that when we think of palliative care, we also think of the carers. Some people have a relative or loved one in a hospice, for example, and want to visit as often as possible, sometimes more than once a day, but they are trying to juggle family commitments, looking after children or other dependent relatives, and trying to hold down a job. When we consider amendment (b) we should think not only of those reaching end of life, but of those caring for them.

We also have to recognise the work that doctors do, and I know that many hon. Members who have been in the medical profession have reservations about anything that looks as though it moves us closer to assisted dying, because they do not want doctors to have the

pressure and burden of being the person who instigates the act of bringing someone a step closer to death.

Many other right hon. and hon. Members wish to speak and I do not wish to take any more time, other than to say that I am very proud to be a signatory to amendment (b). I will continue to listen to the debate and I may well support amendment (c), but I cannot support the amendment tabled by the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock).

**3.44 pm**

**Ian Paisley (North Antrim) (DUP):** I agree with the comments made by the hon. Member for Islington South and Finsbury (Emily Thornberry), when she rightly said that the House is at its best today. The view of the House in the public eye over the past 24 hours is one thing, but today the House has risen to its very best when debating an issue—a solemn issue and one that touches on the hearts of everyone.

We have to start by declaring boldly and clearly that this House is not God. The House does not have the right to determine and should not take upon itself the right to determine what God determines—when life begins and ends. The House would be foolish to take that role, that desire and that power upon itself. This debate sets on its course the notion that we, this Parliament, can put in place a law that will determine when people in this nation should lose their lives. Think of it! Think of how foolish the House is, in the great scheme of things, when it puts itself in that God-like position! It is not God.

The law “works well in practice”. Those are not my words but the words of the DPP, who has spelt out clearly that the law is compassionate when it has to be compassionate. The guidelines from the DPP demonstrate that the law is independent, as it has to be, and flexible when it has to be flexible. We should recognise that that is the norm and accept that the guidelines do everything they need to do without the House taking it upon itself to unbolt the door and open the floodgates to euthanasia. That, essentially, is what we are trying to do, or at least what some in the House are trying to do.

Let us consider what happened across the sea after Holland decided to change its law and encourage euthanasia. We now have reports that it has specialised roving medical teams that take upon themselves the

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right to go and help patients end their lives. Since they have done this, they have assisted in more than 3,100 deaths a year. The number is more than 10,000 at present. We are opening a floodgate tonight, and we should draw back from turning the key and opening that gate by supporting something that will allow for this law to be introduced. That is exactly where it would take us.

We are told by some Members that change is necessary because it will put the patient in control. The hon. Member for Belfast East (Naomi Long) put her finger on it: we are not actually in control of these circumstances. Indeed, the practice of medicine is well called a practice because it is exactly that—a practice, not an art. I want to quote from a letter from Patrick Pullicino, professor of clinical neurosciences at the university of Kent:

“The crux of its problem”—

euthanasia—

“is that it is *not possible*, even for an experienced specialist, to diagnose with any accuracy when someone’s illness is imminently going to be fatal.”

We should recognise that we cannot give the patient what they want and put them in control because we do not know—we, this House, this people are not in control of the circumstances. We should sharpen up and wake up to our own humanity. Many people are right in what they have said about their own personal circumstances. I had the honour of nursing my father-in-law seven months ago, as I watched life ebb from him. I count it an honour to have been there with him and to have watched him die with dignity, but not to have encouraged it. The House should recognise that we are not God and we do not have the right to do this.

3.49 pm

**Nadine Dorries (Mid Bedfordshire) (Con):** It is a pleasure to follow the hon. Member for North Antrim (Ian Paisley) and to listen to him speak with the same passion with which his father frequently spoke, and from exactly the same place in the Chamber.

It is not the Government’s job to micro-manage the Director of Public Prosecutions. We make the laws; it is the job of the DPP, and the DPP alone, to decide whether to prosecute. As it stands, the law has a stern face and a kind heart. It tempers justice with mercy. The current system is clear-cut and easy to understand. The law works to ensure that the most vulnerable are protected. The power that the DPP holds in reserve acts as a powerful deterrent against those who would wish to exploit or abuse, while providing him with the ability to moderate justice with mercy.

It is interesting to note that at the time of the Purdy ruling, there were 20 recorded cases a year of people travelling abroad to clinics such as Dignitas to take their own lives with assistance. At the time, those seeking to liberate the law predicted and hoped that the number would increase. In fact, two years on, the figure remains 20 a year. It has not increased at all; what has increased is the number of people being reported to the DPP, which clearly shows the level of public concern about this issue.

At the moment there is a definite, clear line between where the law begins and where it ends, and it is managed by the DPP. It might not be as clear as some would like, and as amendment (a) would make it. One of my colleagues—I think it might have been the Solicitor-General—

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described the law as one of those wonderful things, a great British muddle, but it works well in the interests of everybody concerned. Over the last three years, two British Parliaments have refused to change the law, for two simple reasons: to protect the vulnerable and to acknowledge the fact that doctors frequently get it wrong: they often make the wrong judgment. In support of that, I cite the case of Stephen Hawking, who was given a few months to live when he was first diagnosed with motor neurone disease, but who has just passed his 70th birthday, having contributed a vast amount to the total knowledge of mankind over his lifetime. Indeed, there may have been periods of illness over the course of his life



when he might have been deemed to be nearing the end of his life, but from which he in fact went on to contribute even more.

Sentiment is beginning to grow around the concept of a loving family member assisting in the final act of a loved one. However, those at the end of their lives do not always have a relative or a loved one; indeed, the “loved one” may, in fact, be the state or the care home, or wherever they are being cared for. No matter how we dress it up, there are people across this country in nursing homes being cared for—disabled people, vulnerable people—who feel very protected by the law as it stands. If it were changed, they would suddenly feel very vulnerable, because they could imagine a point in time when they are aware of what they cost the NHS, the state or wherever they are being cared for. At the moment they may feel a burden, but they know that they are protected. However, there may come a point when they become depressed because of their illness and feel that one day the state will adopt the role of the person assisting in their suicide. As one disabled lady said to me about three years ago, “I can see the day when a doctor comes to me with a little pink cocktail and says, ‘You know you’re costing the state about £10,000 a week at the moment? Would you like to end your life?’” We may think that is ridiculous, but to people who are disabled and vulnerable it does not seem quite so ridiculous.

I fully support amendment (b), in the name of my hon. Friend the Member for Congleton (Fiona Bruce), on palliative care, which is an area that I would have liked to talk about if we had more time. However, I think that the law as it stands and the DPP’s role in interpreting it should be left exactly as they are.

**3.54 pm**

**Alun Michael (Cardiff South and Penarth) (Lab/Co-op):** My starting point is that I want our law and our legal practice to be clear but flexible. In his excellent introduction to the debate, the hon. Member for Croydon South (Richard Ottaway) said that decisions about the law should be made by Parliament and not by the courts, but these decisions are not court decisions. They relate to how to decide whether it is right, necessary or humane to pursue a prosecution according to the circumstances of a particular case.

I support the motion, but I regard the amendment as an unfortunate attempt to hijack the debate. It is a Trojan horse attempting to change the law, and I do not want the law to be changed in either direction. There is a certain amount of pull from people on either side who are often, understandably, informed by specific cases,

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to reinforce a point of view that comes from that specific case. The fact remains, however, that we cannot avoid the need for people to make a judgment in difficult circumstances. The doctor, the relative, or the person who must decide whether his or her moral responsibility is to assist another or to take a particular course of action, are the only people who can weigh all the facts and come to a judgment, balancing the sanctity of human life with the suffering and the personal wishes of the individual concerned.

After the event, another judgment has to be made as to whether the individual involved broke the law, and whether there ought to be a prosecution. There was a case in my constituency of a mother who killed her severely disabled son. The public reporting of that case suggested to

me that nothing was gained by the prosecution; it simply served to make even more painful, in public, the period of intense suffering that she experienced over a long period. We cannot legislate against that, but we can offer guidance on how a judgment should be made on whether to prosecute. That is what the Director of Public Prosecutions has done, and in my view he has got it right. This is an issue of judgment, which is absolutely crucial.

I shall make a comparison with data protection. People often want a safe haven, which is expressed as “If in doubt, don’t share data”, when in fact there is a legal responsibility to consider the public interest and to balance the pros and cons of sharing specific data. A judgment has to be made in accordance with the law. Indeed, the law requires a judgment to be made. That is why we bring the balance of judgment required into a single judgment by talking about data management, rather than about data protection or data sharing. I hope that that helps to illustrate the fact that, in relation to assisted dying, to say “Never prosecute” or “Always prosecute” would be equally wrong.

The motion does not seek to change the law, but the amendment would take us further down that road by suggesting that the guidance should be subject to a decision of Parliament. Surely the hidden agenda is that we could disapprove guidance in the future, or even require a change in the guidance by resolution. That would be wrong. I have had letters from people who believe that the guidance is already subject to Parliament, but it is not. Some have implied that passing this motion would make subsequent changes to the guidance subject to Parliament, but that would be wrong. The guidance tells prosecutors how they should seek to make an appropriate judgment within the law, and we should not interfere with that. If we wanted to change the law, that would be a matter for Parliament, but the interpretation of the law is something that we should note—perhaps with approval, as the motion does—but not seek to determine. Let us leave it there.

On both sides of the argument about whether we should go further or be more restrictive, people argue from a point of view of compassion, and I respect the opinions on both sides. Newspapers and hon. Members who are dealing with individual cases argue for compassion for an individual in a particular set of circumstances, but our laws have to be universal and they therefore have to allow room for compassion and for the protection of the vulnerable. That means that the law should not be too specific or inflexible. I believe that the courts have been right in reflecting the decisions of this House

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on what the law should be. I also believe that the Director of Public Prosecutions, in responding to the pressure on him to produce guidance, has got it right within the law.

I am happy to support the motion, and to endorse the policy set out by the Director of Public Prosecutions. The present policy appropriately protects those who want to act out of compassion in helping the terminally ill while safeguarding against the dangerous prospect of legalising assisted dying or putting pressure on the ill and the vulnerable.

**3.59 pm**

**Glyn Davies (Montgomeryshire) (Con):** Thank you, Mr Speaker, for calling me to speak in this very important debate. It is a pleasure to follow the right hon. Member for Cardiff South and Penarth (Alun Michael). We do not always agree, but I agreed with every word that he

said on this occasion. I also congratulate my hon. Friend the Member for Croydon South (Richard Ottaway) on the tone that he adopted: I thought it just right for the introduction of such an important debate.

I should declare an interest. I am a member of the board of Living and Dying Well, an organisation that commissions evidence-based research into end-of-life care. I have regular conversations with Lord Carlile, who chairs it, and with Baroness Finlay, who has already been mentioned today.

I too have received several letters from members of Dignity in Dying. I write back disagreeing, but I always do so with a great deal of respect, because—like other Members who have spoken—I think that opinions on both sides of the debate are motivated by compassion, and I do not think it right to be critical of those who take a different view if compassion is what motivates them.

I am rather concerned about some of the media coverage that appeared before today's debate, which seemed to suggest that we were contemplating, and perhaps moving towards, a change in the law. That is not the case. All that we are discussing today is a reaffirmation of the current position in law, which is why I am happy to support the motion.

I am probably unusual here in having had an interest in assisted suicide for as long as it has been an offence. I was 17 in 1961, and an active member of my young farmers club. As young farmers clubs do, we discussed the issues of the day in debating competitions, and I supported the decriminalisation of suicide. A key point, however, is that that simply would not have happened without the inclusion in the Suicide Act 1961 of section 2, which introduced the offence of assisting a suicide and was seen as an absolute protection allowing the offence of suicide itself to be abolished.

My view remains exactly the same today. Over the last few days I have received many representations and briefings, as have many other Members, and over the months during which I have been a member of Living and Dying Well, we have commissioned several research papers. There is so much information that it is almost impossible to engage one's mind clearly with all of it, and because the time limit on speeches today is so tight, I shall make just one fundamental point.

In 1961, I just knew that assisted suicide was wrong. I thought that it was extremely dangerous, and I still think that. If the DPP's guidance became statutory we

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would be legalising assisted suicide, and I believe that that would have a very negative impact on the frail elderly, the terminally ill, the incapacitated and the seriously depressed.

I have never believed that the malicious assister is the biggest problem, although that is probably an issue. What has always concerned me is the likelihood that the normalisation of assisted suicide would lead to uncertainty about their own worth among the groups whom I have listed. It would cause them to ask questions about their own value. They would see themselves as becoming a burden on society. When we talk to elderly people who are nearing the end of their lives, we often find that they are concerned about not being able to leave assets to their grandchildren, and I believe that that concern would be expanded greatly if

assisted suicide were legalised and normalised. My view is that it was and is wrong, and that only in very special circumstances should it not be prosecuted.

**Dr Daniel Poulter (Central Suffolk and North Ipswich) (Con):** I think that there is a clear distinction between allowing discretion for a prosecution that says “It is wrong to assist someone in committing suicide,” and potentially widening the number of people who may be put under pressure by codifying assisted suicide in any form in law.

**Glyn Davies:** I firmly believe that assisting in suicide is wrong and should be a criminal offence, but, as with all criminal offences, the DPP or the prosecution service must always have the discretion to apply a degree of common sense and make judgments about what motivated the person concerned to commit that criminal offence. Since the guidelines were issued two years ago, the DPP has made a sensible judgment in every case. Where he has been satisfied that the crime was motivated by compassion, no prosecution has taken place.

The system is working well. It is delivering exactly what we want in law; it supports what this Parliament has judged we should have in law. If we were to put things on a statutory basis, we would damage the current law, which is working so well, and it would result in pressure being put on some of the most vulnerable people in society, which would be plain wrong.

Finally, I want to say something about palliative care. For decades, all Governments have spent a huge amount of money on extending life and curing disease. We have not spent nearly enough time ensuring that that extended life is a life of quality.

**4.6 pm**

**Mr Frank Field (Birkenhead) (Lab):** I wish to sound a note of dissent in this debate. Member after Member has risen to congratulate the House on the quality of the debate—they have said that it shows the House of Commons at its best. I want to put an alternative view. I think there has been a considerable amount of cant and deceit. The only speaker who has spoken honestly about the other debate that has actually been taking place is my hon. Friend the Member for Poplar and Limehouse (Jim Fitzpatrick). Given the contributions of many Members, we can say that this has been the debate that dare not enter its name on the Order Paper, as it is, in fact, a debate about euthanasia.

