Assisted Dying for the Terminally Ill Bill [HL]

10.08 am

Lord Joffe: My Lords, I beg to move that this Bill be now read a second time. The Bill follows previous Bills of the same nature brought forward in 2003, 2004 and 2005. None was proceeded with in order to allow a Select Committee, chaired by the noble and learned Lord, Lord Mackay of Clashfern, to consider the issues. The committee took evidence over nine months in the United Kingdom, the state of Oregon in the USA, the Netherlands and Switzerland and reported in April last year.

After the take note debate on the Committee's report, I introduced this Bill, which had its First Reading on 9 November last year. The Bill is modelled on the Oregon Death with Dignity Act, which has been in force in Oregon for eight years and has operated satisfactorily with no credible evidence of abuse. I am pleased to be in a position to say that the Bill is supported by a majority of the members of the Select Committee, including two former Ministers of Health. The Bill would allow a doctor, at the persistent and informed request of a terminally ill patient who has capacity and is suffering unbearably, to prescribe medication for self-administration by the patient in order to end his suffering by ending his life.

To judge from the many letters I have received from opponents of the Bill—some adorned with swastikas, and with many references to the Holocaust—it is clear that there has been much misrepresentation about what the Bill permits and much ignorance about what it does not permit. There appears to be a belief among some of those opposing the Bill that it allows doctors arbitrarily to kill terminally ill patients; that it applies to patients without mental capacity—Alzheimer's being frequently quoted; that the Bill and its supporters are opposed to palliative care; and that it applies to all patients rather than only to terminally ill patients. Nothing could be further from the truth.

The current law has the following defects. It results in unnecessary suffering by a significant number of terminally ill patients who are denied the right to end their suffering by ending their lives and the right, as they see it, to die with dignity. It is ignored by some caring doctors who, from time to time, moved by compassion, accede to persistent requests by suffering patients to end their lives. That results in grave risks to those doctors' careers, reputations and possibly freedom. It is also ignored by loved ones who face a terrible emotional burden when helping with such a request. It places patients at risk of making spontaneous and ill formed decisions to end their lives. It influences patients with progressive physical diseases to end their lives earlier than they need to, such as Dr Turner, because they fear that at a later stage they may not be physically able to do that.

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Finally, it results in patients leaving the United Kingdom to die lonely deaths at Dignitas in Zurich, without any legislative safeguards whatever.

The Select Committee unanimously concluded in its report that there is a small but significant number of determined patients, generally having strong personalities and a history of being in control, who are unlikely to be deflected from their wish to end their lives by more or better palliative care. As a result of our current laws, these dying patients are forced to suffer therapy against their wishes.

Under the law as it stands, helping someone to die, even if that person is suffering unbearably from a terminal illness and has asked the doctor to help him to die, is a crime and is punishable under the common law of murder or the Suicide Act 1961 by a mandatory life sentence, for murder, or by up to 14 years' imprisonment for aiding or abetting suicide. However, we know that, despite the law, there are a number of patients whose caring doctors assist them to end their lives. Professor Clive Seal of Brunel University, in a study this year, concluded that such cases may amount to a little more than 900 deaths in England and Wales. In the eyes of the law, those compassionate doctors are murderers.

In considering whether the law should be changed, regard must be had to a key unanimous finding of the Select Committee that:

> "While the most careful account must be taken of expert evidence, at the end of the day, the acceptability of assisted suicide is an issue for society to decide upon through its legislators in Parliament".

Let us start with the experts. There is a strong division among them. For example, the Royal College of Physicians was in favour of neutrality when it gave evidence to the committee but later, after a consultation process, decided to oppose the Bill. The British Medical Association was against the Bill when it gave evidence, but subsequently changed to a position of neutrality. The Royal College of Nurses was against the Bill, but a survey in the *Nursing Times* found 60 per cent of nurses in favour of the law being changed.

As for society, which is the really important matter, public opinion polls over 25 years consistently show that between 71 per cent and 87 per cent—the latter, incidentally, emerging in a poll in the *Daily Telegraph*—of society supports assisted dying. Marketing Research Services reviewed the surveys for the Select Committee and concluded that they did not form a very useful guide to public support for legislative change, but recognised an apparent groundswell of public agreement for euthanasia that it felt could not be dismissed. My noble friend Lord Moser, who is widely recognised as a leading expert on such surveys, reviewed the same surveys and will outline his conclusions later in the debate.

If your Lordships, like me, have been inundated with letters opposing the Bill, you may have thought, "Perhaps public opinion is against the Bill". Public opinion surveys show conclusively that that is not the case. The letters come from some of the relatively small

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number of deeply committed Christian worshippers and are the result of a massive political campaign by the Churches, led by the Catholic Archbishop of Cardiff, which included the dissemination of 500,000 leaflets or DVDs asking recipients, among other things, to write to Peers and MPs to express their opposition to the Bill. The irony is that research and public opinion surveys, including a 2004 NOP survey, have found that about 80 per cent of Christians of all denominations support assisted dying—a disparity on which right reverend Prelates may wish to comment. It is also a source of comfort when receiving those letters that only 1 or 2 per cent, I should imagine, of the 500,000 have responded.

The principle underpinning the Bill is one of personal autonomy—the right of each individual to decide for himself or herself how best he or she should lead his or her life. In the NHS, it is called patient choice and is a fundamental principle. It allows patients to request their doctors

to desist from further life-sustaining treatment so as to allow them to die, but does not include the right to ask them for assistance to die by prescribing appropriate medication. To many, the distinction between those two cases is invisible.

Central to the Bill is that it applies only to terminally ill adult patients who have capacity. An informed decision must be made by the patient. Self-administration by the patient is essential. There is a conscientious objection clause for all health professionals. Voluntary euthanasia and mercy killing are not permitted. More than 20 interrelated safeguards ensure that vulnerable members of society are not put at risk.

The process begins with an adult patient requesting a doctor in writing to assist him to die. As I said, there is then an array of safeguards to be traversed, as set out clearly in the Bill and the Explanatory Notes, including examination by and consultation with two independent doctors, one of whom must be a consultant; a reference, where capacity is in doubt, to a psychiatrist; a consultation with a palliative care specialist; and, finally, if the patient persists, a declaration asking to be assisted to die signed before two witnesses, one of whom must be a solicitor or public notary. Only then, and after a minimum of 14 days have elapsed since the initial written request, may the doctor prescribe the medication, after advising the patient once more of his right to revoke the declaration.

It is then for the patient to decide when and if to ingest the medication. If he decides to take the medication, the prescribed documentation must be sent to a special monitoring commission set up by the Secretary of State.

The committee estimated that if the Oregon experience was replicated here, we might expect 650 deaths in England and Wales out of the 500,000 or so annual deaths. The committee also received evidence that many patients do not take the medication, but that it gives them great reassurance to know that it is available in case they require it. The Bill is very different from the legislation in the

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Netherlands, which is far more widely drafted; allows voluntary euthanasia; and is not restricted to competent and terminally ill adult patients. Accordingly, the evidence of some developments in the Netherlands is of little relevance to the Bill.

On the recommendations in the Select Committee's report, paragraph 269(b) contains a procedural recommendation that if another Bill of the nature of the previous Bill was introduced, it should, following a formal Second Reading, be sent to a Committee of the whole House for examination. However, the Bill's opponents have refused to follow this recommendation, which is why we are here today on this sunny Friday. We have carefully considered the remaining recommendations, all but two of which have been incorporated fully or partially into the Bill. Two recommendations are, however, so contrary to the concept of personal autonomy that we cannot accept them: in paragraph 269(c)(v), "unrelievable" or "intractable" suffering is preferred to "unbearable" suffering; and paragraph 269(c)(vi) proposes that the patient must actually experience palliative care before taking a final decision. As these do not relate to the principles of the Bill, we naturally expect to debate them fully in Committee.

I shall now address some of the concerns raised by the Bill's opponents, all of which are speculation about what might happen, and which can be tested only by reference to the experience of countries where assisted dying is lawful, after making due allowance for differences in culture. It was for this reason that the Select Committee visited Oregon, the Netherlands and Switzerland. I will touch briefly on some of these concerns.