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In response to an intervention, the mover of the motion, the hon. Member for Croydon South (Richard Ottaway), made the extraordinary admission that it was not really the motion he wanted. The motion he wanted was moved as an amendment by my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock). My hon. Friend the Member for Walsall North (Mr Winnick) seconded the motion, yet he hardly mentioned it; instead, he talked about the alternative debate, although not in quite such a forthright fashion as my hon. Friend the Member for Poplar and Limehouse.

I wish to make two points, in order to bring the debate back to the topic that the public believe we are discussing. The Attorney-General, the hon. and learned Member for Harborough (Mr Garnier), gave us a very gentle lesson in the different approaches to politics. He said that sometimes we can formulate and legislate and put things in neat, tidy little boxes,

but the Attorney-General then added that there was another way of approaching politics—*[Interruption.]* Yes, the right hon. and learned Gentleman is, in fact, the Solicitor-General—but he should be the Attorney-General. He said another approach was necessary when issues are immensely difficult. We kid ourselves that we have the most brilliant human minds, but it can be difficult to conceptualise situations adequately; hence the compromise of the DPP's approach. I praise him, as many other Members have, for the work he has done in navigating a path through what is, as it were, a minefield. So far, he has done that successfully.

The second point I wish to make is that we seem to think this country is populated exclusively by husbands who love their wives, and wives who love their husbands, and grannies, uncles and aunties who all gather around to do the right thing. I sometimes also see a nasty side to life, however. I know perfectly well that in certain circumstances some individuals would have no hesitation in trying to persuade a person that the decent thing to do is to end their life—and especially where money is involved.

**Mr Tom Clarke (Coatbridge, Chryston and Bellshill) (Lab):** Does my right hon. Friend agree that perhaps missing from the debate is a concern about the rights, needs and feelings of patients, including their right to change their mind if they wish?

**Mr Field:** I certainly agree with all those points. Sadly, we do not live in the garden of Eden; we have been expelled. Perhaps one day we will reach that garden, but so far, we are on the outside.

**Mrs Laing:** I am glad that the right hon. Gentleman has enlivened the debate, but does he agree that although some people will always do the wrong thing—there will always be such a minority—it is always up to the House and Parliament to create laws that allow the vast majority of people to do what is right?

**Mr Field:** That is precisely the situation that we have, and that situation has been clarified and developed further by the DPP; that is why we are, totally correctly, praising him in this debate. However, to think that the world is populated by people of great charity who think

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only of the person on the receiving end is to mislead ourselves, look foolish before our electors, and do vulnerable people harm.

I disagree with the second point that my hon. Friend the Member for Poplar and Limehouse made; I do not believe that we are autonomous. I find it amazing that those who are clearly on the centre left should have an individualistic view about human life. We are dependent on one another, and one person's actions can affect another person. One might have a slightly different view if there had not been a whole series of reports about the horrors done to old people in hospitals and euphemistically named care homes. We tut, nod the reports through the House, and do damn all about them. We as a nation allow very nasty things to happen to many of our vulnerable constituents, and we do nothing, or very little, to prevent them.

Today's debate, if I have understood it, is not really about the motion, or how it was seconded; it is about the amendment that my right hon. Friend the Member for Lewisham, Deptford, tabled, not because hon. Members wanted to talk about euthanasia, but because they believed that the amendment would be seen as a staging post on the way to gaining that

objective. Although we are now confused about what we are supposed to be debating and what we are voting on, I hope that the House will agree with what the outside world thinks the debate is about, and what I read the motion on the Order Paper as being about.

**Dame Joan Ruddock:** I must make it absolutely clear to my right hon. Friend and the House that the amendment only asks the Government to consult on putting the guidance into statute. If it was in statute, the DPP would still have discretion, and assisting suicide would still be a crime.

**Mr Field:** Nobody in this debate has said, in concrete terms, how making that move would better protect more vulnerable people. As that case has never been made in this debate, I hope that when we vote tonight, we will vote for what we thought was the main motion, and vote strongly for the amendment in the name of my very honourable Friend the Member for Congleton (Fiona Bruce) and many other Members of the House.

4.14 pm

**Craig Whittaker (Calder Valley) (Con):** Some excellent points have been made on both sides of the argument, but no one has mentioned the effect on the person who is asked to assist. I wonder how many Members have been asked to take, or assist in taking, someone's life. I am not talking about taking a life in the way that some Members have been trained to in the armed forces; nor am I talking about watching someone close who is in a terminal plight, and wishing that one could change places with them. I am talking about being asked by a loved one to help them take their life, or a loved one insisting that one takes their life for them. We have all seen loved ones in their final stages of life, and when we see a young person or a child in that situation there is not one of us who would not swap places, but physically to take someone's life or be a party to taking someone's life is a totally different thing.

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Almost 28 years ago to the day, my family were asked to do just that. My youngest brother, who was just 17 and suffering from terminal cancer, asked all of us, as a family, to help him take his own life. My family are Christians and we struggled with the morality of what was being asked. As I said, not one of us would not have swapped places with him, but we were just a normal, ordinary family; we had no medical experience and we all have a strong belief in life and the reasons for life itself. My brother passed away on 20 April 1984, incredibly loved and incredibly comfortable, having received excellent palliative and hospice care.

Here we are, 28 years later, and the guilt, under whatever guise, still eats away at us. My father, who passed away only five years ago, spoke to me briefly about it just before he died. He felt guilty that he could not bring himself to give to his dying son what he had asked him to do. The guilt of his perceived failure ate away at my dad until his dying day.

There is, however, another side to this story, which is incredibly important for why we need to consider seriously what we are doing. What I have described took place in early 1980s Australia, where there was not an NHS equivalent. My father had been made redundant 18 months prior, and, being an incredibly proud man—some would say stubborn—he would not take state benefits. My brother had gone from being covered medically at school to being uncovered at 16. No insurance company would take him on because of his illness. My parents

were thousands of dollars in debt, and our family home was on the market in order to pay the medical bills. My brother's treatment was more than 100 miles away, in Sydney, because there was no other provision close by, and we did not get any help with travel. Thankfully, the situation in Australia today is very different from what it used to be.

I am absolutely convinced that the only reason why my brother asked us to help him take his life was because he perceived that he was a burden to his family—there was no other reason. I say that there was no other reason because, although this was a very long time ago, the level of palliative care offered by our local Catholic nurses was excellent. Nowadays we have so much more modern technology and drugs that there is absolutely no need for people to suffer, whatever their condition, prior to death.

Thankfully, we could not do what my brother asked. I ask this House not to put the guidance on a statutory basis. Our doctors, nurses and health professionals work daily to save lives. This House prays on a daily basis for wisdom and the life of our great nation. If we do change the guidance, that will without question be yet another slippery slope for society in a civilisation where we cherish life. There is no need to change the legislation; what we need is much higher investment in palliative care and hospice provision.

**4.18 pm**

**Paul Blomfield (Sheffield Central) (Lab):** This is not an easy contribution for me to make, and I have thought long and hard about it. My father took his life last July and my emotions are still a bit raw. I was deeply shocked at the time, although I should not have been surprised, as he had always said that he would rather end it than face a distressing and lingering death. He was 87 and he had lived his life to the full, right to the

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end, but he had watched many of his friends go. He regularly talked about one who had been confined to bed, doubly incontinent and, having become both deaf and blind, unable to communicate with anybody. My father saw no point to that kind of life.

My father was a strong man who had had a tough east-end childhood. He was an RAF pilot in the second world war. He had his share of health problems and faced them all positively. He was not afraid of pain but he could not face the indignity of that lingering degrading death. I am sure that he made up his mind soon after receiving a terminal diagnosis of lung cancer but he still died prematurely. I am sure that what drove him to end his life when he did was the fear that if he did not act while he could he would lose the opportunity to act at all. If the law had made it possible, he could, and I am sure he would, have shared his plans. He would have been able to say goodbye and to die with his family around him and not alone in a carbon monoxide-filled garage. He and many more like him deserved better.

I was in two minds about whether to share this experience, and what made up my mind was the attitude of my father's friends, who had clearly thought about their own future and had nothing but respect for his decision. One contacted me only yesterday and asked me to share his experience of his daughter's death. She was a young woman with everything to look forward to who was diagnosed with an aggressive cancer in her mid-20s. She fought it in every way she could, with everything to look forward to and undergoing all the treatments available, but ultimately they all failed. He said that even when there was no hope left for her

and the hospital had withdrawn her food, they had to watch her die the most horrendous, slow death over several weeks from graft-versus-host disease, a consequence of a failed bone marrow transplant. They were deeply scarred by that experience, and still when they think of her that memory overshadows all the happy times. They thought it would have been so much kinder to have brought her life to an end as she would have wanted at an earlier point when everybody recognised that all treatments had failed and there was no hope.

I welcome the DPP's guidance but I think that ultimately we will need to go further. Of course there must be safeguards and constructing them robustly will be difficult, but the challenge of the task should not put us off the need to do it. This issue will not go away. As medical technology advances, more and more people will face these decisions and more will be pressing at the boundaries of the law. I think this is a question not of whether we should go further and legalise assisted dying but of when. The longer it takes us to act, the more needless suffering we will have consented to.

4.22 pm

**Mr Edward Leigh (Gainsborough) (Con):** The hon. Member for Sheffield Central (Paul Blomfield) spoke with great emotion. Like his father, my mother died at the age of 87; it is very difficult for us to speak about these very personal matters. I know that my mother, like many elderly people, wrongly felt that she was a burden. Of course she was never a burden, but I think that many people feel like that; there might be absolutely no pressure on them, but they feel that they would make it easier for everybody if they were to ease their path out of life. We must never allow old people in this country to feel that they are a burden. That is where I come from.

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My views have progressed on this matter over the time I have been in Parliament. I freely confess that when I first came here I believed that the state had the right to take life and I voted, like many of my colleagues, in 1983 to restore capital punishment. I now think I was wrong and I have come to the conclusion that the only logical and right course of action is always to proclaim life. As it happens, at the moment I am reading a history of Stalin's Russia, and one cannot understand the attitude of a society in which life is held so cheaply. I know that we are a million miles from that but in my view the end never justifies the means. That is why I personally voted against all the recent wars—or certainly did not vote for them. I believe that life must come first and that we must proclaim life.

That does not come from my religious views; it is a matter of absolute certainty and belief and is incredibly important for society if we are to create a society of light and hope and not one in which people ultimately feel they are a burden. That is why I have consistently voted, opposed, spoken against and moved amendments on abortion and I would vote against capital punishment. I am totally opposed to euthanasia in any shape or form. Some people will say, "That's all very well for you. At the moment you are reasonably healthy. What if you are faced with the appalling difficulties and problems that we have been talking about today?", and my answer is that I do not know. All I know is that we must proclaim this truth, and the House of Commons should proclaim it—that anybody, however young, unborn, crippled, hopeless, diseased or idiotic, has as much right to life as anybody else, and all life is precious because the external human body is simply a mirror of the soul. If we renege on that moral certainty and if we start on a journey, it is a very dangerous journey indeed.



**Mr Winnick:** I entirely agree with the hon. Gentleman. Every life is of value and the idea that because someone may be disabled or elderly and so on their life is less valuable than other people's is totally alien to me, as it is to him. But I gave as an example Dr Anne Turner, who was so terrified of facing a death like her husband's, where all physical movement would have ended. Does he recognise that she had the right to decide, and she took that right, though she could not do so in Britain?

**Mr Leigh:** I recognise that point of view and that is why, although I have expressed myself so far, some would say, with too much moral certainty, I realise that we are in a moral maze here. It is not for us to lecture people on what they may or may not do at the end. That is why the guidelines are a fair compromise. I do not think anybody wants to prosecute and send to jail somebody who acts out of the depth of love and compassion when they are faced with a close relative who is suffering. Nobody wants such a person to be sent to prison if they assist their loved one out of this life.

We have a compromise, but it is not legalised euthanasia. I tabled an amendment, which was not selected. Why should it have been? I wanted to express the point of view that the House of Commons must firmly and unequivocally state, as it has done up to now, that for

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the absolute avoidance of doubt, it is opposed to voluntary euthanasia. There is a world of difference between the desperate situation in which a relative helps somebody out of this world, and a situation where a doctor, as part of the legal process, kills somebody. That is what so many of us on this side of the argument believe so passionately. It might be a cliché to talk in terms of slippery slopes, but it is there in Holland and in Oregon—in only about six jurisdictions throughout the world. We do not want this country to embark on this road.

I was with my best friend, a former Member of this House, Piers Merchant, as he lay dying. He was riddled with cancer, in great pain, and I was with him as he was dying. He was filled with morphine. I could see the morphine going through his body all the time. He was no doubt killed by the morphine, not by the cancer, and I respected that judgment. He was in a wonderful, caring hospice. Everybody was looking after him and everybody was loving him. At the end of the day his doctors, I suppose, killed him because the pain would have been unendurable, but that is not legalised euthanasia. That is allowing doctors to take an informed decision on the basis of what they know to be right.

**Naomi Long:** Does the hon. Gentleman agree that there is a subtle but important distinction between treatment that is administered by a doctor in order to ease pain which, as a side effect, may hasten death, and a doctor setting out to hasten death?

**Mr Leigh:** That is the point that I am trying to make, and that is the absolute principle that I hope this debate will proclaim. We want the law to recognise the appalling moral difficulties that people face. None of us in the Chamber speaking in this debate has yet embarked on that journey. We all will. That is the only thing we know with absolute certainty. There will come a moment when we are dying, in pain, and those around us have to make appallingly difficult decisions.

I want to live in a country where there is a moral assumption that although, at the end of the day, my passage into the next world might have to be eased, and the easing might be the

killing of me, that decision will be taken in the final analysis by doctors who are simply trying to relieve pain, who have recognised that I am dying and who do not accept the principle that the state, the law, doctors or even relations have a right to come to an individual and say before their time is up, “Yes, you are a burden on society. Yes, you must go.” That is a moral principle, that is what the debate is about, and that is what we must abide by.

4.30 pm

**Heidi Alexander (Lewisham East) (Lab):** I pay tribute to the brave and outstanding speech given by my hon. Friend the Member for Sheffield Central (Paul Blomfield).

Assisted suicide, terminal illness and human suffering are not easy to talk about. Many of us would rather not think about them, hoping that when the time comes for us and our loved ones we will pass away swiftly, peacefully and painlessly. But the harsh reality of life teaches us that that cannot always be the case. I believe that, on balance, assisted dying should be legalised in this country. Before I say why, I want to deal with the specifics of the motion.

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The motion is not about changing the law; it is about welcoming the policy produced by the Director of Public Prosecutions on how the law is applied in cases where suicide has been assisted or encouraged. The policy performs an exceptional balancing act. It is written in clear, accessible language; a document that is as much for the public as it is for CPS lawyers. Assisting someone to die is a criminal offence. I do not believe that our law should remain that way, but the DPP’s guidelines provide some clarity and comfort to people who are faced with a loved one asking for their help to end pain and suffering. The guidelines are not perfect, but on the whole they are to be welcomed.