We naturally respect the deeply held convictions of all those who share a concern about the sanctity of life. The Bill does not seek to interfere in any way with the belief and conduct of those who oppose it, but I question the right of those who object on faith grounds to seek to impose their beliefs on those who do not share them—the overwhelming majority of society. There are two components to the slippery slope argument. One is that, by starting with a small number of deaths, assisted dying will gain momentum until the number has multiplied many times over. In Oregon, out of approximately 30,000 deaths each year, there were only 38 assisted dying deaths in 2002, 42 in 2003, 37 in 2004, and 38 in 2005. Nothing could demonstrate more clearly that there has been no slippery slope in Oregon. As the Bill remains comparable to, but with even more safeguards than, the Oregon legislation, there is no reason to fear that there will be a slippery slope over here. The second component of the slippery slope argument is the fear that the limits of the Bill will be tested in practice so that more and more patients are brought within its remit. This has not happened in eight years in Oregon, and there is no sign of it happening.

All the committee and all the supporters of the Bill strongly support the provision of more and better palliative care. On our visit to Oregon, it was reassuring to note that palliative care has flourished there since the introduction of assisted dying

legislation. The number of patients who use hospices increased from 2,000 in 1988 to 15,000 in 2005 and, according to the evidence that we have received, the expansion was probably accelerated by the legislation, rather than the reverse. There is no reason to believe that palliative care will not significantly increase and improve if the Government provide the necessary funding. Lack of funding, not the introduction of assisted dying, will be the constraint on development. The potential danger of assisted dying to vulnerable members of society has simply not emerged in Oregon. There is no credible evidence of any abuse; Ann Jackson, director of the Oregon Hospice Association, confirmed this to Members of both Houses only last month.

As for the concern about decreasing trust in doctors, if between 71 per cent and 80 per cent of the public are in favour of assisted dying, it is difficult to follow the argument that they should lose trust in their doctors for doing what they are actually in favour of. A YouGov survey in November 2004 found that 83 per cent of patients would trust their doctors the same or more if there were assisted dying legislation. It will be clear to the House that the coverage of the present Bill is more tightly drawn and restrictive than the earlier Bill considered by the Select Committee, dealing as it does only with assisted dying and explicitly excluding any form of euthanasia, whether voluntary or otherwise. So in some ways it is climbing up the slope rather than descending down it.

In that context, I shall make my personal position clear. When I gave evidence to the Select Committee about the original Bill, I expressed my personal conviction, which was honestly held at the time, that I would welcome a widening of the scope of the legislation. I no longer

hold that view. One of the advantages of the Select Committee process was the opportunity to see different regimes in operation, and to hear a wealth of evidence from those who have thought deeply about the issues and are intimately involved in them. At the end of the process, it is now my firm view that the extent of legislative change that I put before the House today, which we shall now contemplate and should broadly welcome, will have the most advantage and carry the least risk. I would not support further extension into the field of euthanasia, or support assisted dying for patients who are not terminally ill. Others, of course, may have different views, but after three years of legislative effort on the subject, I have no intention of pursuing this issue beyond the ambit of the present Bill.

As detailed Explanatory Notes have been made available in the Printed Paper Office, and as I have already outlined the key provisions of the Bill, I shall touch only briefly on two specific issues, the first of which is Clause 1(a)(ii), which authorises assisted dying. The great majority of patients will end their lives by orally ingesting the prescribed medication, but provision is made in this paragraph for the small number of patients—we estimate perhaps 5 per cent—who are unable to swallow, such as some motor neurone disease patients, to be provided with the necessary means for them to end their lives. The clause

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would enable the patient to self-administer by, for example, pouring the medication into their feeding tube. The key point about self-administration, as set out in paragraph 246 of the Select Committee's report, is that responsibility for the ultimate act rests with the patient.

I give early notice of two amendments to the clause which I propose to move in Committee. These were drawn to my attention by opponents of the Bill, for which I thank them. I now realise that, by including "or appropriate" after "impossible", I have opened up the possibility of the doctor interpreting the provision of means exception too widely, and I intend to seek to delete the words "or appropriate". To set the matter beyond any possible doubt, I also intend to include an explicit prohibition against ending a patient's life by lethal injection or act of euthanasia. I also draw attention to Clause 14(2)(d), which would enable the Secretary of State to provide a code of practice for the guidance of doctors and others acting in accordance with the Act. This code would cover, inter alia, the prescription, dispensing and control of the medication and the provision of the means of self-administration.

In conclusion, I would underline that the Bill is modelled on the Oregon legislation, which has been operating satisfactorily for eight years. The noble Earl, Lord Arran, who visited Oregon as a member of the Select Committee, will be dealing in detail with the evidence given in Oregon. As a caring society, we cannot sit back and complacently accept that terminally ill patients who are suffering unbearably should simply continue to suffer for the good of society as a whole. We must find a solution to the unbearable suffering of patients whose needs cannot be met by palliative care. The Bill provides that solution, in the absence of any other, and, based on the successful model in Oregon, we can move forward on this sensitive matter with confidence, secure in the knowledge that the Bill would not impose anything on anyone; it merely provides an additional end-of-life option for terminally ill patients, which they are free to accept or reject as they, and only they, decide. I commend the Bill to the House.

Moved, That the Bill be now read a second time.—(*Lord Joffe.*)

10.30 am

Lord Carlile of Berriewrose to move, as an amendment to the Motion that the Bill be now read a second time, to leave out "now" and at end insert "this day six months".

The noble Lord said: My Lords, it is always a pleasure to follow the noble Lord, Lord Joffe, who has made a measured and powerful speech in support of the Second Reading of his Bill. I am sure that the whole House would wish to join with me in wishing the noble Lord many happy returns of the day, it being his birthday. I have to confess that I hope to give him as a present more down time in his life.

I feel that I should start with a word about procedure, as there has been much misleading material promulgated about the procedure which I propose

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your Lordships' House should follow today. It has been suggested that dividing the House at the Second Reading of a Private Member's Bill is in some way a breach of conventions of this House, and some have suggested that it is not proper.

I have of course consulted the House authorities. I have also taken the advice of senior Members of this House with decades more experience here than me. I have had it confirmed to me that what I seek to do today is a proper course. There is no long-established convention that the House does not divide on the Second Reading of Private Member's Bills. In reasonably recent years, it happened once in 1990, twice in 1991, twice in 1992, twice in 1994, four times in 1995, once in 1997 and once in 1998. That it has not happened since 1998 is perhaps a reflection on this House. The frequency of so dividing plainly is influenced by the controversiality of the Private Member's Bills introduced, of which there has been a clear diminution in recent years. The point is that when appropriate this House can, does and, I would respectfully suggest to your Lordships, should divide. The procedure is proper and I hope that we can get on with the real debate.

The public, it seems to me, wish to vote on this difficult issue, as our postbags show. However, public opinion polls and, indeed, private opinion polls are fragile things. I urge the House to heed those classic words of advice by Edmund Burke that we, particularly as unelected Members of a House of Parliament, should, like elected Members of the other place, be pillars of what is right and not the weathercocks of perceived public opinion.

I agree with the noble Lord that some of the letters on both sides of this debate have been intemperate. They are to be regretted. As he said, they are characterised by ignorance. The most insulting of them—as anyone who has spent, as I did, years in the other place will know—are almost always anonymous and, in my practice, thrown straight in the dustbin if people are not prepared to put their name to them—unless they contain a remarkable piece of visual art, which is very rare.

However, I feel that I should say one further matter about my approach to this debate. Yesterday, on page two of the *Times*, there was a story suggesting that the noble Lord was saying that three noble Lords opposed to the Bill have broken their word to him that they would not oppose the Bill. By innuendo, there was a clear accusation that I was one such and, in my view, a clear innuendo that the noble Baroness, Lady Finlay, was another. Who the

third was suggested to be, I do not know. I have been able to ascertain through conversation with the noble Lord, Lord Joffe, that that story did not emanate from him. It was untrue. It was never checked. It was defamatory. No one broke their word. The *Times* has apologised generously today. I am pleased to tell your Lordships that whatever else happens in this debate, someone will gain. The *Times* has generously agreed as a recognition—[*Interruption*.] I hear a ring tone that goes with the noble Earl's socks.

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I am pleased to tell your Lordships that the *Times* has generously agreed as a recognition of the defamation that there will be one gainer from this debate at least. The charity, Marie Curie Cancer Care, will receive a substantial four-figure sum from the *Times* in recognition of the wrongness of what it did yesterday.

Why should we vote at Second Reading? The noble Lord, Lord Joffe, reintroduced his Bill last year. It went to a Select Committee, chaired, if I may say so with huge respect, brilliantly by the noble and learned Lord, Lord Mackay of Clashfern. There was a substantial report. There was a take note debate in which the concerns of the committee were reflected.