Our law ultimately needs to change. I say this because people should have a choice: a choice that would enable them to end their lives in a dignified way, if that is possible and if that is their wish; and a choice that does not put their family or friends at risk of prosecution. About 10 years ago, I remember watching the TV with my mum, and her turning to me and saying, “Heidi, if I ever reach the stage in my life where I am suffering like that, I would want you to take me to Switzerland.” It made me feel uncomfortable. My mum is as fit and healthy as the next person, thankfully, but there she was talking about the end of her life, and saying, by implication, that she would want me to break the law. The DPP’s guidelines have improved matters since then, but we cannot get away from the fact that someone who helps another to die, even if it is purely out of love and compassion, is committing a criminal offence.

My mum does not usually express opinions on the laws of our land, and she certainly does not spend much time talking about them, but I am not surprised that she has a view on this. It is one of the most intensely human questions that anyone can ask, and it is one that Parliament should attempt to answer—not the DPP, but elected representatives. Parliament has a duty to discuss these issues in a mature, rational way. We know from opinion poll after opinion poll that 80% of the population support assisted dying for terminally ill, mentally competent adults. It is not good enough for Parliament to stick its head in the sand and think that the issue will go away; it will not.

It cannot be right that in our country some people are left with little option but to attempt suicide alone in order to protect their loved ones. It cannot be right that someone’s dignity

and the love and presence of family and friends can be stripped away from them at the very time when they need them most. Some will argue that world-class palliative care is the answer. It will be for many, but it will not be for everyone. I just want people to have that choice.

This morning, I met Neil McClelland, the brother of Geraldine McClelland, who died at Dignitas last December. Geraldine's last wish was for people to talk about her death, and I want to give her the last word today. In an open letter, she wrote:

"I am not sad that I will die today. I am angry that because of the cowardice of our politicians I can't die in the country I was born in, in my own home... If you feel anything at all when you read this letter then please turn it into a fight to change the law so that other people don't have to travel abroad to die, and that those who are unable to because they can't travel, or can't afford the fees don't have to attempt suicide at home or continue to suffer against their will."

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She went on to say:

"I appreciate that it is a difficult subject, but when dying cannot be avoided, let us be compassionate enough and tolerant enough to respect choice."

I could not say it any better.

**4.35 pm**

**Mr David Burrowes (Enfield, Southgate) (Con):** I welcome the debate initiated by my hon. Friend the Member for Croydon South (Richard Ottaway). I respect what the hon. Member for Lewisham East (Heidi Alexander) said, but I will not plead guilty to cowardice here today and do not believe that hon. Members are putting their heads in the sand. If one looks, one sees that there has been parliamentary scrutiny. There was an extensive Select Committee inquiry and there have been debates in both Houses. Indeed, as recently as January there was a debate on care for the dying, in which more than 20 hon. Members took part and spoke up for clarity on improving palliative care as the best way of improving care for the dying. There are probably more than 40 hon. Members present today who I am sure would want to coalesce around and speak up for a similar message, which is supplemented by the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce).

That message on respect for life is shown properly in the fine words of Jean Rostand, the French biologist, which I hope will resound across the Chamber. He said:

"For my part I believe that there is no life so degraded, debased, deteriorated, or impoverished that it does not deserve respect and is not worth defending with zeal and conviction."

Certainly, I believe that a whole day's debate today shows that there is a respect for and a defence of those lives that are difficult, complex, costly and seemingly burdensome, but which are worthy of as good a life, and indeed death, as possible.

The debate, and the amendment tabled by my hon. Friend the Member for Congleton, provide the opportunity to support good-quality palliative care and the hospice movement, which many Members have spoken about. Indeed, my hon. and learned Friend the Solicitor-General spoke about the value the Government place on that, which is shown in the eight pilots that will support quality palliative care, and I see that many Members are wearing the daffodil to support Marie Curie's matched funding of £2.5 million to help ensure that more people in the UK can access high-quality palliative and end-of-life care.

Today's debate is specifically about the DPP's policy. It is among a number of policies that range across criminal law, from domestic violence to bad driving. Some might find it curious, perhaps even a touch mischievous, that Parliament is concentrating on this policy. It is important, with regard to public interest, that we confirm our support for the principle that is the foundation of the DPP policy: the law must give equal protection to all, irrespective of their state of health. The policy, and therefore today's debate, is not primarily about whether terminally or otherwise seriously ill people should be able to access legalised assistance with suicide. Crucially, the state of health of a victim of an assisted suicide is not a factor that tends either to prosecution or not in the DPP guidelines.

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Like many Members, I welcome the DPP's policy, which is firm, fair and compassionate, and which was subject to extensive consultation and revision. Parliament should respect that process and the independence of the DPP in formulating policy. That crucial guidance showed that there is no distinction between assistance with a suicide given to a terminally ill person and assistance given to a healthy person; that medical assistance should be included as an aggravating factor; and that hospices are right to say that actions by a care professional are treated differently from actions by a friend or family member.

I am cautious about Parliament delving into the DPP's policy and trespassing on his territory, and certainly about any moves to place it on a statutory footing, which should be vigorously opposed by the House. The House of Commons Library has confirmed for me that no other DPP policy has been put on a statutory footing. Indeed, no other has been sought. We must ask ourselves why that is, and other hon. Friends have spoken about other motives.

We should not put such guidance on a statutory footing for three reasons that have applied historically but still apply today. First, Parliament needs to ensure that it does not fetter any future DPP's discretion to amend the code for prosecutors. Secondly, Parliament needs to protect the independence of the prosecutor, which should not be dictated by Parliament. Thirdly, Parliament needs to protect the constitutional position of the Attorney-General, who is answerable to Parliament in relation to prosecution policy whereas the DPP's discretion to prosecute certain offences is not primarily a matter for Parliament. Although it might be a matter for debate, it certainly should not be dictated to.

Today we can properly uphold the law as it stands and in no way see from the front door, or indeed from the side or back doors, any change to it and stand up for respecting life and improving palliative care.

**4.40 pm**

**John Healey (Wentworth and Dearne) (Lab):** It is a pleasure to follow the hon. Member for Enfield, Southgate (Mr Burrowes), who I think led the Adjournment debate in January, about which he told the House, and spoke very clearly this afternoon.

I pay tribute to the Backbench Business Committee, because as far as I can see, notwithstanding the hon. Gentleman's debate, this is the first substantive debate that we have had in the House, probably since the Suicide Act was passed in 1961.

We are asked to welcome the DPP's policy for prosecutors on assisted suicide, and I do. I also strongly support the amendment in the name of the hon. Member for Congleton (Fiona Bruce), which stresses the importance of better palliative and hospice care, and we need to look at and go further with the law in this country, but the amendment in the name of my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock) is, in my view, not necessary and not sufficient.

We are blessed in Rotherham with a superb hospice, 15 beds, day places and a community hospice team. The hospice is supported by a dedicated team of staff, by more than 330 volunteers and by residents throughout

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Rotherham, who raise more than £2 million a year to support its work, but no care, however good, can entirely relieve suffering at the end of life, and some will choose to hasten their own end and will require and request assistance in doing so from those closest to them. That is the subject of today's debate, and of the DPP's policy, which clarifies and does not change how the law is applied.

Before the policy, we did not know how the DPP used his discretion on whether to prosecute under the 1961 Act, but we do now, and I hope that this House will strongly endorse that policy, because it is compassionate and reasoned.

Thinking about this debate, I remembered Debbie Purdy, to whom tributes have been paid, and that it was the power of her personal arguments, as much as her legal arguments, that had such force. At the time, she said:

"I was preparing to lose and was in the middle of organising to go to Dignitas. Winning was like being given permission to be alive... I was reliant on somebody loving me enough to risk his liberty in order to support my choices. Now, I know I am not dependent on that".

She reminds us that this issue is as much about living as dying, as much about independence as dependence and as much about the family as the person facing the decision on their own death. But above all it is about control over what is perhaps the ultimate act and decision, to end one's own life, taken by people who are mentally competent to decide but physically incapable of acting to do so without assistance.

My concern, despite the policy, is that we are left in this country in a legal no-man's land. For those looking to travel abroad to die, we have a policy of non-prosecution for compassionate assistance but a law that still makes it a criminal offence, and that law, in circumstances in which it exists but is not enforced, is flawed. In circumstances in which someone does not

have the means to travel abroad to die, we are not just in no-man's land legally; we have a clinical and ethical fudge.

Doctors do hasten the end of some patients' lives in some circumstances, and they get around the prohibition on doing so through continuous sedatives, excessive sedatives, dehydration and starvation. Discussion on that treatment and care is often clouded in ambiguity, is disguised by the "Doctor knows best" attitude, is not open, is not honest and is not properly recorded.

We deprive those who need such assistance of being able to obtain it in this country; we deprive ourselves of the proper—sufficiently strong—safeguards against it being misused; and above all, because of the situation we are in, we deprive too many people of control and dignity in dying, and it is high time we changed that.

**4.45 pm**

**Ian Swales (Redcar) (LD):** I would welcome a debate about a change in the law on assisted dying for terminally ill, mentally competent adults. However, today's motion is about the application of the existing law on assisted suicide, and I was pleased to add my name to it.

I fully support the ongoing development of outstanding palliative care provision, and I welcome amendment (b) in that regard. I praise the great work of Zoe's Place children's hospice and Teesside hospice in my constituency. I am glad that the Government are taking more of a

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lead in providing top-quality palliative care and not having to rely so heavily on bands of local enthusiasts to raise the enormous sums of money that they do. I recognise that, no matter how much we wish it to, such care cannot remove all suffering at the end of life, and some people may request assistance from loved ones to help them to end their lives.

The danger and controversy of such a debate is that its purpose can be misinterpreted. It goes without saying that those who cruelly or recklessly encourage suicide should be prosecuted. Of course, that also includes all those who cause the death of another by their own hand. This does, however, leave sad cases such as that of Tony Nicklinson with no satisfactory resolution; he is not physically capable of committing suicide. I do not believe that it is in the public interest to prosecute a usually law-abiding citizen who helps a loved one to die on compassionate grounds. As other speakers have said, there will also be many health care professionals who have an occasional sleepless night after a wholly illegal act of deep compassion.

I hope that the motion will be supported, as it will give parliamentary endorsement to a flexible and compassionate approach to prosecution. While the policy is welcome, it is not perfect. Only 38% of GPs feel that there is enough guidance for doctors on what to do if a patient asks for help to die. The uncertainty about how the policy applies to doctors could affect their willingness to engage in discussions about the desire of patients to end their life. Since 2002, 182 British citizens have ended their lives at the Dignitas clinic in Switzerland. We cannot bury our heads and pretend that this is not happening. We should have a law applied in this country that encourages open, transparent, frank and safe conversations about

a decision that should never be taken lightly but never taken in the dark. Let us also remember that only the wealthier can afford to go to Switzerland and pay the fees and other costs, and if they wish to die surrounded by loved ones it is even more expensive.

The law as currently drafted works as well as it can, but it does not provide a safeguarded means of assisted dying. We must ask whether people are truly protected by a law that investigates the motivation for someone's request, and that of their assistant, after the person is dead, and whether it is right that people have to travel to an anonymous suburb of Zurich to receive medical assistance in dying. We should be examining what would happen legally if a Dignitas-style clinic were set up in this country. Let us remember that the need to be well enough to travel all that way might, in itself, influence people to make the decision earlier. The policy has not prompted a rise in the number of British people who are being assisted to die overseas. It has led to greater openness, with more people who have assisted a suicide now choosing to self-report to the police. It should be welcomed for setting out the common-sense taken by the DPP and prosecutors in distinguishing between wholly compassionate assistance, which is unlikely to be prosecuted, and malicious assistance, which will rightly be prosecuted.

I also support amendment (a), as it cannot be right that otherwise innocent people must, *prima facie*, break the law and then wait to see whether they will be prosecuted. Nor can it be right that we are relying on the DPP to interpret a law to this extent instead of having

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the interpretation fixed here, in the legislature of this country. I believe that only by Parliament giving clarity will health care professionals, the courts and the public know for sure how to deal with each case. It should not be only the rich who can buy dignity in death; everyone should have that basic right. In the words of the 1972 play on this subject, "Whose Life is it Anyway?"

**4.49 pm**

**Paul Flynn (Newport West) (Lab):** I will devote my time to reading a message that I received from a constituent who was unknown to me until he wrote. I will not mention his name, but he might well decide to identify himself. The most powerful speech that I have heard today was the courageous speech of my hon. Friend the Member for Sheffield Central (Paul Blomfield), who talked about his personal experience. My constituent has asked me to pass on his experience, because he wants to challenge this House. He is of a great age and regards the policy that he lives under, and his understanding of it, to be the responsibility of a younger generation. He asks many questions. He asks whether we have the experience, as he does.

My constituent states: "I have had to watch my dear wife, very old, very much in pain, very weak and desperately wanting peace, but she continued to suffer because I couldn't do the one thing she really wanted. I was helpless to assist her to die. Her words were, 'I don't want to leave you, my love, but I'm very tired and I want to go now. I know you understand. Please help me to die.' Every day of her life she said prayers for other people, but when she pleaded, 'Please God, take me now'; for once in that long life, she prayed for herself, but there was no one to answer. Such a simple, humanitarian act is just not permitted, so I watched my dear wife starve herself to death for three weeks—the only way she could help

herself to die. I watched a lovely lady struggle without food until she grew so weak that she was unable to lift her arms, to even squeeze my fingers. She had strangers to change her, but she grew to the state where the shame and the humiliation were no longer an embarrassment. But she remembered the humiliation of those last weeks. I held her close in the days when I could no longer understand her mumbled words. I could only reply, hoping she would hear when I said, 'I love you darling. I understand.' I hope she knew that I was there with her. I held her when her eyes no longer opened, when she could no longer see. I knew she could hear my words when a tear dropped from the corner of her eye. I held her until she had no touch, no sight, possibly no hearing, but I still said, 'I know darling. I love you. I understand.' I watched her beautiful face become a skeleton. I held her when this poor love finally died. I hope she knew that I was there, but I doubt it. And now for the rest of my life, I will remember the poor wracked body and the once so beautiful face, which became a hollow mask."

My constituent rightly says that there is a gulf of misunderstanding between his experience and the law, between his suffering—the way that his memories of his beloved wife have been poisoned by her final days—and our understanding of what is required. We have to recognise, as my hon. Friend the Member for Sheffield Central said, that we all fear the possibility of a loss of control and autonomy in our final days. We would want some say over the manner of our dying and, in some circumstances, over the time of our dying.

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I believe that we should finally follow the path that has been taken in Oregon, which is very popular and thoroughly accepted, and in the Netherlands. That is the way ahead. We have failed to tackle this problem. The word cowardice has been used. That is a strong word, but there is truth in it. Some 80% of people in this country want us to change things. It is up to us, as their representatives, to bring in reforms that will give people the peace of mind that they can die with dignity.

**4.54 pm**

**Mr Andrew Turner (Isle of Wight) (Con):** I rise to contribute to this very important debate. First, I pay tribute to my hon. Friend the Member for Croydon South (Richard Ottaway) for bringing the issue before the House, and to others who have tabled amendments allowing us to have a wide-ranging discussion.

I say at the outset that I am not in favour of assisted suicide. The reason is a strong personal belief in the sanctity of life, which includes not allowing one person to help another take their own life. I appreciate, however, that these are difficult issues, and that decisions are taken by people who are in terrible positions as they watch, and have to live with, the suffering of someone they love. It is hard to put ourselves in that position and know for sure what we would do, whatever our position on the sanctity of life.

With that in mind, I understand the motion and amendment (b), not because I welcome such guidance on prosecution but because I believe there are a very few exceptional cases in which we must show compassion, so I unhappily accept that it may be necessary. The alternatives would be prosecution in every case in which there is enough evidence, or seemingly arbitrary decisions by the DPP, neither of which would deliver justice.



My fear is that when exceptions are made to laws, people find ways to exploit those exceptions and commit acts that are intended to be unlawful. A timely example is the recent revelations about practices in abortion clinics, which seemingly ignore the safeguards in the Abortion Act 1967 to prevent abortion on demand. That is akin to changing the law by the back door. We must ensure that in anything we do in this House we protect the vulnerable from those who would abuse any change in the law on assisted suicide.

I believe that, for the time being, the very difficult and rare cases in question should first be judged on an individual basis by the DPP. The numbers indicate that they are so few that that would not be difficult—only 18 cases of assisted suicide have been in court in the past 10 years.

I have grave misgivings about assisted suicide in any circumstances, but I believe that we must show our support for the wider availability of, and developments in, specialist palliative care. I want to pay a short tribute to the Earl Mountbatten hospice on the Isle of Wight. Like hospices up and down the country, it does an amazing job. Comfort, composure and compassion should be the default setting for those who are dying and those who wish to die, and expert palliative care can help to achieve that in the majority of cases.

I want to thank all my constituents who contacted me, on both sides of the argument, before the debate. They have given me much food for thought. I originally

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intended to vote against the motion in its entirety, but the wise words of my constituents and my own experience of watching a close friend die last year have taught me that things are not always black and white, however much we wish they were.

No Government could spend enough money in this area, and it is likely that none ever will, but we must do the best we can for those who are dying and those who love them. I believe that to consider the option of assisted suicide is morally wrong. I believe that the law is the law, and that people break it with an understanding that prosecution may follow. However, unless every case is to be prosecuted whatever the circumstances, there have to be some guidelines. I apologise to those of my constituents who feel that I have let them down.

**4.59 pm**

**Jim Shannon (Strangford) (DUP):** I support the amendment tabled by the hon. Member for Congleton (Fiona Bruce) and congratulate her on bringing it to the House for consideration today. The topic is a very emotive one and I will not pretend that it is ever an easy situation for people to live through, but I was taught that not every right decision is an easy decision. We have to make right decisions sometimes that are not easy ones. Today we are tasked to take a moral stand for people who are very ill and in more pain than many of us can even begin to imagine. We in this House are commissioned to look at the bigger picture.

The law is far more than an enabler of prosecutions and convictions. It is also a symbolic system and an indication that we are protecting people. That is what we will be doing here today, legislatively in this House. The BMA has said:

“Doctors have a duty to try to provide patients with as peaceful and dignified a death as possible but the BMA considers it contrary to a doctor’s role to hasten death deliberately or assist in a suicide, even at the patient’s request.”

The first precept in the physician code is “First, do no harm.” This should also be the first section in the parliamentarian handbook. The Hippocratic oath includes the affirmation,

“I will give no deadly medicine to anyone if asked, nor suggest such counsel”.

That is crystal clear.

I read an interesting article by a doctor recently. He wrote that

“a woman in her 40s with advanced multiple sclerosis, no longer able to speak, and completely dependent on family and carers for all her activities of daily living was regularly admitted to hospital with chest infections, and on this occasion had been admitted with pneumonia that was not responding to antibiotics. Her husband said 'she would never have wanted to be like this'. The palliative care team were called to provide specialist care and advice for what was likely to be the last days of Alice’s life. Against all odds, Alice pulled through and left hospital.”

Her husband met the doctor afterwards and said that the involvement of the palliative care team meant that she and her family had received specialist care and support in the community. The doctor continued:

“This goes to the heart of the debate about assisted suicide. I have sometimes wanted to have done things a little differently, to help my patients with the benefit of hindsight. With assisted suicide, death is final. No changing of decisions—and the potential for a lifetime of guilt and regret.”

I do not believe that anyone could be so callous as to judge those who come to the end of their tether and

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cannot bear to suffer or see their loved ones suffer, but by the same token it is my belief that the state cannot interfere and decide when and if it is okay to end someone’s life.

**Naomi Long:** Several hon. Members have talked about the difficult decisions that people may face and the fact that if they choose to end their life, they should be enabled to do so. Is the difficulty not that if we accept that premise we must go on to the people who do not have family support to make that decision, so it ends up being the doctors and nurses—the people who are relied on for care—who have to make that intervention? Surely that is a step too far for even the most compassionate.

**Jim Shannon:** I thank the hon. Lady for her wise words, with which I fully agree.

When I was at school, history was one of my favourite subjects. The history of pre-war and wartime Germany shows a clear policy—when people were old and infirm, they just got rid of them. I am not saying for one second that that would ever happen here, but when legal

abortion was introduced—as the hon. Member for Isle of Wight (Mr Turner) said—it was never thought that 189,574 abortions would be carried out in one year, 2010, in England and Wales. That is a fact. Things escalate as time progresses and my greatest fear is that people would begin to think that rather than cause their family pain, they should end their own life or have someone do that when there could still be hope of recovery or a good quality of life.

My brother was a motorbike man, and he raced bikes. He came off and was seriously injured. He was in a coma for 19 weeks and a machine kept him alive. The prayers of Gods' people, the skills of the surgeon and the palliative care given kept him alive. He does not have full capacity, he cannot ride a bike—which he would love to do—drive a car or work, but he is at home and can interact with his family.

Macmillan, Marie Curie and Northern Ireland Hospice were all very active in delivering palliative care for my brother—and do so for others as well. I have been contacted by Care Not Killing and read through much of its information which struck a chord with me. The European Association for Palliative Care has affirmed that assisted suicide is extremely rare when patients' physical, social, psychological and spiritual needs are properly met. It says that the vast majority of people dying in the UK, even from diseases such as motor neurone disease, do not want assisted dying. The 1,000 MND patients who die annually in the UK do so, in the main, comfortably and with good palliative care. A good friend of mine is dying. I have known him for many years, and I am well aware of the palliative care that he is getting.

Our key priority should be to build on the excellent tradition of palliative care in this country and to make the best-quality palliative care more readily accessible. Given the choice, most people would prefer to die at home. By 2020, over-50s will comprise half the adult population, so it is essential that we rethink current service provision and end-of-life care to ensure that it can meet the demands of an ageing population. In 1994, the last House of Lords Select Committee to report on euthanasia unanimously recommended no change at all. Its chairman later said that

“any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the

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elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death.”

It has been said that hard cases make bad laws, and no law allowing assisted dying could ever be controlled. I fully agree with that and urge the House to support the amendment tabled by the hon. Member for Congleton. I understand the emotions around the subject, but I cannot support the introduction of a law that will continually evolve and could leave our elderly and infirm working out the sums to see if the cost of the care justifies the continuance of their life. Some may say that will never happen. I say we have to keep the legislation as it is to ensure that it never does.

5.5 pm

**Mr David Amess (Southend West) (Con):** The House has certainly been at its best today, with some remarkable speeches being made. I enjoyed the contributions by my hon. Friend

the Member for Congleton (Fiona Bruce) and the Solicitor-General. I found their speeches and arguments compelling. I also enjoyed the speech by the right hon. Member for Birkenhead (Mr Field), who decided to take the gloves off.

The subjects of death and dying are taboo in the House and for most people. We tend to shy away from mentioning them. Like many of us, I have been to far more funerals than I care to remember, and I have visited too many sick and dying loved ones. I am not seen as a Mother Teresa figure in Southend. I am told that when I go visiting the sick at Southend hospital, the call goes up along the wards, “Look out, Amess is about. Pretend you’re dead.”

Many past Members have now died. Lord Newton died yesterday, and Lord St John of Fawsley died last week. Also, tragically, a number of our colleagues have committed suicide since I have been here. One only wishes that one had said something to try and talk them out of their decision. As has been said, however, it is right that Parliament talks about this subject and that we take a view on it. I am content with the DPP guidance as it stands, and I agree with Keir Starmer, who has said that we have a law with a stern face but an understanding heart. That says it all as far as I am concerned.

I acknowledge the DPP’s report setting out the guidance. Since it was produced in 2010, I understand that 31 cases have been referred to the DPP but there have been no prosecutions. In every sense, it has worked very well indeed. It is interesting that the debate has been centred on that report as opposed to the findings of the Falconer commission, which was badly flawed because every one of its members had a particular view. That seemed unfortunate to me.

Let us be clear that this issue impacts on the most vulnerable people in society who, despite their undoubted dignity and bravery, are in most need of our help. That is why the law is there to protect them, and in its current format, that is what it does. However, any changes would undoubtedly put the vulnerable at risk. Any proposed safeguards against abuse of assisted suicide would not work and would be a dangerous path to travel on.

**Mrs Anne Main (St Albans) (Con):** Not only does the law protect the vulnerable who might be dying or at the end of their lives, it also protects their loved ones, who

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may feel pressured into helping them do something that they are deeply unhappy about. There is therefore a double protection in the law as it stands.

**Mr Amess:** I absolutely agree with my hon. Friend, who I know cared for her husband, and therefore has a real feel for this issue, which she might have time to share with the House.

When I was the Member for Basildon, we did not have a hospice—we had very little money, because we are true working-class people in Basildon. We built a hospice from nothing—I laid the foundation stone—and Princess Diana and the Duchess of Norfolk came along to open it. Today, the demand for that hospice is greater than ever. I now represent Southend West, which is a little more well-heeled. We already have a successfully financed hospice, Fair Havens, and we also have Little Havens, which supports a wide area of Essex. The life of Dame Cicely Saunders should be an inspiration to every one of us, because as she made clear, people do not go to a hospice to die; they go to a hospice to live. I agree with every

hon. Member who says that we as a House should do everything we can to support the hospice movement and ensure that everyone who needs access to that care has it.

I do not want to dwell on Harold Shipman, but I recall that I was on the Select Committee on Health at the time. When we think of all the things that were in place then, it is absolutely extraordinary that that doctor was responsible for finishing the lives of 214 people. We should never, never forget that.

I end inspired by the words of Dame Cicely Saunders:

“You matter because you are you, and you matter to the last moment of your life.”

**5.11 pm**

**Tony Baldry (Banbury) (Con):** Having heard pretty much all the speeches this afternoon, I think there is an almost unanimous consensus on the DPP’s guidelines. On the one hand, the current law expresses and safeguards the fundamental principle of respect for life—everybody’s life—and on the other hand, the guidelines express the principle of compassion. I think there is a general agreement that the present situation gets the balance between law and compassion just about right.

During this debate a number of right hon. and hon. Members have said that the law should change and that assisted suicide should no longer be a crime. However, they should reflect on the role of doctors in all this, and what a difficult position any change in the law would place the medical profession in. The medical profession is clear on that point. In its evidence to the Commission on Assisted Dying last April, the Royal College of Surgeons made two clear statements:

“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.”

Baroness Finlay of Llandaff, who has been a hospice doctor for a number of years, reminded the other place that the Royal College of Physicians had made it clear that the doctor’s role

“does not include being, in any way, part of their suicide”.

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Indeed, she observed that the guidelines put in place by the DPP have made it possible for doctors and patients to have better conversations, saying that

“conversations are now more open than ever before, ensuring that healthcare professionals work with their patients to improve living, to cease futile treatments and to support patients during dying. The vast majority of hospice doctors do not want physician-assisted suicide. The policy is clear, firm and compassionate.”—[*Official Report, House of Lords*, 13 February 2012; Vol. 735, c. 632.]

In so far as it is humanly possible to get this right, it would seem that the law, taken together with the DPP’s guidelines, manages to achieve that.

We have not, however, spent sufficient time reflecting on the role of palliative care in easing the difficulties of people when they are dying. The fact is that, at some point, we are all going to die. The difficulty is that hospital medicine these days sees death as a failure, but we are all going to have to recognise that it is a reality. I suspect that, given the choice, we would all like to die at home. That is not always possible, but we spend very little time working out new ways of providing palliative care.

That is why I was pleased that so many right hon. and hon. Members from both sides of the House were able to attend the event in the House last week for Marie Curie Cancer Care, at which my right hon. Friend the Secretary of State for Health announced that the Government were funding a number of new pilot projects for innovative palliative care. That shows that the Government recognise that palliative care is not as good as it should be, and that a lot more needs to be done. Most innovation in this area in recent years has been done by the hospice movement—an excellent movement that is usually funded and run by volunteers—but we need to ensure that the national health service and all of us spend a lot more time focusing on how we can all, as far as is humanly possible, die well.

I salute my hon. Friend the Member for Congleton (Fiona Bruce) for tabling her amendment, and I think—

**Mr Deputy Speaker (Mr Nigel Evans):** Order. To facilitate more Back-Bench contributions, the time limit is being reduced to four minutes.

5.16 pm

**Caroline Lucas (Brighton, Pavilion) (Green):** I very much welcome this debate, and I commend the Backbench Business Committee for giving it time, and the hon. Member for Croydon South (Richard Ottaway) for tabling the motion.

I am a vice-chair of the all-party group on choice at the end of life, and I am personally supportive of a change in the law on assisted dying for terminally ill, mentally competent adults. That said, I want to reiterate that today's debate is about the application of the existing law on assisted suicide, and not about a change in the law. Of course, I fully support the development of palliative care provision, and I welcome the amendment tabled on that. I am encouraged that the evidence from countries such as Belgium and the Netherlands, as well as from states such as Oregon, shows that a change in law to support greater choice at the end of life often goes hand in hand with improvements to palliative care.