There will be many more speakers in this debate and I do not want to take up too much time. But, in summary, I say to the noble Lord that his Bill in its revised form, despite a puzzling six months between First Reading and Second Reading—so we are now debating Second Reading towards the end of this Session—does not take fully into account all the concerns expressed by the committee. The noble Lord knows that it has absolutely no chance of becoming law in this Session in the real and practical world in which political people should live. Every word that we in your Lordships' House utter costs public money. It seems to me right that your Lordships' House should not spend further time on a costly but pointless exercise on a Bill that, in my view, cannot be made acceptable by amendment. The only point in giving this Bill a Second Reading is if it can be made acceptable by amendment.

In answer to something that the noble Lord said earlier, I come to this from an entirely non-religious viewpoint. If I am anything religious I am a monotheist utilitarian, which is not terribly religious, is it? In any event, the religious ethical aspect will doubtless be dealt with by the most reverend Primate the Archbishop of Canterbury and others.

There are three main points therefore that I want to make briefly. First, despite protestations to the contrary, everyone in your Lordships' House knows that those who are moving this Bill have the clear intention of it leading to voluntary euthanasia. That has always been the aim and it remains the aim now. Despite the small amendments that the noble Lord told us of a few moments ago, the difference between Clause 1(a)(ii) and voluntary euthanasia is but a casuist's smidgen.

The Bill introduces for the first time into this country the concept of doctors abandoning therapy for deliberately causing a person's death. The fact that a person in law gives the instrument of death to another person who ingests it still includes them as the person causing death. Anyone who, like me, has spent 35 years round the criminal courts would not dare try to make this distinction in front of a judge or a jury in a criminal court.

I and many others find that, whether religious or not religious, morally objectionable. I include in that moral objection the vast majority of physicians and general practitioners, as

their respective royal colleges,

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the Disability Rights Commission and, as I understand it, the Royal College of Nursing have now said. In my view, they are right. This is morally indefensible legislation. Having visited the Netherlands as part of the committee chaired by the noble and learned Lord, Lord Mackay, I came away even more concerned about what I saw there than before I went. The Netherlands—let us be realistic about this—is a country where euthanasia is used as an alternative to an expensive palliative care system that it does not have. We are told that the Netherlands is now contemplating possibly using euthanasia on babies with learning difficulties who have absolutely no autonomy. In my view, the Netherlands system is very troubling.

I do not accept that the Oregon system—on which I have read the evidence; I did not go there—is acceptable either. We heard on the radio this morning that one of the things that happens in Oregon is that people can opt for euthanasia and then keep lethal drugs, presumably in their refrigerators, to use just in case they feel like it at some time in the future. What kind of a system is that?

So I find the system proposed morally indefensible, but in any event we do not need it in this country. The tireless noble Baroness, Lady Finlay of Llandaff, who, I am delighted to say, is soon to become president of the Royal Society of Medicine—

Noble Lords: Hear, hear!

Lord Carlile of Berriew: —is a leader in the palliative care field. I am sure she would accept that there is always room for more resources, but the fact is that we have developed a palliative care system which is capable of meeting every need discussed in these debates, with relatively few more resources in global terms.

My second objection is that this Bill and what is proposed is a legal minefield. It holds a great deal of promise for my learned friends in their struggle against falling fees in publicly funded cases. But so porous are the provisions in this Bill that I suggest to your Lordships that we would become more likely than now to see physicians, lawyers—because there are provisions here to involve lawyers—and, perhaps above all, relatives of the sick before the courts on criminal charges.

My third objection is that the Bill provides a complete ethical nightmare. The chorus of doctors who object to this legislation speak of that ethical nightmare, and it causes real fear among very old people, many with disabilities and those with other serious illnesses because they cannot begin to understand—and nor can I—how ethical provisions could cover this matter. I shall quote briefly from a letter from a Mr Peter Hobbs, who lives in the Reading area, speaking of his Caroline:

> "I have a real concern that those whose moods are altered by their treatment, as Caroline's was, could, instead of receiving treatment to alleviate depression, simply be allowed to drift into a state where they decide to take their own lives".

No ethical guideline devisable by humankind could deal with that problem.

I spent 10 years between 1989 and 1999 as an active lay member of the General Medical Council. Both on the Conduct Committee and the Health Committee I witnessed many times the problems even straightforward events can cause in ethical terms. I witnessed ethical problems arising from everyday elective surgery, a good example of which would be cosmetic surgery conducted as a matter of the patient's choice. That was an ethical challenge and it involved what at least some would say is mere alteration of the contours of a part of the body. This is an ethical challenge on a completely different moral and philosophical plane and I do not believe it is a challenge that any of us could meet.

I look forward to many interesting speeches in the debate; having to be short concentrates the mind wonderfully, doesn't it? I invite noble Lords to pay special attention to the speeches of the most reverend Primate who, if I may put it this way, formed one third of a unique letter to the *Times* this morning. I believe that it was the first time there has ever been a letter signed by the leaders of three very large religious communities on a piece of legislation. I also invite the House to take special note of the speech of the noble and learned Lord, Lord Mackay of Clashfern, who is to speak late in the debate. He has been extremely careful in the way he has treated this issue, and I think he may have some powerful things to say to the House later. I beg to move.

Moved, as an amendment to the Motion that the Bill be now read a second time, to leave out "now" and at end insert "this day six months".—(*Lord Carlile of Berriew*.)

10.45 am

Baroness Jay of Paddington: My Lords, I congratulate the noble Lord, Lord Joffe, on introducing once again a very important Bill on a fundamentally important issue. As a member of the Select Committee and, indeed, of the Select Committee in your Lordships' House of 10 years ago, I am very pleased that he has now decided to follow the experience of the state of Oregon in its Death with Dignity Act. Those of us who had a chance to visit Oregon and to look at its procedures on the ground were impressed by what we saw.

Until now I think we have followed an exemplary parliamentary procedure on this complex question. The original Private Member's Bill was considered in a very extensive Second Reading. A special committee of the House was then appointed. It took vast amounts of evidence, both in this country and abroad, which led to a unanimous report published just before last year's general election. It is important to note that, because of the timing of that publication, the report recommended that if a new Bill was introduced in this Parliament it should receive the customary Second Reading. I heard what the noble Lord, Lord Carlile, said about procedure and no Bills being taken to a

Division on their Second Reading since 1997. I believe the one that was taken to a Division in the 1997–98 Session was on the welfare of pigs; I suggest that the Bill before us is

probably more important. There have been some 105 such Bills since 1997–98 and, again, as is customary, this Bill should be referred to a Committee of the whole House. The noble Lord, Lord Carlile, said that there was a great deal of ignorance and confusion about this issue. I suspect that some of that could well be eliminated in the way suggested by the noble Lord, Lord Joffe, in his opening remarks if we could deal with some of the substantive detailed questions in Committee. I hope very much that that will be the basis on which we can proceed.

I am surprised that the noble Lord, Lord Carlile, who is, as he explained, a member of the committee, has tabled this amendment today. I mean absolutely no disrespect to the noble Lord because I know how busily he is engaged in many matters of enormous importance to this country, but he was unable to attend the great majority of the meetings of the committee and, indeed, did not visit Oregon with those who did and who were so impressed by the system there. I hope therefore that he will respect the collective view of the committee that a Bill of this nature which comes before us should be properly considered and not wrecked at Second Reading, as his amendment would achieve.

I remind noble Lords of the other remarks of the noble Lord, Lord Joffe, on the responsibility of legislators in Parliament. Obviously, we will have a considerable discussion on what society may think about this issue and what it is that is reflected in public opinion polls, but I would emphasise that the democratic accountability of Parliament, whether in this unelected Chamber or in the other place, is a relevant matter which should be considered above the force of special interest groups, however many letters those groups may get together to write. I say that too with great respect and concern for the views of the right reverend Prelates and the most reverend Primate who are to speak in the debate. However much we may respect the opposition in principle to this Bill from those with religious faith and those of us who have a spiritual concern that perhaps may not be a formal religious faith, we live today in a diverse and predominantly secular society where the importance of individual human rights is increasingly valued. The Minister, my noble friend Lord Warner, made the point when winding up our previous debate. He also emphasised on that occasion that patient choice is a central theme in today's healthcare.

The Select Committee heard a consistent message about patient choice. From the evidence we received we simply have to recognise that there are some people who, if they were terminally ill, would prefer to end their lives in a controlled and dignified manner rather than continue to receive care until a so-called natural death. To accept this evidence in no way undermines the importance of palliative care, which plays an enormously important role in modern medicine. This Government have rightly pledged to double their

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investment in palliative care. No doubt, as in so many areas, change could move further and faster, but as an advocate for these services in the voluntary sector, in the hospice movement and in the NHS over the past 30 years, I am encouraged by recent progress.