**Fiona Bruce:** Are those improvements not due to the progress made on scientific and medical developments in recent years?

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**Caroline Lucas:** They might be partly to do with that, but the Economist Intelligence Unit's research into palliative care across the world found that the pressure brought to bear on policy makers in public debates on assisted suicide often acted as a catalyst for the improvement of palliative care. I do not think that we need to see the two concepts as being in opposition to each other. The move for greater palliative care can also come about as a direct result of greater debate on assisted dying.

I also recognise that, no matter how much we might wish it to be otherwise, such care cannot remove all the suffering from someone who is dying. There will be those who request assistance from loved ones to help them to end their lives. The way in which the law deals with those cases is of the utmost importance to all those involved, and it is therefore right that this should be the subject of today's debate and that Members of Parliament should express their views on it.

I welcome the clarification provided by the DPP's guidelines. There is no doubt that those who maliciously or irresponsibly encourage suicide should be prosecuted, and I do not think that anyone is saying otherwise. However, it is not in the public interest to prosecute a normally law-abiding citizen who, out of love and compassion, helps a loved one to die. As Members of Parliament, we have to ask ourselves whether a normally law-abiding person should face automatic prosecution for a one-off, compassionately motivated act. I hope that this is an area of common ground between those who support, and those who oppose, a change in the law on assisted dying, just as I am sure that there is a shared commitment to palliative care.

Many hon. Members have shared moving stories of their own personal experience. I have a story to share that is at one remove, as it involves someone whom I do not know directly. A mother wrote to me about her daughter, Lizzy. She explained to me that her daughter was nearly 21 when she was diagnosed with multiple sclerosis, and that

“From the time of diagnosis she had hoped that if her health got too bad she would want to be able to choose the manner of her death. As we approached Christmas 2008 she asked me if I would start to make arrangements, she didn't want to face another birthday with deteriorating health.”

They thought that they would be given the green light by September 2009, but, as Lizzy's mother explained,

“we had a nasty fright when instead of the green light we were reported to Social Services. The DPP's guidelines had been put in place earlier that year so when the police, social workers, psychiatrist and various other representatives interviewed Lizzy and me, the rules laid down made a clear case for her to be allowed to travel.

In hindsight I am very grateful to the person who contacted the authorities, it allowed them to hear from Lizzy herself, rather than me having to persuade officials that this was her desire. I...wish that people had seen the relief on her face when the letter giving her the green light actually came, it was really touch and go whether her health would hold up for travel and she was very scared of being trapped in a slowly dying body... We eventually travelled to Switzerland on 7th December 2009 and Lizzy passed away peacefully on 11th December.”

If there is a lesson to be drawn from Lizzy's story, I think it is that regulation, clarity and openness should guide public policy in this area, rather than what may be an understandable desire to turn a blind eye. I think that any assisted death should take place within a rigorous framework of regulation, as well as in the context of the

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availability of the highest level of palliative care. Very few of us would want to suffer against our wishes at the end of life, and I think we have a clear responsibility to consider how our laws protect people confronting such momentous decisions—people like Lizzy and her mother. I therefore welcome the DPP’s policy on assisted suicide, and support this important motion.

5.21 pm

**Zac Goldsmith (Richmond Park) (Con):** I support the motion, and congratulate the hon. Member for Croydon South (Richard Ottaway) on securing a debate on an issue that is of significant public interest and has not been debated substantially in the House for some time.

What we are being asked today is simply whether we support the view of the DPP that it is not always in the public interest to prosecute people who have compassionately helped a loved one to die at his or her request. It seems to me that that is unarguable. It is true that before the DPP’s policy was set out there were few prosecutions, but, equally, it was not at all clear how decisions were being made. People were unable to know what sacrifices they could make for their loved ones, and what the consequences would be. That is why, in 2009, my friend Debbie Purdy—who I believe is in the Strangers Gallery, and who has been rightly praised by many other Members who have spoken today—took her legal case to the Law Lords.

Debbie simply wanted to know whether her husband Omar was likely to be prosecuted if he accompanied her to Switzerland to have an assisted death. In a letter that she wrote to me last week, she explained:

“My husband wanted me to delay any thought of death while my life was enjoyable, and he was emphatic that he would risk prosecution later, if I needed his help. I love Omar and wasn’t prepared to take that risk.”

Debbie was not asking for a change in the law; she simply wanted to understand it. She wrote:

“I believed I had a right to know what would actually lead to a prosecution so we could avoid that action. Clarity would let me make an informed choice as to what help I could safely accept from my husband.”

Because of her action, the Law Lords instructed the DPP to provide clarity, and the result was the DPP’s prosecuting policy which we are discussing today

Because the detail of the policy has already been explained today, I will not go into it now, but, in short, it draws a distinction between the compassionate and the malicious. It effectively says that prosecution should not be the automatic, unthinking response to assisted suicide, and that numerous human factors should be taken into account. Before the DPP’s policy was set out, Debbie was in the awful position of having to plan for her own death even while she should have been enjoying her life.

**Anna Soubry:** Would my hon. Friend go as far as some who would argue that it is not right or fair for Debbie to have to travel somewhere else to die with dignity as she wishes to do?



Does he agree that in due course our law could change so that she could die at home rather than having to travel to some clinic abroad?

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**Zac Goldsmith:** I do agree, and I shall say more about that in a few moments. In fact, Debbie herself said at the time that had she lost her case, she would have booked into Dignitas in 2009. Her letter concludes:

“I know of situations where these guidelines have, even without the certainty of law, delayed the timing of an assisted death and made a death less frightening and lonely. For my part, the guidelines have allowed my life to be longer and happier. The Lords saved my life.”

She says that because the Lords initiated this process.

The DPP policy is clearly a step forward, as it provides some clarity. I am not convinced it provides sufficient clarity, however. For instance, only a minority of GPs feel that there is enough guidance for doctors on what to do if a patient asks for help to die. We also need to ask if it is right that mentally competent adults should have to travel abroad to receive medical assistance to die, and we must assess whether it is right that the law can brand someone a criminal for helping their loved one, even while the same law gives them a sympathetic nod and a wink.

The motion does not address these concerns. Neither does amendment (a), for which, in truth, I have yet to hear any compelling arguments. I hope we will debate the broader issues in due course. For now, however, the policy provides greater clarity on the application of the law than was ever previously available, and must therefore be welcome.

**5.25 pm**

**Richard Drax (South Dorset) (Con):** It is a pleasure to follow my hon. Friend the Member for Richmond Park (Zac Goldsmith).

I commend my hon. Friend the Member for Croydon South (Richard Ottaway) on bringing a motion on this subject before the House for the first time in 15 years—not for the first time since the '60s, as one Member said. In the past 15 years, advances in medicine have enhanced our abilities to heal far beyond what could have been imagined back then. However, many incurable, degenerative and terminal conditions remain, and it is those who suffer from them, and the carers who look after them, whom we must consider today.

The motion welcomes the Director of Public Prosecutions' guidelines in respect of cases of encouraging or assisting suicide, and I support both it and the amendment on palliative care. It is a welcome attempt to bridge the gap between a blunt, legal certainty—that helping to end a life is a criminal offence—and the greyest of grey areas.

I can only speak personally. I have no direct experience upon which to draw, and I pay the utmost respect to the hon. Member for Sheffield Central (Paul Blomfield) for his courage in sharing with us the very personal case that he has experienced. I have never been in that situation, but I am a father of four, and if one of my children were in agony and, as far as they were concerned, no further care could be given to alleviate that pain, I would like to think

that if they asked me to do so, I could assist them to die without then spending 14 years of my life in jail.

I believe that the guidelines provide a moral flexibility—if that is the right phrase. They are as humane and wise as any guidelines could be. They are not going to satisfy everyone, however. I listened to the powerful speech of

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the hon. Member for North Antrim (Ian Paisley), who is not in his place at present, and I believe that assisted suicide should remain a criminal offence, for the reason he gave. As long as we follow the guidelines to the utmost extent, we should be able to grant those in extremis, and those who love them, some leeway.

I agree with my hon. Friend the Member for Banbury (Tony Baldry) that we must not impose this on the GPs. The British Medical Association tells us that the vast majority of doctors do not want to legalise assisted dying. Medical ethics demand that they prioritise the preservation of life, not the taking of it. To ask them to take life instead would violate a bond between them and the patients who trust them.

We must never let the depressed, the confused, those in terrible pain, the aged and the vulnerable feel that they must pursue the path of assisted suicide so as not to be a burden on others. The so-called right to die must not be allowed to become a duty to die. We should refocus our efforts on palliative care and leave euthanasia to other countries. For that reason, while I understand the motives of the independent commission on assisted dying, I cannot support its conclusions. In my view, the commission's desire to institute some form of legalised euthanasia crosses a line even in the most extreme cases.

The DPP guidelines accommodate compassion. That word has frequently been uttered today, and I entirely agree that compassion must underline the approach taken in respect of extraordinary circumstances that very few of us have experienced. I support the motion and the amendment on palliative care.

**5.29 pm**

**Sir Peter Bottomley (Worthing West) (Con):** We can understand the individual cases that have been brought to the House this afternoon. There are about 5,000 suicides a year in this country. If we had an equivalent system to that in Oregon, which is the total reverse of what some have been talking about—it has physician-assisted suicides—we would have about 10,000 assisted suicides a year. If we were like the Dutch, whose position goes beyond assisted suicide to death with or without request—that is different from suicide—we would, again, have about 10,000. My wife and I were impressed by a Dutchman who had been working abroad but went back to his home country. He was asked by his doctors why he was keeping his handicapped son alive. He asked for a transfer to this country, where there is care—and not just palliative care.

No one in this House would want to argue for ending the life of those who are physically handicapped or mentally ill, or for agreeing to the requests of the clinically depressed—those most likely to commit suicide—who want to end their life. If we start to go down that line—and that is the only purpose that there can be behind amendment (a)—we will be in a

different debate from the one so well introduced by my hon. Friend the Member for Croydon South (Richard Ottaway). I pay tribute to him for the letter that he sent to us all, for the way he spoke on his motion, and for what he has on his website, on which he has kept his constituents up to date with his views.

There is only one reason for amendment (a), and it is not to ensure statutory enforcement of the DPP's guidelines. I have not found a precedent for any statutory enactment

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of the DPP's guidelines. If my hon. and learned Friend the Solicitor-General knows of any, I would be grateful if he would correct me. The only reason to want the Government to decide on whether to consult is in order to go way beyond—first slightly beyond, and then further beyond—to the question of whether the issue be confined to assisted suicide.

**Dame Joan Ruddock:** I hate to repeat myself, but the amendment is absolutely clear. It suggests only that the Government should consult on the matter. There is no certainty in that; the consultation may go completely the other way. The situation is unique, as I said. The framework of the law on suicide and assisted suicide is quite different from that on other matters.

**Sir Peter Bottomley:** But when I asked one of the right hon. Lady's hon. Friends—the hon. Member for Walsall North (Mr Winnick)—whether he would support the amendment, the answer was not clear.

**Mr Winnick:** I am quite happy to support the amendment, if that would satisfy the hon. Gentleman.

**Sir Peter Bottomley:** It is not a question of whether I am satisfied; the question is: what is the purpose of the amendment? We all heard the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock) the first time round, and what she said was engaging, but it was not the reason for amendment (a). If we are not talking about going beyond assisted suicide, what are we talking about?

**Dame Joan Ruddock** *rose*—

**Sir Peter Bottomley:** I will not give way again. It would have been better, if we had more time, if someone had read out all 16 of the DPP's public interest factors tending in favour of prosecution, and the six public interest factors tending against prosecution, which, interestingly, start at nought rather than one. It is worth getting those into people's minds. I hope that the newspapers will report those factors, if they report any part of the debate.

I have probably been with as many dying people as others. I have been in the House for 36 years, there are about four people a year with whom I spend a lot of time in my constituency, and I have had family experiences, too. I have probably seen more dead people than anyone, because of various things that I have been witness to in my life. Death is not something to be worried about; pain is, and misery is. I shall not even think of contradicting the things that many hon. Friends and Opposition Members have said, but on the DPP's role, I point out that I back what Ken Macdonald said in 2004, when he issued a nine-point statement of independence. One of the points was as follows:

“The people of this country want a prosecution service that is confident, strong and independent. Casework decisions taken with fairness, impartiality and integrity will deliver justice for victims, witnesses, defendants and the public. Casework decisions that, for whatever reason, lack these characteristics risk miscarriages of justice. They undermine that confidence in the rule of law, which underpins our democratic society.”

If we had a statutory declaration of the principles that we have all accepted, and the DPP brought up some other issue that he wanted to bring in, it would require a

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statutory change. What is the point of that? If the DPP thought one of his current points was too strong and should be weakened, would he have to come to Parliament again? That is the argument against even considering whether the Government should consider consultation.

The last area I wish to examine relates to the fact that too many suicides take place in this country. Whether we ought to have an extra 20 or 30 instead of having people going abroad is one issue, but multiplying the number of assisted suicides by 100 relates to a completely different debate. What sort of number would there be then? What sort of pressures would people feel if they thought that they were being awkward or untidy, or they were experiencing pain they did not want to experience? Pain is a part of life. It is experienced by women giving birth—

**Anna Soubry:** He has obviously not been through it!

**Sir Peter Bottomley:** Well, I am told that it is. It is experienced by many of us doing things, whether we are talking about physical pain or mental pain. People are called on to do things as parents or as children which are awful but have to be survived. I hope that the result of this debate is that we let more people survive, and we keep these guidelines as they are. They are accepted by us all.

**5.35 pm**

**Steve Brine (Winchester) (Con):** I will not say it is a pleasure to speak in this debate, because I am not sure that is the right word to use today. However, I am sure that this is a very important debate, and I pay tribute to the Backbench Business Committee for granting it. I also pay tribute to the hon. Member for Sheffield Central (Paul Blomfield) and my hon. Friend the Member for Calder Valley (Craig Whittaker), who gave brave speeches that could not have been easy to give.

A former Prime Minister, Churchill, described this House of Commons as the “cockpit” of the nation, and he was right. Despite many things, this House still matters a great deal. This debate, above all, matters because ultimately Parliament must express its will. Furthermore, contrary to what some may feel about the willingness of the judiciary in this country to make the law through cases brought before them, I suspect that they would much rather Parliament decided and made its position clear. I hope that that will happen this evening.

I have been contacted by a large number of constituents in advance of today’s debate. I know that many people in my constituency and across our country would wish either that we were not debating this at all or that we were considering a new law to allow doctor-assisted dying.