There is no dichotomy between my support for extending palliative care and my support for the Bill before us today. I can only repeat that the vast majority of terminally ill patients can be helped by palliative care; for the minority, they may experience either intractable suffering or simply prefer to end their lives. At no stage in any of the debates we have had—or, indeed,

in any of the testimony to the Select Committee—did we hear those who promote palliative care as a universal panacea produce a convincing answer for that minority.

Noble Lords: The time!

Baroness Jay of Paddington: My Lords, I am afraid that I am going to persist for another 30 seconds because this is a Second Reading debate.

The Bill of the noble Lord, Lord Joffe, offers a dignified and humanitarian choice for such people. Throughout his career, the noble Lord has been a very considerable advocate and a very great pioneer of the principle of human rights and, indeed, individual freedom. I very much hope that Parliament—and, indeed, perhaps, the Government—will swiftly follow him.

10.51 am

Lord St John of Fawsley: My Lords, I congratulate the noble Lord, Lord Joffe, on introducing the Bill. It requires great courage to introduce a Bill of this kind, and he has shown it. If you do not have courage in politics, there is no assurance of achieving anything. I also congratulate him on his record on human rights and the work he has done in that area. If the noble Lord has received some abusive letters, it is a bore but it is a part of the small change of public life. You do not have to read a letter very far before you find that it is abusive—normally it starts before the "dear"—so throw it in the wastepaper basket and forget about it.

The noble Lord, Lord Joffe, has achieved something very important: he has shown the relevance of this House to our social and moral issues. This House is the forum where these great issues can be intelligently and temperately discussed. We have no other institution where this can happen. It is one of the great glories of this House that this should happen here, where there is so much expertise, knowledge, experience and real concern. I am delighted that that is so.

There is tremendous interest in this topic simply because the life of a great society depends on a common possession of moral principles. If those moral principles disappear, the society disappears with them. People are so concerned about this issue because, at a time of great moral change and uncertainty, one of the fundamental pillars of our society is being shaken. And now I leave issues of moral principle to the Bishops. I find it difficult to do so, but we all have to make sacrifices.

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The first major practical point I wish to make concerns abuse. The deadly sin of our time is not sexual promiscuity, which the Church goes on about the whole time—too much, in my opinion—and provides a mirror image of the ills of society; the evil of our time is greed, which exists throughout society and at every level. The trouble is that the Bill would open the way to abuse by the greedy and the acquisitive and bring pressure on those who are at their most vulnerable.

My second point is that the end of life, the last period of life, is not a wasteland necessarily. It can be a wonderful period of renewal, reconciliation and acceptance. I have never spoken about this personal experience in public, but I do so now because I feel the issue before us is

so important. My dear mother died in a convent here in London. I was summoned from a Shadow Cabinet meeting to her bedside. She said to me, "I do not want to die, but I feel that I am a burden to you". I said, "Dearest, you could never be a burden; you are an inspiration to me". I said, "If you do not want to die, let us say out loud the Lord's Prayer, the Hail Mary and the Prayer of the Trinity"—because vocal prayer is sometimes so powerful. "Our prayer is that, if it is the will of God, you will rise through this crisis". We prayed and she fell into a deep sleep—and from that moment the fear of death lifted. As it lifted from her, I felt what it was like. It was like being up against a brick wall, but you could not get over the wall and you could not move backwards from it. It was one of the most dreadful experiences I have ever had.

A year later she died. The marvellous reverend mother in charge, Mother Serrano, said to her, "Offer up everything you feel with the Lord". She said "Yes", bowed her head and died. *Deogratias* for all those who substituted for a snuffing-out tender, loving, practical care and reached such a splendid result.

10.56 am

The Archbishop of Canterbury: My Lords, opposition to the principle of this Bill is not confined to people of religious conviction—as we have been reminded by the noble, monotheistic and utilitarian Lord, Lord Carlile—and it would be a lazy counter-argument to suggest that such opposition can be written off because it comes only from those committed to a world view not universally shared. It is worth remembering that the secular or "enlightened" view of human autonomy assumed by many of the Bill's defenders is no less a particular world view rather than a self-evident and universal truth.

It is, of course, the case that the opposition of many of us is rooted in religious conviction—a conviction not about an abstract principle of the sanctity of life but a conviction, rather, about the possibilities of life. All religious believers hold that there is no stage of human life, and no level of human experience, that is intrinsically incapable of being lived through in some kind of trust and hope. They would say that to suggest otherwise is to limit the possibility of faithful and hopeful lives to those who are in charge of their circumstances or who enjoy a measure of control and success. Believers hold that even experiences of pain

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and helplessness can be passed through in a way that is meaningful and that communicates dignity and assurance.

Of course this is not universally held in our society but, if it is true, we should expect that to ignore it would bring disastrous risks. Whether or not your Lordships agree with the fundamental principle from which those of us on these Benches—and, indeed, elsewhere—begin, it is not too difficult to spell out the nature of these risks and perhaps to find agreement there—as, indeed, we have found agreement in the powerful statements from the Royal College of Physicians and, even more, in the extraordinarily detailed submission of the Royal College of Psychiatrists in recent days. Many others will want to elaborate on these risks and, as time is limited, I shall confine myself to what I think are the most evident.

The first is this: whether or not you believe that God enters into consideration, it remains true that to specify, even in the fairly broad terms of the Bill, conditions under which it would be

both reasonable and legal to end your life, is to say that certain kinds of human life are not worth living. As soon as this is publicly granted, we put at risk the security of all who experience such conditions. That this is not an abstract matter or a matter concocted for scaremongering purposes by sinister Prelates ought to be evident from what has been said by the Disability Rights Commission and, indeed, by the association of sufferers from motor neurone disease.

Secondly, we jeopardise the security of the vulnerable in another way by radically changing the relationship between patient and physician. The physician is not obliged to raise the possibility of assisted dying with the patient according to the Bill, yet every patient will know that this is a statutory possibility and there are many ways of exerting pressure on people even without intent. Furthermore, if a patient wishing for assistance in dying is confronted with a physician who has conscientious scruples, provision is made that he or she will be entitled to look around for an alternative. But how are we to guarantee that any such alternate could possibly give the advice and informed support that can be provided only by a doctor who has been involved long term with a sufferer? Does not the possibility of an alternate actually deprive even the patient who wishes to end their life of the best in medical care?

Thirdly, we cannot conduct this debate in the abstract. In spite of the assurances helpfully given by the noble Lord, Lord Joffe, and the noble Baroness, Lady Jay, we know all too well that our health service is under severe financial pressure. We know, too, that while the standard of palliative care in the United Kingdom is second to none, it is distributed with great unevenness. What incentive is there to broaden and improve that standard if there is a simpler and, I have to say, more cost-effective solution to these pressures? I recognise fully that this is far from the authentically compassionate intentions of the Bill's proposers, but in our present circumstances, can we say with confidence that this is a climate in which we can secure

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the kind of debate and consideration that is needed? The evidence from Oregon is, at best, ambiguous; that from the Netherlands, as we have been reminded, offers no comfort at all.

Finally, having mentioned palliative care, I shall touch upon one more related matter. It is professionally acknowledged that the number of situations in which physical discomfort or agony is consistently and unavoidably extreme is very small, given our steady advances in pain control. Often what supporters of a change in the law are really arguing about is the mental and spiritual agony of the terminally sick. Those of us who have spent long hours with such people, witnessing and absorbing such agonies, would be the last to dismiss the seriousness of this. Yet to legislate on the basis of states of mind is again to open a door into a general change of attitude about the legitimacy of ending one's life, which has implications for everyone—for the suicidal teenager as well as the dying 80 year-old.

We return to my opening point: what will we be heard to be saying about the worthwhileness of life under certain conditions? Do we, by legally accommodating the mental suffering of some, debase the currency for all? These are not trivial considerations; nor are they parochially religious ones. I believe that they are pertinent for anyone who wishes to see our society remain committed to human dignity and liberty and to the finest possible medical care for all our citizens.

11.02 am

Lord Ashley of Stoke: My Lords, the most reverend Primate the Archbishop of Canterbury mentioned vulnerable people. The effect of the Bill on disabled people has been mentioned in various debates; some opponents claim that the public cannot distinguish between disabled people and those who are terminally ill and that, consequently, disabled people will be at risk. The public often misunderstand disability, largely because they are not basically interested in it, but they surely cannot be so stupid as to believe that Britain's 11 million disabled people are terminally ill. I completely reject that argument.

The Disability Rights Commission says that it cannot support the Bill at this point in history. It suggests that a much higher priority is to legislate for the right to independent living and other matters. But these two things are not mutually exclusive. In fact, I have been working for some months on a major Bill on independent living for disabled people and hope to present it to the House shortly. The organisation that has been of enormous help to me on the Bill has been the Disability Rights Commission. So there is no point in saying that we must choose between one and the other.

The most reverend Primate also mentioned the will of God, slippery slopes and society at large. I believe that these are very convenient arguments which can be transferred to any legislation. The basic question is this: how would those who oppose the Bill respond to a husband, a wife, a son or a daughter who is

agonisingly and terminally ill and says that he or she has had enough? That person has had all the love, affection and palliative care possible but still finds life unendurable and wants help to die. Would opponents of the Bill say, "Of course I love you and will do what I can to help but you may change your mind so I'm afraid the answer is no"? Would they say, "I would love to help and your personal autonomy is important, but it is only one small element in the complex equation of the broad interests of society. I am sorry that I can't help you, but the answer must be no"? Would they say, "I would do anything to help if I could, but if I help you to die, then I may encourage unscrupulous doctors to kill off disabled people like dogs. I couldn't do that, so the answer is no"? Or would they say, "Of course I want to help but please stick it out until God calls you. He knows what's best and is infallible. I'll pray for you, but I cannot say yes, and the answer is no"?

With their nearest and dearest begging for help, who is to give these excuses and refuse to help? To say yes to a loved one is very hard but to say no is impossible. It is quite wrong to patronise or ignore disabled people; it is even more so to patronise and ignore terminally ill people.

This admirable Bill, presented very ably by the noble Lord, Lord Joffe, offers a way forward which is compassionate, sensible and pragmatic. It can relieve human suffering by people who are begging for release. I hope the House will support it.

11.06 am

Lord Patten: My Lords, I will not repeat the expression of my feelings raised on the issues in the Bill any more than I did when we last debated it on 10 October, save to add that, unlike

the noble Lord, Lord Ashley of Stoke, whom I greatly respect, I do not agree that there is no slippery slope. Far from opening up a slippery slope, I think we will be going over the edge of a precipice and into a chasm, should the Bill proceed. That said, I have three points to make.

First, grant the right to die and the right to live is lost. I am particularly concerned for child protection in the future. Today we see children being given abortions without the knowledge of their parents or guardians, despite the assurances to the contrary given when the Abortion Act passed into law. Despite all those assurances and safeguards, presumably some people will inevitably argue, coming from a human rights point of view, should the Bill pass into law, for a similar so-called human right allowing children to seek assisted dying in due course. That will happen, my Lords.

Secondly, I believe in killing the pain, not the patient. I do not believe this is some trite phrase. Whatever my other strong feelings about the Bill are, it has served one good purpose in crystallising the urgent need for a very substantial and geographically just increase in NHS expenditure on palliative care and getting rid of the postcode lottery. I am very grateful to the noble Lord, Lord Joffe, for having brought that so much to the forefront of political debate. There, at least, he and I can agree wholeheartedly.

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Thirdly, as someone who has more than one lawyer and more than one philosopher as a close personal friend, I do not care for many of the arguments advanced for the Bill by some human rights lawyers, aided and abetted by the usual philosophical suspects of a utilitarian or relativist cast of mind. But one does not have to be a human rights lawyer to recognise new human rights. We all have the human right to recognise new human rights, and I feel a new one coming over me: the absolute right to know the intentions in this matter of not just doctors but of nurses and other carers and, should the Bill pass into law, the need to have publicly available registers of those who wish to promote assisted dying. I think the sick, the elderly, the disabled and others concerned have the human right to have that information. Should the Bill proceed into Committee, which I profoundly hope it does not, I shall be arguing very strongly for that right. In registering with a new doctor, I would certainly wish to know his or her views.

Lastly, it is a great pleasure to see the terraces of Bishops in the House. I look forward to seeing the most reverend Primate and his nine colleagues leave those terraces later on during the Division, and to going through the Lobby with them and earlier holders of the Archbishoprics of York and Canterbury on this very important issue.

11.10 am

Baroness Williams of Crosby: My Lords, in the past three days I have received 124 letters, of which 123 have been against this Bill and one in favour. They have not been in any sense propagandistic. They have been written by the individual person concerned and have clearly expressed a deep sense on the part of that person.

I want to make three points. The first is that, particularly in a society that has a National Health Service, intrinsic to the success of that service is the profound trust between a physician and his or her patients. Many of the letters I have received raise the issue of

whether that trust would be maintained in a situation where it might be thought that the intrinsic and profound value of human life was in any way questioned by the physician.

My second point is that there is indeed a very powerful "slippery slope" argument. It does not only link to Holland, where, as my noble friend Lord Carlile said, there is already discussion about the possibility of legally ending the lives of children with learning difficulties or other handicaps such as Down's syndrome. Like noble Lords elsewhere in this House, I have close friends who have had a great deal of joy from their Down's syndrome child and would never wish to see that child in any way sacrificed.

In addition to that, I have a letter from a distinguished nurse—who points out, incidentally, that today is the international day in celebration of nursing—saying that already under the terms of the Mental Capacity Act there has been a notable slip towards bringing the lives of some patients to an end. She writes from the hospital where she has worked for many years:

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> "All of a sudden we nurses aren't allowed to pass NG tubes unless the Consultant has approved it. This is just a new protocol since the Mental Capacity Act".

She goes on to say that she has been forbidden by consultants from sustaining life on the part of patients who have not asked to die. This is the slippery slope in practice, and is something we have to consider extremely seriously.

My final point is about palliative care. I believe that the most reverend Primate the Archbishop of Canterbury is right in suggesting that if this alternative is open to us, the pressures on the Administration to bring more palliative care to bear will be much less than they ought to be. Palliative care has been one of the huge and celebrated achievements of this country and it has been extended to the world.

Dame Cicely Saunders, the distinguished founder of the palliative care movement, made the powerful point that it is not just medicine that people in the last stages of life need but also, to be put it bluntly, love and respect. They are to be found in the marvellous hospices that now exist in this country, in a way that cannot be found anywhere else.

11.13 am

Baroness Finlay of Llandaff: My Lords, why does this Bill ignore the majority of the essential changes recommended by the Select Committee report when we as a Select Committee looked at the previous Bill? Several so-called safeguards have been weakened, despite the committee recommending that they needed to be tightened up.

The Bill is not called "Assisted Suicide" for good reason, because that takes us to the very brink of euthanasia in one fell swoop. Doctors could supply a lethal overdose, which is assisted suicide in the Oregon law. But what are the alternate means, undefined in this Bill, by which those drugs could be taken? The doctor is not required to be present, so who knows whether the patient actually took the drugs themselves or was euphemistically "helped" by someone else? How could malpractice be proven if the principal witnesses were dead or would not come forward?

The Bill ignores the recommendation that the doctor's actions be clearly set out. As I listen today, there is still no clarity about precisely what "assisting to die" is. Even the proposed amendment does not clarify what alternative means to ingest can be provided, nor the circumstances in which an intravenous dose could be used.

The Bill flies in the face of the committee's recommendation that,

> "a clear distinction should be drawn in any future bill between assisted suicide and voluntary euthanasia".

The test for mental competence is weakened. The applicant should not "lack capacity", yet the Mental Capacity Act was designed for different purposes and errs towards preserving life, not committing suicide. The Bill has dropped protecting those whose judgment is impaired through fear, misinformation or depression, despite the committee's recommendation

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that all applicants should have a psychiatric assessment. Dutch research shows that undiagnosed depression is eightfold more common in those seeking assisted dying than in those who do not.

No clinician can accurately predict prognosis beyond eight to 12 weeks at most. The committee recommended that a definition of terminal illness should "reflect the realities of clinical practice", but it has been slackened to cover anyone considered to have six months to live. Now any progressive disease that cannot be reversed by treatment is included, rather than just those whose effects cannot be reversed. How does the doctor judge that you are or are not suffering enough, if you refuse attempts for your "unbearable suffering" to be relieved?

I am Professor of Palliative Medicine at Cardiff University and Groningen University in the Netherlands. There are failures and complications, even when doctors assist suicide or inject a lethal overdose. The public need to know that 94 per cent of palliative medicine specialists in the UK oppose this Bill. It is we who work day in, day out to give dignity to the dying; know the pressures and fears behind the statement, "I wish I were dead"; and know how often time and care that enhances dignity prove everyone wrong. Across all hospital doctors, over 71 per cent oppose this Bill, a figure proven by validation using the very question put to the profession by the noble Lord, Lord Joffe.