As my hon. Friend the Member for Croydon South (Richard Ottaway) made it clear in opening the debate, we are not doing that. The motion simply asks us to express support—or otherwise—for the principle set out in the DPP’s policy statement. That is what I support, along with amendment (b), tabled by my hon. Friend the Member for Congleton (Fiona Bruce).

The current law does not recognise the “best interests” of the victim as a justification for killing. Equally, the compassionate motives of the “mercy killer” are, in themselves, never capable of providing a basis for a partial excuse. Some have argued that that is unfortunate,

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and that is what forms the nub of today’s debate. Like many hon. Members taking part in this debate, I have watched many people I love slip away. I can honestly say to this House that the question of whether I personally would have intervened at those times—or was even asked—to ease suffering never so much as crossed my mind or was ever discussed. I remember feeling a massive sense of relief when the suffering was over, but I never had a thought about expediting the end. Perhaps the fact that I have a strong Christian faith, or perhaps just the sheer numbness one can feel at those times, accounted for that. In all honesty, I still do not know which it was.

I wish to discuss palliative care. Good palliative care, which my family have been fortunate enough to have received, should be much more widely available—and the hospice movement should be a bigger sector—so that it is genuinely available as an option for all. Good end-of-life care can provide precious moments for loved ones facing their day of parting. A constituent of mine wrote me an e-mail yesterday, in which he said:

“My wife of forty years died of complications to breast cancer... The care and attention that she received during that time was exceptional thanks to the N.H.S and the Hospice Care movement. Those last few years of our time together were some of the best that we had. Somehow we were drawn together in both grief and understanding. We both knew what the outcome would be but it was a time that I treasure still.”

That is a powerful reminder of the peace and dignity that good palliative care can give, and I cannot help but wonder whether we would be having this debate if my constituent’s experience of the NHS and the hospice movement was the norm.

In conclusion, I support the main motion, which stands in my name and that of my hon. Friend the Member for Croydon South. As he has said, whatever the outcome of this debate, assisted suicide will remain a criminal offence. I am content with that. Whatever the outcome of the debate, we will not be legalising “mercy killing” or legalising assisted dying via a doctor. I support greater patient choice across the NHS and I am content to extend that to end-of-life care. The DPP’s policy strikes a reasoned and balanced approach, which combines upholding the law of the land, meeting his statutory duties under that law and judging that it is not always in the public interest to prosecute those who have compassionately assisted a loved one to move on to the next stage in the great journey we are all embarking upon. I support the motion.

**5.39 pm**

**Mr John Baron (Basildon and Billericay) (Con):** May I start by congratulating my hon. Friend the Member for Croydon South (Richard Ottaway), who is not in his place? He introduced the debate in a very measured tone. I also congratulate the Backbench Business Committee on arranging this debate on the Floor of the House. It is a very worthwhile subject that has not been debated for some time. I will support the motion, which stands in my name and those of colleagues. I believe there should be parliamentary scrutiny and oversight of the prosecution and sentencing policy, which I think is why we are here.

I will also support amendment (a), because it deals with an issue that has not been addressed as fully as I would have liked in this debate—the uncertainty created

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by the current situation. The legal fudge at the heart of this debate has not been adequately addressed. The law says one thing and one can be convicted of an offence, but the prosecution, or the prosecution policy, looks the other way. The more charitable would suggest that this is about trying to get the right balance between compassion and the law, but I suggest that it creates grave uncertainty and that it is unfair. It is not fair on those who feel that they have to travel to Switzerland to avoid prosecution, it is not fair on the patients who wish to die with dignity and it is not fair on the families of relatives who may or may not be prosecuted but are not clear about where they stand, particularly regarding the patient and individual concern. Patients may be concerned about the prospect of their loved ones being prosecuted. Neither is the situation fair on patients who wish to be surrounded by loved ones or family but who might have to consider the option of dying alone for fear of those left behind being prosecuted.

For the avoidance of doubt, let me absolutely clear: I believe that the compassionate approach for patients who are in severe pain, are terminally ill and have the support of their family would be to allow them to choose to die provided that the appropriate safeguards are in place. Yes, there is a right to life, and that is terribly important, but there is also a right to choose to die with dignity, knowing that one's relatives will not be prosecuted, and surrounded by family and loved ones—not alone for fear of the prosecution of those left behind. That is why I will support amendment (a). This area is far too important and the situation is far too unique to be left to Government officials. It should be subject to parliamentary oversight.

Yes, we know that the guidelines are just that and are not law, but prosecution or the threat of it can be profoundly disturbing to the loved ones left behind. We should not underestimate that. We do not know for sure whether those left behind will have committed a criminal act, but the threat of prosecution or prosecution itself can be profoundly disturbing, particularly for those who have already had to endure severe grief in their lives. Putting guidance on the statute book brings that certainty. It brings certainty that those who maliciously assist someone to die will be prosecuted and also provides protection to those acting on compassionate grounds. I believe that those factors should be taken into account and that we need to end that uncertainty.

**5.43 pm**

**Mrs Eleanor Laing (Epping Forest) (Con):** We usually begin this sort of debate by congratulating the hon. Member who secured it, and that is usually done as a courteous opening, but today I genuinely heap praise on my hon. Friend the Member for Croydon South

(Richard Ottaway)—ah, here he comes—and the Backbench Business Committee for having secured the debate. It is pretty scandalous that the House of Commons has not debated this important subject for 40 years. Courage has been lacking but it is here today and there have been some wonderful and courageous speeches from Members across the House. It is strange that there should be reluctance to debate this issue because the one thing that is certain in all our lives is that they will end and death will come. Most of us do not know or want to think about the manner of our death, but there are some people who do know what the manner of their death will be because of the illness or disability from which they are suffering and know that they are suffering.

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My hon. Friend the Member for Croydon South mentioned Melanie Reid, the columnist on *The Times*, who has become tetraplegic as a result of an accident. She has written an inspirational column these past 18 months. She says in this morning's paper that

“there is no point keeping humans alive just for the sake of it, when they don't want to be, in circumstances which we and they regard as intolerable. And if they need help to achieve a good death, in the comfort and peace of their own home, we should be able to give it to them.”

And so we should.

Many hon. Members have spoken about choice and palliative care, but palliative care does not work for everyone. If it did, we would not have a problem and we would not be having this debate. Some people who are in the final stages of life have intolerable and untreatable suffering and pain. They have no choice, and they deserve our compassion. Although I agree with my hon. Friend the Member for Gainsborough (Mr Leigh) about the right to life being paramount, we cannot ignore quality of life at its end.

The guidelines protect a person's dignity by allowing them to die in a manner of their choice, rather than going sooner than they should have to, but while they still can, to a foreign country to die with dignity. My hon. Friend the Member for South Basildon and East Thurrock (Stephen Metcalfe) paid tribute to Nicky Dalladay. Nicky is also a friend of mine and lives in my constituency. I have watched her cope courageously over the years with a degenerative illness. She has urged me to be outspoken on this matter, which I am happy to be. Her husband looks after her with compassion every day, and one day he might have to help her to die, also with compassion. That is his only motivation and it is up to us in the House to protect someone who acts in such a way.

I welcome the clarification provided by the Director of Public Prosecutions. It is very important that Parliament today endorses the DPP's guidelines. I am persuaded by the Solicitor-General that amendment (a) is not necessary, but I support amendment (b) and the hospice movement in general. I hope the House will show compassion and support the main motion today.

**5.48 pm**

**Robert Halfon (Harlow) (Con):** I wish to make three points. First, as the right hon. Member for Cardiff South and Penarth (Alun Michael) said earlier, I believe that the people who have

pushed forward today's debate are, in essence, introducing a Trojan horse. I respect the genuine feeling that many have on the issue, but my worry is that whatever the intention of some Members, this will ratchet towards euthanasia.

Secondly, there is a risk of abuse because of the serious abuse that exists in Oregon and the Netherlands, where assisted dying is legal and, dare I say it, in historical examples of state-sanctioned euthanasia, such as in Nazi Germany. Thirdly, I would argue that this is the wrong debate. In terms of resources and philosophically, surely we should put everything into helping people to live, not helping people to die.

My fear is that this is a Trojan horse motion. I accept that the motion simply welcomes the DPP's advice, and that the Director of Public Prosecutions said in February:

"The policy does not change the law on assisted suicide",

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but he also admitted that there had been changes to the policy. As my hon. Friend the Member for Epping Forest (Mrs Laing) said, Parliament has never voted on these measures, even though they de facto amend the Suicide Act 1961. There is a risk that the guidance will tilt the legal balance towards euthanasia, not least because it clarifies how people can deliberately avoid prosecution.

**Bob Stewart:** I do not understand how they would amend the Suicide Act. It is my understanding that it has not been amended.

**Robert Halfon:** My argument is that the guidelines are too flexible, and that Parliament has not made a decision about the matter. As I said, Parliament has had no say in designing the DPP's guidance, and that is not how law should be made in Britain. We are simply being asked to rubber-stamp what the DPP has said. This matters because there is a risk of abuse—it could become a lawyer's charter—and because of the kind of country it would make us.

Sadly, there is a real example in history of how the move to assisted dying has led to something much worse. In 1920, the eminent German medics, Binding and Hoche, argued strenuously that doctors should be protected against prosecution for assisted dying. Their research was popularised during the Weimar era, and by 1932 created the intellectual climate that allowed Prussia to remove support for the disabled and terminally ill. In 1939, we know that Hitler issued orders that doctors be commissioned to grant a mercy death to patients who were judged to be incurably sick. A small step perhaps; each step along this path was a small step. Two years later we know that 70,000 patients from Germany's hospitals had been killed. We know that in 1941, the gas chambers were moved from the hospitals where they had been used for euthanasia to the death camps of Auschwitz and Treblinka. Nurses, doctors and technicians followed the equipment. That is why I am worried about a conveyor belt. Of course, we live in a benign country, and we think that such things would never happen, but it is precisely because we are a benign country that we have to put in every safeguard to ensure that it does never happen.

I argue that the DPP's guidance can become a lawyer's charter. Who will define "compassion" in the DPP's guidance? What is "minor encouragement"? How will we know the victim's story if only the suspect can give evidence. Moves towards assisted dying would



seriously damage our national character. As the *National Review* reported, a 1991 Dutch survey showed that 2% of all deaths in the Netherlands were caused by deliberate euthanasia, but 10% were from euthanasia by neglect, omission or other forms of poor care.

This is the wrong debate. We should be supporting palliative care, and I am proud to be very involved with my local hospice, St Clare's. We should remember that about 40% of hospice in-patients return home and 66% of hospice at-home patients die in their own homes.

As a society, we are beginning to devalue human life, whether it is on television, in computer games or in other forms. I accept that we give people choice, but we are not talking about going to a supermarket and choosing a brand of chocolate. Harold Shipman was mentioned earlier, and he got away with what he did because human

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beings became digits on a computer: form filling. I wonder whether he would have got away with what he did if we did not devalue human life in the way we do.

**5.53 pm**

**Paul Maynard (Blackpool North and Cleveleys) (Con):** It is a great honour to participate in this debate, and I pay tribute to those hon. Members who have spoken from personal experience and personal testimony. That is so very powerful. But I also pay tribute to the right hon. Member for Birkenhead (Mr Field), who spoke powerfully about what I would call the degree of group thinking that seems to occur sometimes in the Chamber. We all revert to a fairly simple, comfortable mean, around which we can all collate, and that gives me great concern.

We have heard many powerful arguments today, talking about individuality, individual rights, the fact that it is my body and that I should decide what happens to it. That fills me with great concern. We have heard the word "compassion" used over and over again, to the point where perhaps it has lost all meaning in this Chamber. The definition of compassion, fellow feeling, is sometimes lost in the debate. The compassion we should be showing when considering the most vulnerable is also a matter of putting ourselves in their place, because compassion is not about feeling sorry for them, but about identifying with their concerns.

As legislators, we should be here to protect the most vulnerable in society, but I worry that, by allowing moves towards more assisted suicides, we are not fulfilling that role. Yes, people might arrive at what they consider to be a rational decision that, because of a disability, a progressive illness or some other condition, their life is no longer worth living. With all the language of individual rights that we have heard left, right and centre today, perhaps that is where society has got to and where the currents of social change have brought us, but I fundamentally reject it.

I place a value on my life, but I place the same value on the lives of every single Member in this Chamber, because in my view all human life has equal value. If we decide that our own lives are no longer "worth living", we make it harder for a person with an identical condition, disability or prognosis to take a brave decision, to strike out and say, "Actually, I want to keep on living. I do not want to succumb to the group-think that says I am now a burden on society." It is not for society to decide the value of human life. It is not even for one single

individual to decide that their life is no longer worth living, because by doing so they diminish the right of every other human being to decide that their life is worth living.

We can imagine two terminally ill people with almost similar prognoses, yet we do not know what might happen to them, as the hon. Member for Belfast East (Naomi Long) made clear. Palliative care is actually guess work. It is hoping for the best and trying to do the best for the patient, but we can never know what the final outcome will be. I am very concerned today. We often use the cliché, “the slippery slope”. I feel that we are skidding faster and faster down a slippery slope in this Chamber today, and that causes me grave concern.

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5.56 pm

**John Glen (Salisbury) (Con):** I want to open my contribution simply by saying that I endorse and support the DPP’s published prosecution policy. I do not support any move to change the law or the prosecution policy or to put that policy in statute law, and I am concerned that in reality that is the pathway that will follow this debate. I oppose any moves in that direction on the basis that the current law works well in practice. Let us be clear that it does so because of the stop-gap between Parliament and the CPS, which allows a criminal investigation into any case if required but, as with all criminal law, has the element of discretion that allows consideration of mitigating factors in all cases.

I want to offer two practical objections to changing the status quo. First, the law is about protection. We are talking about protection for the most vulnerable members of our society, those with terminal illnesses, those who might be severely disabled or those who might be depressed, confused or anxious. For this reason, we should not have a law that encourages, or is unable to prosecute, any case of coerced, encouraged, pressured or uninformed assisted suicide. Consider the situation for a 97-year-old elderly lady nearing the end of her life. Despite the best motives and intentions of her family, knowing that the option of assisted suicide exists, and given strong ties of loyalty, subtle cues from the family create the risk that she will feel compelled to assist with their emotional and financial uncertainties by agreeing to a premature ending of her life.

When I visited the spinal unit in my local hospital in Odstock in Salisbury last Friday and spoke with the consultant, he told me of the frequent situation for those who become tetraplegic after accidents. He said that their attitude towards their future changes markedly while they come to terms with their situation and their future quality of life. Exemptions to the law on assisted suicide will not provide a deterrent or discouragement in those cases, nor will they provide grounds for investigation or prosecution, if needed. The only way to ensure that every single case is amenable to robust deterrence and proper investigation is to have a blanket law against assisted suicide.