Palliative care in Oregon does not fulfil the quality specialist criteria of the UK. It is domiciliary primary care or in-patient care at the end of life. I was not impressed by what I saw when I went to Oregon as a member of the Select Committee. Our palliative care has led the world, and the world is watching this debate. In letting this Bill proceed, we would be giving a message to the rest of the world that we will abandon the vulnerable and treat suffering by ending the sufferer's life. Let us get on with working for patients to live as well as possible until a natural dignified death and teaching others how to do it, not be taken up in becoming complicit in suicide.

11.17 am

Lord Beaumont of Whitley: My Lords, I thank the noble Lord, Lord Joffe, for introducing this important and long overdue Bill and I salute his bravery in doing so.

I was chairman of an organisation called Exit, a possibly politically incorrect name these days. I took over the post when the doctors who were then running it, although in favour of the principles of this Bill, were not prepared to publish a pamphlet of advice on the subject and thereby risk prosecution. I became chairman and, with the support of my committee, published the pamphlet and was not prosecuted, although I did spend a night in the cells—one of the only two occasions on which I have made the front page of the *Evening Standard*. I salute the noble Lord, Lord Joffe, for the fact that he has been prepared to endure.

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The reason for my support for this Bill is simple. The country slowly becomes more sensible, and the sheer lunacy of having a law that made suicide a crime has, thank God, vanished. I hope I never have even to contemplate suicide myself, but if I do, I wish to be able to rely on my nearest and dearest to help me to perform this legal but disagreeable action without fear of prosecution. And what I desire for myself—I hope that this is a principle which your Lordships accept for all your legislative actions—I would not deny to others.

As a keen reader—like most clergymen—of crime fiction, I am aware of the dangers and temptations involved. I therefore welcome the safeguards, even though some of them go further than I would personally want.

Finally, I am, as most of your Lordships know, a priest of the Church of England, currently licensed to a regular ministry in the parish in which I live. In addition to my crime fiction, I keep up my theological reading and I have found no theological or ethical objection to the Bill which I consider holds water. I will therefore vote for it and I urge your Lordships to do likewise.

11.20 am

Baroness David: My Lords, I speak to support the Bill of the noble Lord, Lord Joffe, and to speak against the, in my view, ill judged amendment of the noble Lord, Lord Carlile. I still hope that he may withdraw it.

All the Bill provides for is an option. The safeguards are very strong. In a review of the safeguards and qualifying conditions, Professor MacLean says that the Bill offers far more protection than the current situation, both for those who want this option and those who do not. I have one reservation about Clause 3 on determination of lack of capacity. Here, if, in the opinion of either the attending or consulting physician, a patient who wishes to make a declaration may lack capacity, the attending physician shall refer the patient to a consultant psychiatrist or psychologist, who shall be independent of the attending physician, for an opinion on the patient's capacity. I think I should resent that, and I wish it were not in the Bill.

I strongly believe in personal autonomy and the right of individuals to decide when and how they die. As a 92 year-old, and I think probably the oldest person speaking in this debate today, I think it is patronising for opponents of the Bill to suggest that elderly people are unable to make informed decisions about their lives. If I were terminally ill, I believe that I

would be the only person with the right to decide how I died and whether I preferred palliative care to assisted dying. It would provide me with an additional option on how to end my life, which I would find tremendously reassuring, whichever choice I made. With all the hurdles to get over before it is possible to decide on the assisted dying option, I hope I would have the courage and determination to make that choice. I think I should.

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11.22 am

Lord Gilmour of Craigmillar: My Lords, like most of your Lordships I have received many letters about this Bill. Like my noble friend Lord St John, I soon gave up reading them very carefully. Then I learnt from the *Catholic Herald* that a very expensive campaign had been undertaken by the Catholic bishops, which cost several million pounds, which, of course, they are fully entitled to undertake. However, I could not help thinking that it might have been better to give the money to charities for the poor and that the bishops' lobbying efforts might have been better directed towards Rome to support African efforts to rescind the Vatican's ban on the use of condoms, even among partners with AIDS. The Archbishop of Cardiff has said that this Bill would "kill off" people. However, it will kill off very few people and the people who will be killed will be killed voluntarily, whereas in Africa many people are being killed and there is nothing voluntary about it at all.

In the previous debate the noble Baroness, Lady Hayman, said that she did not think the Bill crossed a Rubicon. I entirely agree that it does not. Up to 1961 there would have been a good deal of logic in the case made by the opponents of the Bill because suicide was illegal. They could have argued that there was no reason why the terminally ill should be allowed to do something that the rest of us were not allowed to do. Today, of course, the case is very different. Suicide is legal and now the Bill's opponents have to explain why those who want to kill themselves because they are terminally ill and in agony, but are unable to do so because of their illness, should not be put in a position to do so, like all the rest of us. No amount of talk about palliative care will alter that position.

The trouble with the Bill's opponents is that they ignore the reality of what happens today. After all, terminally ill patients are allowed to stop taking life preserving drugs and thus probably face many days of pain before they die, and doctors are allowed to give pain killing drugs even though they know that that will speed up the death of the patient. We also know from surveys that doctors commit euthanasia anyway, normally probably in a very good cause. So, the Bill does not constitute the crossing of a Rubicon. Therefore, I cannot help thinking that the Bill's opponents are in the position—I quoted the following words in the previous debate—satirised by Arthur Hugh Clough, who said:

> "Thou shalt not kill but need not strive officiously to keep alive".

Both because I think that the position of the opponents of the Bill is illogical and because public opinion is overwhelmingly in favour of it, I strongly support the Bill.

11.25 am

Baroness Chapman: My Lords, this Bill has caused me to look at my own life and how other people perceive my life.

I do not often discuss my condition because it is obvious and I do not want to be defined by it. Today I feel that I must talk about it—*osteogenesis*

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imperfecta. In plain English, this means that my bones were imperfect from the beginning. The consequence is that I have very brittle bones. I believe that the count of my fractures is now well over 600, with residual bone pain as an added bonus.

About four years ago, before I came to your Lordships' House, I had a neck injury that was incredibly painful. For several months I struggled trying various means of pain control. Because I am small and do not weigh very much, this can make pain control even more problematic. It was a difficult time for me. I am fortunate to have a fantastically supportive GP who worked incredibly hard to find the right medication for me. Too little and I could not function because of the pain, too much and I could not function because I was sedated. I live alone so I need to function to live.

After trying several types of medication with no success, my GP phoned the local hospice and asked a palliative care doctor for advice. Within 24 hours my pain was under control and I was physically and mentally able to function. Indeed, I still need to take that medication. Thinking about those months of pain, I dread to think what decisions I might have made if a Bill like this had been passed previously.

I have lost count of the number of times that I have been told by the medical profession, "This could be the beginning of the end". On all of those occasions it is feasible that I would have been classed as terminal under the structure of the Bill. To describe my condition many people would assume unbearable suffering. I would hate to be in a situation where I could be offered physician assisted suicide as a treatment option.

I meet a lot of disabled people. Some are born with conditions, some develop conditions, others are injured in accidents. When a group of disabled people come together the subjects around disability and pain control always include an element of fear about how undervalued the lives of disabled people are and how vulnerable they feel if they need to go into hospital. We fear "Do not resuscitate" instructions being written into files without any discussion or consultation. Often we are not offered the most positive options. We are afraid of the consequences of this Bill.

People who are injured or develop a condition often speak of how they assumed they would not, or could not, enjoy life anymore. This is when they are at their most vulnerable and death can seem the only solution for all concerned. It can take a long time for them to adapt to their new situation but, in my experience, the human spirit usually wins. People begin to value life and eventually enjoy the rest of their life.

11.28 am

Lord Goodhart: My Lords, in the very few minutes available I want to concentrate on the safeguards in the Bill—safeguards both for those seeking assistance to die and for those whose assistance is sought.

I recognise that for those who have religious or philosophical objections to the whole concept of assisted dying, safeguards are irrelevant. But I believe

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that I speak for very many people in this country when I say to opponents on grounds of principle, we respect your views. I particularly respect the views of the noble Baroness, Lady Chapman, who has a personal knowledge of the problems of people with disabilities which I believe goes far beyond that of any other Member of your Lordships' House.