We must also focus on prevention, and that means doing everything we can to aid people when they are suffering towards the end of their life, so I endorse the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce), with its renewed focus on palliative care. We have all commended the hospices in our constituencies, as we know that they are an under-used and a misunderstood resource of which so many more people wish to, and could, take advantage.

When we discuss the issue of suicide, we immediately raise the need for counselling and caring for those who are depressed. The same should be true for those who are near death. My submission today is that if we were to create a painful moral dilemma and significant areas of legal uncertainty and ambiguity, we would put at risk the well-being of many people. We should leave the status of the law as it is.

6.1 pm

**Nigel Mills (Amber Valley) (Con):** It is an honour to speak in a debate that has shown this House at its best, and I too congratulate my hon. Friend the Member for

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Croydon South (Richard Ottaway) on moving the motion and the Backbench Business Committee on finding time to debate it. I am in an unusual position, as I can happily support the motion and both amendments—and will do so if we go into the Division Lobby later.

I will start at the end by supporting amendment (b) on palliative care, which my hon. Friend the Member for Congleton (Fiona Bruce) tabled and with which I wholeheartedly agree. I join other Members in paying tribute to the hospices that serve their constituencies.

My local hospice is the Treetops hospice in Derbyshire, which does amazing work, and, speaking as someone who has lost a partner to a cancer, I have seen the great care that it gives people in the final stage of their life. We never talked about whether she would have chosen a quicker, less painful and more dignified way of dying, but I remember sitting there for four days while she lay dying, thinking that if I ever got into such a situation I might prefer to go in a less painful and more dignified way.

I join those other Members who support changing the law to allow people that very difficult choice at the end of their life, but that is not what this debate, the motion or the amendment that stands in my name and that of the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock) is about; it is about endorsing what the Director of Public Prosecutions has done. His guidance is admirable, I have no criticism of it and I hope that it remains in place and is applied consistently.

I do not think any Member wants the issue to be subject to a different court decision, which moves the line in the sand back or forward a bit, or subject to a different DPP changing the tone of the guidance. Parliament should draw that line, saying, “This is what we think is acceptable; anything beyond that, we think not,” and if the line is to move, that should be down to Parliament as well. That is why I support amendment (a), and I do so not because I want to list loads of criteria in law.

If someone compassionately assists a loved one in ending their life when that is their choice, Parliament should say that that is not a crime. What should be a crime is trying maliciously to encourage someone to end their life when that is not their choice, when it is not what they want and when it is not done through compassion.

**John Glen:** My hon. Friend is making a powerful case, but in reality is it not the practical, individual decisions that matter? Even if Parliament did come up with a set of criteria, would it not be their application individually that mattered? It would therefore be entirely

inappropriate for Parliament to try to set criteria that could be binding in every individual situation.

**Nigel Mills:** The point I am trying to make is that I am not sure whether it would be right for Parliament to list a load of criteria. The feeling today appears to be that we do not think that people should be prosecuted for compassionately assisting a loved one in their free choice to end their life, but that someone should be prosecuted for maliciously encouraging or enticing someone to commit suicide when they do not really want to do so. That principle could clearly be put into statute without having to go through the individual circumstances of every situation. That would then leave the DPP free to consider in each case whether the action was compassionate or malicious. At the moment, the law says that if one assists someone to commit suicide—

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**Mr Speaker:** Order. May I gently suggest that the hon. Gentleman speak up a bit, because I think we all want to hear him, and I would like to hear him?

**Nigel Mills:** I am sorry, Mr Speaker. I am full of a cold, and my throat is not quite as strong as I would like it to be.

If Parliament intends that compassionately assisting a loved one to die should not be prosecuted but maliciously encouraging someone who does not really want to die should be prosecuted, then that is what the law should be, and it is down to the DPP to put in place guidance on how to distinguish between the two.

**Alun Michael:** Does not the hon. Gentleman understand that the whole point is that a judgment has to be made on whether the law is being pursued or whether there are factors that show that there are grounds for a prosecution? That is what the guidance is all about. What is needed is not a change in the law but for us to applaud how the guidance has been provided, based on what Parliament has already decided.

**Nigel Mills:** I am grateful to the right hon. Gentleman. Parliament decided 50 years ago that all prosecutions should require the DPP's consent. I contend that in his guidance the DPP is not strictly giving guidance on the law. The law says that assisted suicide is a crime that can be punished by up to 14 years' imprisonment. I would rather the guidance said that compassionately assisting a loved one should not be a crime, but the malicious stuff should be, and then it could be used to determine exactly when a prosecution would be due. I strongly believe that Parliament should draw the line in the sand on this very difficult issue. We should not be leaving it to the whim of the courts or to individual DPPs slowly to move the line forwards or backwards depending on their view. It is right that Parliament should decide.

I welcome the fact that we have had this debate so that we can endorse the current position of the DPP, and I will support amendment (a) to try to put that on a firmer footing.

**6.6 pm**

**Martin Vickers (Cleethorpes) (Con):** Thank you, Mr Speaker, for giving me the opportunity to take part in this important debate. As my hon. Friend the Member for Amber

Valley (Nigel Mills) and previous speakers said, it shows the House at its best. How different from yesterday—but sadly it is yesterday that will lodge in the public mind.

We often take part in passionate debates in this House about a whole range of issues, be it planning, as it was earlier today, House of Lords reform, or whatever. Important though they are, they are not life and death issues, but today we are discussing just that. I am not a lawyer, nor do I claim any particular insight; indeed, I see through the glass darkly. I have the uneasy feeling, which I know is shared by many hon. Members, that we, as a society, are moving towards a situation whereby assisted dying is legitimised. Though I believe life to be sacred and God-given, I readily acknowledge that that view is not universally accepted. However, I am sure that we can all agree that life is uniquely precious, in which case we should surely do everything possible to preserve it.

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I do not in any way question the motives of those, be they Members of the House or among the general public at large, who take a different view. Many will have reached those conclusions having witnessed the slow and painful death of a loved one. I believe that any move to lay out a statutory framework is a further step, however small, towards an acceptance that assisted dying is in some way given the seal of approval. Some things are best left in the grey area.

Both my parents died of cancer and suffered in their final months. I well remember the telephone call from the specialist who, after receiving the results of the test on my father, said that we must hope that God is merciful and does not allow him to suffer for too long. Although he did suffer, it was not for too long. In fact, he lived for a further six months after I received that fateful call. In his final weeks, which he spent in St Andrew's hospice in Grimsby, I saw what comfort can be offered through palliative care. No longer did he suffer the periods of pain that he had in earlier weeks. That happened as long ago as 1988. Through my visits to St Andrew's and to Lindsey Lodge hospice in Scunthorpe, both of which serve my constituency, I have seen the advances that have been made in 24 years.

Such an experience raises in the mind of any right-thinking person the question of how to minimise suffering. If somebody has previously indicated their wish to hasten their death in such circumstances, I acknowledge that it is extremely difficult and a major moral dilemma. However, I believe that any move that gives a small nod of approval is a further move towards legalising assisted dying.

The relationship between doctor and patient is crucial. I believe that it could be compromised if the patient was anything other than 100% certain that the doctor was striving to maintain life. My hon. Friend the Member for Gainsborough (Mr Leigh) described how he witnessed the death of a friend and said that it had probably been hastened by morphine. That was most likely the case with both my parents. However, it is better that the situation is left as it is. If one is old, frail, weak and seriously ill, one needs help, support and compassion, not the added worry and the nagging doubt over whether everything possible is being done to preserve one's life.

Transparency is something that this House seeks in many areas, such as in financial dealings, but in this area, I suggest that the grey area should remain.

6.10 pm

**Guy Opperman (Hexham) (Con):** During the Budget debate last year, I collapsed in Central Lobby. It was not, I assure hon. Members, the Budget that made me ill, but a tumour the size of a small fist in the left part of my brain. I was taken to St Thomas's hospital, where an A and E doctor advised me that I required a craniotomy to remove the meningioma from my brain.

That was extremely frightening. I was advised as to the likelihood of death, paralysis, loss of speech or sight, and so much more. It was a week before I had my operation. I was one of the lucky ones. I survived with a few scars and with no deficit whatever. However, I have to face up to the possibility that I might not have been so lucky. I had a week to contemplate the situation. It made me think about what might have been.

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One comes back to a simple issue which, I suggest, is at the heart of this entire debate: to whom does a person's life belong? I suggest that a person's life belongs to the individual themselves. It is for those who are not as lucky as I was to make their choices about how they live their lives. That somebody cannot take those choices does not mean that we in Parliament should deny them any choice. It upsets me tremendously that the state prescribes that it knows best. It cannot be right that individual members of the public are prevented from doing something in this country that they are able to go and do at Dignitas in Switzerland, where they can die in the manner of their choosing.

**Robert Halfon:** I am glad to see my hon. Friend so strong and alive in this Chamber. He talks about choice. Does he not agree that this issue is not just about individual choice, because people can be pressurised into making choices? That is what is really at the heart of the debate.

**Guy Opperman:** There is a great need for strong protections. Everybody accepts that. Not a single person disagrees with that, just as there is not a single person who does not wholeheartedly endorse the need for palliative care. However, that is not enough. I suggest that the principle of clear self-determination must be the core of any concept of human rights.

I am a huge supporter of palliative care, like all other Members. I pray in aid the Charlotte Straker home and the Tynedale hospice in my constituency. If I need to declare an interest, it is that I have raised considerable sums for both those organisations.

I welcome many constituents of mine who have come from Northumberland today. Many of them were friends of Geraldine McClelland, the former BBC TV producer and founding member of Newcastle's Live theatre, who took her life at Dignitas last December following an unsuccessful battle with cancer. Her letter has already been read out. Her good friend Nick Ross, the "Crimewatch" presenter, said:

"Gerry had to abandon her home and be driven across Europe...to end her life in a light commercial estate in an impersonal Swiss suburb."

He continued:

“It sometimes seems that each concession to freedom in this country has had to be dragged out of a reluctant and controlling instinct that someone else knows best.”

I endorse entirely those remarks and urge the House to address the issue that dare not speak its name, which is that we need to consult properly about assisted suicide. I will of course support the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce) and the motion moved by my hon. Friend the Member for Croydon South (Richard Ottaway), but in the longer term, the matter will not go away.

**Dame Joan Ruddock:** The hon. Gentleman said that he would support the motion and amendment (b), on palliative care, as I will. He did not mention my amendment (a), but I think it may be of use to the House if I say that I and the other Members who have spoken in favour of it have come to the conclusion that it might be in the best interests of the House if it were

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not pressed. Some will undoubtedly regret that, but I hope he agrees that it is an appropriate course to take in the spirit of the debate.

**Guy Opperman:** That is very helpful, because we would all concede that a consultation on putting in statutory guidelines what is already in guidance from the DPP, who has done an excellent job and whom we should all thank for his tremendous efforts, is not necessarily the way forward for long-term consultation on assisted suicide.

To enable others to get in, I will try to draw my comments to a close. Many people do not have self-determination, because of their disability and illness, and such people need help to escape from their imprisonment. They want to know that individual friends and family will not be prosecuted. The Solicitor-General said in reply to me that guidance could change as public opinion altered, but he refused a consultation on this particular issue. He will need to revisit whether to consult on assisted suicide, because we need to be brave. The issue will not go away, and the likes of Geraldine McClelland and the amazing Melanie Reid, about whom we all read on Saturdays in *The Times* with ever-increasing incredulity at her great efforts, have shown us why the law must change. Our life belongs to each and every one of us, and that must be enshrined in law.

**6.17 pm**

**Jeremy Lefroy (Stafford) (Con):** It is a great honour to follow the passionate speech of my hon. Friend the Member for Hexham (Guy Opperman), and I am most grateful to my hon. Friend the Member for Croydon South (Richard Ottaway) not only for tabling the motion but for his courtesy in writing to all hon. Members with understanding and detailed work on the subject.

I speak in support of amendment (b), in the name of my hon. Friend the Member for Congleton (Fiona Bruce), and I wish to touch on the issue of palliative care. My contribution arises from conversations that I have had with a great friend of mine who is a consultant in palliative care and has thought about the matter very deeply. He has drawn my attention to the work of Harvey Chochinov, who addressed the congress on palliative care in Gateshead earlier this month.

Harvey Chochinov is a psychiatrist from Canada who has researched extensively the experiences of patients who are approaching the end of their lives, and ways of helping them. His work includes research on the expression of a desire for death or a loss of will to live, which he explains is often misconstrued as synonymous with a request for euthanasia or assisted suicide.

There is good evidence that in the context of advanced illness, the desire for death can be thought of as a continuum. At its most extreme, it is synonymous with suicidal intent, and perhaps with the wish to die. Far more common are the many patients who, over the course of their illness—perhaps cancer—experience occasional and fleeting thoughts that not waking to another day may offer the escape and comfort that they perceive life can no longer afford. However, the research shows that in response to appropriate palliative care and the rallying of a community of support, thoughts about the wish to die can dramatically recede.

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**Rehman Chishti (Gillingham and Rainham) (Con):** Does my hon. Friend agree that there are good examples of the community supporting the provision of palliative care? For example, in Medway, the Friends of the Wisdom Hospice raised more than £500,000 to support the excellent palliative care there. The community and the voluntary sector want palliative care, so we have to work with them to ensure that such excellent facilities carry on.

**Jeremy Lefroy:** I thank my hon. Friend and I entirely agree with him. In my constituency, we have the great work of Katharine House and, across Staffordshire, many other places, which I applaud.

Dying with dignity involves being treated as an individual—yes, having physical symptoms such as pain treated, but a lot more than that. Good palliative care is essential and we need to recognise that for the vast majority of patients, good palliative care—including the opportunity to express oneself as an individual and to retain control over the areas of life that one can have control of—will result in a desire for life rather than death.

**6.20 pm**

**Penny Mordaunt (Portsmouth North) (Con):** I would argue that whatever side of the assisted dying debate we are on, it has been helpful to consider the basis for putting these guidelines on a statutory footing. As stated by my hon. Friends the Members for Enfield, Southgate (Mr Burrowes) and for Winchester (Steve Brine), the guidelines are, in effect, pseudo-statutory—statutory, but subject to the view of the DPP, as his own guidelines have to be observed.

We have often discussed in recent months the importance of Parliament making laws and judges interpreting them as a matter of principle, and I agree with that principle. Hon. Members have touched on the issue of consistency. Suicide is not a crime and, generally speaking, it is not a crime to assist someone in an action that is legal.