We do not wish to use this Bill to force you to do anything that you do not wish to do; but we ask you also to respect our views and not to deny us access to an option that we would like to have at hand, even though we hope that we will never need to use it. Others argue against this Bill not from an absolutely position of principle but on more pragmatic grounds. They fear that we will end up by killing disabled people, or elderly people under pressure from their families, or damaged babies, or people with severe depression. If those are the issues that concern you, then I ask you to consider the safeguards in the Bill.

Let me start by discussing the safeguards for the medical profession. Under Clause 7, no person, whether doctor or other, can be required to take any part in assisting death. No hospital, hospice or other care establishment can be required to permit assisted death on the premises. No doctor can be required to raise the option of assisted death with a patient, or refer the patient to someone who will do so.

Then there is the even more important question of the safeguards for patients. Under Clauses 2 to 6, the decision to assist death must start with a written request from the patient. The decision must be made by two doctors; one the patient's own doctor and the other a consultant diagnostician. Both must be satisfied that the patient has the mental capacity to take the decision. Both must be satisfied that the patient suffers from a terminal illness, defined as progressive, irreversible and likely to lead to death within six months. Both must be satisfied that the patient is suffering unbearably as a result of that illness. The consultant must have informed the patient of the alternatives, including palliative care, and the patient's own doctor must ensure that a specialist in palliative care has seen the patient and explained the benefits of it. Both must be satisfied that the patient's request is made voluntarily and is an informed decision. If either doctor has doubts about capacity, the patient must be referred to a consultant psychiatrist, and assistance cannot be given unless the psychiatrist decides that the patient has capacity. The patient must then sign a witnessed document, one of the witnesses being a solicitor. That document is revocable at any time without formality. No one involved in the process as a medic or a witness can be a person who has any expectation of benefit from the death of the patient.

That seems to me to be a strong list of safeguards. In particular, the requirement for unbearable pain caused by terminal illness and the need for capacity completely rule out assistance to anyone under age, depressed, or just fed up with living, or even suffering unbearable pain from an illness that is chronic but not terminal. If you believe that assisted dying is wrong in any circumstances, the safeguards are meaningless. All

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I can do is ask you not to force your own convictions on others who do not share them. If

your opposition is not absolute, but you are not satisfied with the safeguards or with other aspects of the Bill, I ask you to vote for a Second Reading.

We all recognise that this Bill will not become law. There is plainly not enough time to get this Bill through the House of Commons before the end of the Session, even in the unlikely event of the Government being willing to give it time. But giving it a Second Reading would give us a chance to examine and improve the text of the Bill and meet those objections which fall short of absolute objection. Voting to deny this Bill a Second Reading is to imply that it is so wrong and so wicked that we cannot even debate it in a Committee of your Lordships' House. I do not share that view and I believe that most of my fellow citizens of this country do not share that view either.

11.33 am

Baroness Murphy: My Lords, I support this Bill, and I express my admiration for the courageous persistence of my noble friend Lord Joffe in this matter. As a psychiatrist and geriatrician, I know how diverse and sometimes contrary patients can be. I recognise the differences in how people approach death, and I respect those very few who would want to take advantage of this Bill's provisions. It should be their choice, not ours, and a matter of human rights.

I have three brief points to make. First, I want to talk about palliative care. According to the recent figures from the National Council for Palliative Care, at present about 70 per cent of all cancer sufferers are referred to palliative care services, and under the age of 50 almost everyone is referred. That is not bad coverage, although I entirely accept that we need a massive expansion of palliative care skills, and I heartily agree that we must campaign for that, but it would make very little difference to this very small group of people. It would be brave and right if palliative care specialists championed the rights of their patients to have their wishes respected.

Secondly, there is the issue of undue influence. One of the burdens that older people and those with disabilities face—the noble Lord, Lord Ashley, made this comment—is the often unwanted protective paternalism of those who run their services. Unless they have mental frailty—many older people do have undiagnosed dementia—older people are no more likely to suffer from undue influence from their relatives or carers than younger people. It is a fallacy to think that older people will be persuaded to take their own lives against their better judgment. The paternalistic denial of older people's right to be treated as others are is an ageist idea.

Thirdly, I want to comment on the safeguards in the Bill to prevent hasty decisions being taken by those who have a treatable, reversible depression, which is very common indeed when someone discovers they have a terminal illness, as my noble friend Lady Finlay of Llandaff said, and is usually responsive to timely medication. I was concerned by the earlier drafting of

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the Bill, and I suggested that there should be clearer wording to ensure that any mental disorder that impacts on capacity should be sought, and those individuals excluded. While legally capacity can readily be impaired by emotional disorder, unfortunately many doctors

interpret capacity wrongly to include only intellectual capacity. I wanted to ensure that people with disturbed emotional states were clearly excluded from the Bill. I am now satisfied that the current wording in Clause 2(4) would ensure that. This legislation will strengthen patients' confidence that at the end their wishes will be respected. I commend this compassionate Bill to the House.

11.36 am

Lord Turnberg: My Lords, I have thought long and hard since our previous debates on the Bill, but I am sorry to have to say to the noble Lord, Lord Joffe, for whom I have enormous respect and whose motives I admire enormously, that I cannot support the Bill.

I say that not because I am against the principle that we should do all we can as a society in general, and as doctors in particular, to relieve a patient's suffering, especially the type of heart-rending cases that we have heard about today. Where they are terminally ill, I am not against easing their passage from this life as best we can by palliative care; how could I, as an ex-practising physician, not support that principle? All my feelings and emotions are in favour of those who speak for the Bill. I am not against the Bill because of the religious convictions that I may have, because I do not wish to inflict those convictions on others who do not hold them. I am against the Bill for entirely practical reasons—the unintended consequences of acceding to one patient's desire for assisted suicide when the risks entailed for others seem, to my mind, too great. The probability of a risk to the aged, the disabled and the depressed, who will feel a burden to others despite the safeguards in the Bill, seem to me too high. The finality of that risk, the termination of a person's life, is too severe. When mistakes are made they will be fatal, and mistakes seem inevitable. Some mistakes, such as a wrong diagnosis or a misdiagnosis of depression, will go undetected.

I have tried hard to see whether it would be possible to amend the Bill to the extent that my anxieties could be allayed. Perhaps we could better define terminal illness, or change "unbearable" suffering to "unrelievable" or "intractable" suffering. Perhaps we could relieve doctors of this responsibility, as the majority of doctors seem to wish to be relieved, and give it to some other professionals to pursue. But I am afraid that none of those types of amendment would get around my concerns, and for those reasons I cannot support the Bill.

Having said that, I would be sorry if the noble Lord, Lord Carlile, were to press his amendment. Such a controversial Bill, which raises such high feelings, does deserve to be debated in Committee.

11.39 am

Lord Prior: My Lords, I am a very diffident speaker, and I am very rarely able to attend your Lordships' House, but on this issue one should stand up and be counted, and I wish to be counted as a supporter of the noble Lord, Lord Joffe. I admire enormously the courage that he has shown in introducing this highly controversial and difficult Bill. For me, it is not a moral issue, because already we know that a number of people are helped to die by one means or another, and that issue is irrelevant. I am surprised that so many people turn a blind eye to that, yet make such a fuss about a comparatively small number of people who could be helped by the Bill.

The Bill deals essentially with a small number of people who are highly intelligent, but are struck down by a physical illness that leaves their mental capacity intact but destroys their physical ability to lead a dignified and normal life. Surely any Christian doctrine has to accept that there are people who suffer deeply, for whom the Lord would take the view that they should be helped, and that there is no point in causing people to suffer the indignities that go with such diseases and which have nothing to do with the sanctity of life. For me, these are the issues that really count.

It would be a great shame if your Lordships did not give this Bill a Second Reading. That would enable some of the other issues to be brought out and we could, perhaps, get the Bill into an acceptable form. If it comes in an acceptable form, there is a chance that it could get through the Commons, perhaps next Session. To kill the Bill at this stage would be a tragedy for all those who think that there should be some change, but would also deny your Lordships a chance to put right anything that needs to be put right.

11.41 am

Lord Clement-Jones: My Lords, the more we debate it, the more ethical difficulties I see in the Bill, because my objections to it are only partly borne from personal experience as the carer of a terminally ill spouse, from problems I have with the language of the Bill—words such as,

> "the benefits of various forms of palliative care",

and "unbearable suffering"—and from the failure to implement all the Select Committee's recommendations. Principally, my objections are founded on similar grounds to views expressed by the Royal College of Physicians, which recently produced an impressive and definitive briefing. It considers that assisted suicide is incompatible with the doctor's role of trying to prevent death by effective treatment. It would lead to erosion of trust in the medical profession and adversely affect people's willingness to accept treatment for relief.