There is a third issue on which I wish to focus, and it goes some way to picking up the gauntlet thrown down by the right hon. Member for Birkenhead (Mr Field), who is no longer in his place. There are very practical reasons of consistency and confidence why we should



consider elevating these guidelines. It is a reasonable assumption, although the Government should test it, that there would be greater confidence in those guidelines as a result.

Currently, there are 400 suicides a year related to a chronic or terminal illness. That is 400 people committing suicide alone and in appalling situations. I wish to share with the House an extract from the diary of the husband of a lady who died of cancer of the womb on 2 January last year. He wrote:

“On New Years Day she persuaded me to take the dogs out for a walk and to visit friends to wish them Happy New Year. Whilst I was gone for perhaps an hour she took a large overdose in an attempt to end it all; due to the fact that she had been on strong painkillers and sleeping tablets for several months she was unsuccessful. She had previously signed a form saying that she did not wish to be revived in the event of requiring treatment, so they merely monitored her, however she did recover sufficiently to be allowed home on January 2nd. She seemed very weak and only wanted to sleep. However she was obviously not so weak as she seemed

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because when I took the dogs out that night she took advantage of my absence to tape herself into a plastic bag and end her life in that terrible way alone.

She should have been allowed to quietly slip away surrounded by her beloved dogs and in my arms but she felt that option was not available and while she lay dead upstairs I was subjected to various police questioning sessions which lasted until 6 o'clock the next morning. Even worse, she was subjected to a wholly unnecessary and barbaric post mortem and it was a fortnight before we could hold her funeral.”

I read that out not as an argument for assisted death, or to argue that the author should have been spared the ordeal of an investigation or his wife's post-mortem, but to show the tragedy when someone feels that they do not have the confidence in guidelines that should be there to protect their loved ones, as well as themselves, to the extent that they do not even share their intentions.

Although I accept that the desire to end one's own life can often be a rational one, I ask whether those 400 people a year would have still wished to attempt suicide in the way that they did, or at all, if they had felt able to talk more with their loved ones or a health care professional.

**Nadine Dorries:** Will my hon. Friend give way?

**Penny Mordaunt:** I do not have time.

Whichever side of the debate we are on, we have to acknowledge the plight of those who choose to take their own life, and those they leave behind. I am content that the DPP's sensible guidelines should be considered and put on a statutory basis as I believe such a move could reduce the instances of such suicides, and that is worth the Government considering.

What the Solicitor-General said about what might happen to future DPPs if they attempt to change those guidelines on a whim was very helpful. On a point of principle, we might legitimately ask whether this particular DPP has got it right. If we reach the point of asking

that question, we have already conceded that some further action is required. I would say he has got it right, but other hon. Members may say he has not, but whatever Parliament decides, it is surely right that it should do so.

**6.24 pm**

**Eric Ollerenshaw (Lancaster and Fleetwood) (Con):** Like others, I congratulate Members on the standard of debate. I think there is a saying from the Torah: things that come from the heart speak to the heart. The contributions from the hon. Member for Sheffield Central (Paul Blomfield) and my hon. Friends the Members for Calder Valley (Craig Whittaker), for Amber Valley (Nigel Mills) and for Hexham (Guy Opperman) have certainly demonstrated that.

This has been a difficult debate that many of us approach with personal experience, or a mixture of that and difficult constituency cases. I have been approached by one constituent about assisted suicide, and I acknowledge the difficult circumstances that can lead a person to this kind of decision. I try to understand. The 20 or so cases per year demonstrate what other hon. Members have said about compassion and human relationships being stretched to the ultimate. I claim no moral superiority or imply any wrongdoing—that is for the law.

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That is what we are debating—the law and the DPP’s guidance. It seems to me that the guidance works. It might seem incredible to hon. Members that part of the machinery of the state actually works, but that bit seems to work, so let us leave it alone to carry on its work. I am therefore prepared to support the motion. I was hoping—and still am, given the noises off—that we will support the amendment tabled by my hon. Friend the Member for Congleton (Fiona Bruce).

I took the strictures of the right hon. Member for Birkenhead (Mr Field) when he said that, when it comes to end of life, the state and society, as they are now, cannot even protect the vulnerable and elderly. As my hon. Friend the Member for Hexham said, how then can we provide the necessary strong protections? There are supposed to be strong protections when dealing with the elderly. Dr Shipman has been mentioned, but let us also consider the apparent neglect in certain care homes and hospitals. Such places should provide the ultimate in protection, but that is not happening. That is why I could not go along with Members in moving to what is called “euthanasia” or whatever else it might be. In that sense, I take the same line as my hon. Friend the Member for Harlow (Robert Halfon), who asked whether this was a Trojan horse motion and whether we were getting on to a slippery slope.

I came here with the old-fashioned view that this place was here to protect the life and liberty of individuals in this country. That is the kind of old-fashioned view I stand by. We must be absolutely sure that the dignity of the dying is preserved and that when they are at their most vulnerable, emotionally and physically, there must be no way in which a person is led to believe that their life is no longer precious or that their circumstances allow their vulnerability to be exploited.

The professionalism of doctors and nurses also needs to be protected from any implication that their duty is no longer to maintain life. Any of us who have experienced this or supported a partner through a long illness to the final moments of death would have given anything for

a little more time—God-given time, I would call it. In that sense, I would like to thank St Joseph’s hospice in east London—one of the oldest of the hospice movement—and St John’s in Morecambe next to my constituency.

**Stuart Andrew (Pudsey) (Con):** I had the pleasure of spending 12 years working in the hospice movement. This debate shows that we need to expand palliative care and the hospice movement so that people have a real choice when it comes to end-of-life care. I know that my hon. Friend has personal experience of this. Does he agree that that is the fundamental point? Let us try that first before we start going down the line of assisted suicide.

**Eric Ollerenshaw:** I thank my hon. Friend for that. Even though he is from Yorkshire, he seems to encapsulate exactly what I, being from Lancashire, was struggling to explain. Yes, it is about the hospice movement. That is why I support and hope we can vote on the amendment proposed by my hon. Friend the Member for Congleton. That is the route we should be going down and exploring even more than now. We should leave any discussion of euthanasia and the rest of it until we get the basics right in our society. I will support her amendment.

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**6.29 pm**

**Lorely Burt (Solihull) (LD):** This is such a difficult subject for us to tackle, but whatever difficulties we in this House encounter are as nothing compared with some of the graphic descriptions of the agony of the dying and those who have to watch them suffer.

I would like to read a version of Susan McArthur’s story—edited, because of the shortage of time. She says:

“On 30th October 2009 my husband Duncan died peacefully in our home with a glass of his favourite tippie by his side and me, his wife of 42 years, holding his hand. This sounds like ‘a good death’ and indeed it was except for the fact that it was illegal. This is because Duncan took his own life and I was by his side...Duncan was diagnosed with MND”—

motor neurone disease.

“He fretted and panicked until he acquired the means to end his life in his own home and at a time of his choosing. Once this had been achieved he relaxed and did his best to enjoy the time he had left...Following Duncan’s death there was a Police inquiry and the case was submitted to the DPP...This was an extremely stressful time for all the family when all we wanted to do was grieve for Duncan and say our farewells...There was no prosecution, under new guidelines it was deemed not to be in the public interest.”

Amendment (a), tabled by the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock), the hon. Member for Amber Valley (Nigel Mills) and me, would have called for a consultation on whether the Government should give extra clarity and reassurance by giving legal backing to the guidelines. Parliament would then give the strongest possible signal that law-abiding citizens who compassionately help a loved one to die should not face prosecution. Any change in the guidelines must be ratified by Parliament. The DPP would not be able to change the guidelines at will. We have had a thorough discussion about that, which

I would have hoped would be a comfort to those who worry that we are at the start of a slippery slope. We cannot be, because a change in the law would be needed to relax the guidelines further. Giving legal backing to the DPP guidelines would also send the strongest possible signal that those who maliciously or irresponsibly encourage suicide should be prosecuted.

Of course, discretion should and must be with the Director of Public Prosecutions. However, it is important for the policy to be discussed in greater depth by the Government and the public. I welcome amendment (b), which calls for the further development of specialist palliative care—a view shared by those on all sides of the assisted suicide argument. However, in my view, palliative care is not sufficient on its own. Suicide was made legal in 1961. The guidelines give protection to the dying person who would commit suicide if they had the ability, and to their family. Debbie Purdy said:

“If I had lost my legal case, I would have gone to Dignitas in 2009.”

With the knowledge of the guidelines, many dying people would have the confidence to hold on a little longer and have a better, more peaceful and more dignified death when the time was right for them.

**Mr Speaker:** The last Back Bencher who has not spoken—I see him standing to speak—is the hon. Member for North East Somerset (Jacob Rees-Mogg).

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6.33 pm

**Jacob Rees-Mogg (North East Somerset) (Con):** Thank you very much, Mr Speaker; patience is rewarded in this important debate. I will make my own position extremely clear. I start as a Catholic, and I believe that human life is sacred, which I take from the Catholic catechism:

“Human life must be respected because it is *sacred*. From its beginning human life involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end.”

That is my view, but I accept that it will not be the view of all my constituents or of everybody in this country, and that although many of us have personal and deep beliefs, the legislature must think beyond that, to the practicalities involved in the DPP’s advice, and see how that fits with our consciences.

I want to look at some of the areas of concern in the Director of Public Prosecutions’ advice, which is in many ways very sensible. It places a particular obligation on doctors and nurses not to be involved in a suicide, for example, but I am concerned that, in two areas, its flexibility could lead to problems. The first involves the requirement to determine whether the victim has

“reached a voluntary, clear, settled and informed decision to commit suicide”.

In such circumstances, we are dealing with very vulnerable people who are ill and at the end of their lives. How voluntary is that decision really going to be?

**Anna Soubry:** A constituent of mine has written to me at length and with great feeling on this subject. He is a bright, intelligent man at the end of his life who might fall into some unfortunate condition. He therefore has every ability to make a decision, as a grown-up person, about how he wants to end his life. Why should he not have that right?

**Jacob Rees-Mogg:** We have to legislate for everybody, not just for my hon. Friend's most able constituents. We have to legislate for the weak and vulnerable, and for those who have nobody to defend them. Yes, of course we can all cite examples of highly intelligent, capable people who would be able, for example, to resist pressure from family members who might be after an inheritance, but what about those who feel that they have become a burden to society? My greatest concern for the elderly and the frail is that, although they might be enjoying their lives, they might feel that they have become a burden and therefore selflessly propose that their own end should be hastened. That is my concern about the term "voluntary".

I am also concerned about the terms "clear" and "settled". People might clearly settle something in their youth, then change their mind as the time gets closer. We read the saddest cases in the newspapers of people who have taken overdoses of paracetamol, then regretted their action and decided that they want to live. As the moment comes closer, how settled is that decision that was taken at an earlier stage?

I am also concerned about the word "informed", Mr Speaker. Informed by whom? Are you going to set up a committee, perhaps with the two of us, to advise on the different options available to people who are at a late and vulnerable stage of their lives? Or will they in fact receive that advice from people who favour a particular

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course of action? How will we decide whether that information is fair, reasonable, and sufficient to allow them to make a choice that will protect their friends or family from a prosecution for assisting in their suicide?

The guidelines also state that a prosecution is less likely when a suspect is "wholly motivated by compassion". Of course the family and the spouses involved should be motivated by compassion, but who in this House clearly knows their own motivations when they do particular things? Most motivations are mixed in a number of ways.

**Jim Fitzpatrick:** Does the hon. Gentleman not accept that the public interest criteria laid down by the Director of Public Prosecutions give the prosecuting authorities the opportunity to balance whether an action has been malicious or compassionate?

**Jacob Rees-Mogg:** The Director of Public Prosecutions has indeed set out those guidelines, but can he be certain of people's motivations? If we ourselves cannot always be certain of our own motivations for doing things, how much more difficult must it be for a lawyer, learned though he might be, to decide on somebody's motives?

I must warn the House that we are sometimes in the greatest danger from those who are closest to us. I looked this up on the website of the National Society for the Prevention of Cruelty to Children. Between 1995 and 1999, 80% of children under the age of one who were killed were killed by their parents, those from whom they would have expected love and compassion. We should therefore be very careful about assuming that just because there is a close relationship, there is automatically compassion.

My solution is that the DPP should be very cautious in his guidelines, and that we should always trust in the good sense of juries if these matters are ever brought to prosecution, for that is where hope lies.

**6.40 pm**

**Richard Ottaway:** In the 24 years for which I have been a Member of Parliament, I have witnessed many dramatic debates in the Chamber, but this has been probably the most remarkable in which I have taken part. It has been a constructive and intelligent debate, featuring some unbelievably well-informed speeches. There have been no personal attacks on anyone—although I must confess that this is the first occasion on which I have been accused of talking cant, which I understand to be insincere talk about religion or morals; but we will put that to one side. I agree with my hon. Friend the Member for Montgomeryshire (Glyn Davies), who said that we could disagree with each other with respect. That is what has happened today, and that governed the whole tone of his speech.

Without a shadow of a doubt, much the most moving speech was made by the hon. Member for Sheffield Central (Paul Blomfield). One could not help feeling for him and for his conviction. That illustrates the difficulty that Members have in addressing the most difficult of subjects. It is hard to imagine being in the position of those about whom we have been talking, but the hon. Gentleman

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came closest to it by far. I think everyone would agree that his speech was incredibly powerful. At the other end of the spectrum, I thought that the speech of my lifelong political friend the Member for Gainsborough (Mr Leigh) was also particularly powerful and impressive. By sheer coincidence, one speech followed the other, which made a strong impression on me.

I pay tribute to my hon. Friend the Member for Portsmouth North (Penny Mordaunt), who has campaigned on this issue for many years. She has shown great courage in regard to a very difficult subject, and I congratulate her on what she has done over those years. I am also deeply grateful to the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock), who has taken much of the fire today. I think it important that she tabled her amendment, but I also think that at the end of the day, following what I think was an historic debate, she was right not to press it to a Division.

What I have endeavoured to do is build a consensus around a set of guidelines which I think command substantial support. They have compassion at their heart, and I think that if the motion is carried, it will be a small step for Parliament but a big step for a modern society.

*Amendment (a) negatived.*

*Amendment made:* (b), in line 3, at end add

‘and encourages further development of specialist palliative care and hospice provision.’—  
(*Fiona Bruce.*)

*Main motion, as amended, put and agreed to.*

*Resolved,*

That this House welcomes the Director of Public Prosecution’s Policy to Prosecutors in Respect of Cases of Encouraging or Assisting Suicide, published in February 2010, and encourages further development of specialist palliative care and hospice provision.