The RCP also outlines the huge issues surrounding the assessment of capacity in making a decision on assisted suicide and the impact of conditions such as depression, which can require specialist diagnosis and are treatable. The RCP correctly states that:

> "Requests for physician-assisted suicide should trigger effective treatment of depression and its causes—not actual physician-assisted suicide".

I am still convinced that the way forward is through the development of high-quality palliative care, pioneered by the hospice movement in this country, in which we are now world leaders. We should not extend patient autonomy for a few by a dramatic change in medical ethics and practice, which could be detrimental to the many.

We are told by those who want the law changed that doctors in the UK are already illegally helping people to die and that it would be better to recognise that and regulate it by law. But the report by Professor Clive Seale shows that illegal actions by doctors to end the lives of patients were estimated to occur in about 0.5 per cent of all deaths. The argument that in

Britain there is widespread euthanasia or assisted suicide that needs to be regulated cannot be sustained.

Annual reports from the Oregon Department of Human Services give figures for assisted suicides. Every report states also that the numbers given,

> "are based on a reporting system for terminally ill patients who legally receive prescriptions for lethal medications and do not include patients and physicians who may act outside the law".

The operation of Oregon law on assisted suicide is based entirely on a voluntary reporting system. We have a paradox—we are not being warned about illegal assisted dying in Oregon, where the responsible government department clearly thinks that it might be happening, but we are being warned that illegal assisted dying is widespread in Britain when there is a report that says the practice is extremely rare. That demonstrates the dangers of new legislation and the lack of necessity and desirability for it here in Britain. I support the amendment of the noble Lord, Lord Carlile.

11.45 am

The Lord Bishop of St Albans: My Lords, I read Alice in Wonderland when I was far too young. I remember even now how much I disliked it—all those things suddenly changing shape, flamingos becoming croquet mallets and the irrational tyranny of the Queen of Hearts. It was the stuff of nightmares. Ever since, I have been wary when Lewis Carroll's methods are used by other people to try to achieve their ends. I remind noble Lords of Humpty Dumpty in *Through the Looking-Glass*, who said:

> "When I use a word . . . it means just what I choose it to mean".

The Bill is a classic example of that. For example, it is said that this Bill is of the same nature as previous Bills. It is not at all. I served on the Select Committee—which was a huge privilege—and we spent far more time looking at euthanasia than we did at assisted suicide. I am sure that, had we thought that this would be a different Bill that was just about suicide, we would have called in evidence from experts in that kind of field. We did not. This Bill is not of the same nature.

This Bill seeks to legalise assisted dying, which of course sounds enormously compassionate; but in reality it is about assisted suicide for the terminally ill.

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We should be clear what it is but, more importantly, we should ask why euphemisms always surround this Bill. Why are we not being absolutely straight with each other about what the Bill entails? The organisation that is one of the driving forces behind the Bill used to call itself the Voluntary Euthanasia Society, but now, of course, it has changed its name to Dignity in Dying, which seems to imply that there is only one dignified way to die—by euthanasia or assisted suicide. The organisation has taken a phrase that is used in palliative care and by the hospice movement and has turned it around to mean the exact opposite of what it originally meant:

> "'When I use a word,' Humpty Dumpty said . . . 'it means just what I choose it to mean'".

The noble Lord, Lord Joffe, has made it abundantly clear today that he has changed his mind about this being a first stage. Naturally, I welcome his change of heart and recognise with others his honesty and courage in doing so, but presumably it has come about because of the dangers that he and some of us have seen in other countries. I look forward to further discussions about some of the dangers in this Bill.

The Bill's proponents, again by a Lewis Carroll-ish sleight of hand, argue that it is all about personal autonomy. But personal autonomy is fundamentally anarchic. It places the individual in a solipsistic universe and fails to recognise that we human beings flourish only in our relationships with one another. But this Bill would give me the legal right to require and demand of a doctor that he or she provides me with a means to kill myself. There are those who talk about this as a therapeutic option—what kind of twist in language is that? It is like saying: "This is not a flamingo, this is a croquet mallet". It is not at all difficult to see how the apparent surface meaning given to human rights could be shifted. It is not impossible to imagine in the future a harrowing case whereby an individual choosing to try to commit suicide was then unable to do so. Then there would be arguments that that person's human rights had been infringed and a more humane way should be found. Lo and behold, euthanasia would then be back on the agenda.

We are told that this is about one group imposing beliefs on another. I suppose that if that is said often enough and loudly enough people will believe it. It is simply not the case. This is about debate and I relish debate, but I think that this is a Lewis Carroll-ish Bill, because it is morally confused yet so chillingly plausible—and as a result, I shall vote against it.

11.49 am

Lord Tombs: My Lords, terminally ill people are vulnerable people—afraid and apprehensive of approaching death and the manner of its arrival. They are very sensitive to suggestion and there is no shortage of potential coercive influences, some apparent, some less so.

Most insidious is the atmosphere created by the environment in which the sick patient finds him or herself. Acceptance by the law of the deliberate termination of life, albeit at the patient's request, could create an ambience in which the patient felt pressured

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to comply. The feeling of being a burden on others is familiar to many elderly and disabled people, and it would be all too easy for a right to opt for a deliberate death to become a duty to do so for the sake of others. The exception would then become normal, irrespective of the real wishes and welfare of the patient.

I do not doubt the sincerity of the sponsors of this Bill but I deplore what I see as their naivety. In seeking to change the law in order to help a small number of people to end their lives voluntarily within the law, they will imperil many others by creating a presumption that life has become worthless, or inconvenient to others, as a means of inducement to end their lives. That seems to me quite indefensible.

Coercive pressures could change measures intended to be caring into aggressive ones against the terminally ill, the aged and the handicapped, who would rightly feel threatened in a way that no civilised society should accept. I believe that that argument alone is sufficient reason to reject the Bill. I support the amendment.

11.51 am

Baroness Hayman: My Lords, the noble Lord, Lord Carlile, opened his speech by objecting, quite rightly, to the misrepresentation of his position in the *Times* recently. Perhaps I could open mine by objecting to what I felt was a misrepresentation of my position when the noble Lord said that those who supported the Bill and were proponents of it were intent on extending it to euthanasia in the future.

I went on to the Select Committee as someone who did not have clear views on this subject and was not committed to the Bill that had been brought forward formally. It was only following my experience on the committee and having listened to the evidence that I felt that I could, with good conscience, support a Bill that was constrained to physician-assisted suicide but would not be able to support a Bill that allowed physician-administered euthanasia. I made that position clear in your Lordships' House and when I spoke in the Select Committee, and I certainly made it clear to my noble friend Lord Joffe.

I feel that it is unfair to punish my noble friend Lord Joffe for having constrained the Bill. He listened to some, like me, who felt that it should be more limited and then brought forward a more limited Bill. So it is unfair then to argue in procedural terms that, because the Bill is more limited, we are not bound by the recommendation in the Select Committee report that this should go on to further and full discussion in your Lordships' House. It would be a matter of enormous sadness to me if we could not deal with these issues in some detail.

I wish to say something to two fellow members of the committee. First, I say to my noble friend Lord Turnberg that his register against which to assess this Bill is exactly the same as mine but he comes to a different conclusion on whether you can meet the needs of a minority without endangering a majority. We differ not on our absolutes but on our interpretation of the Bill. Secondly, I say to the right reverend Prelate the Bishop of St Albans, whose

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company I enjoyed enormously—we swapped a lot of books during our time on the Select Committee—that I, too, felt as though I was living in the world of Alice in Wonderland when I read the letters that I received recently about the Bill, because they described a Bill quite different from the one before the House today. So it is possible for us to have the same feelings but to disagree about the way forward.

Finally, I absolutely agree with the noble Baroness, Lady Williams, that at the end of life we need to show people love and respect as well as giving them physical and medical care. For some people—I say this having received testimony both as part of the committee and personally from individuals—that love and respect would be given and devoted by the implementation of the Bill introduced by my noble friend Lord Joffe. The question whether we can afford that quality of love and respect for a minority without causing anxiety and detriment to many others is a matter of the gravest concern to us as legislators. It is not a question to which we can answer "yes" or "no" today; it deserves the most detailed attention

and I hope that, for that reason, the House will not support the amendment of the noble Lord, Lord Carlile.

11.56 am

Lord Elton: My Lords, I hope that it is clear already that there is compassion on both sides in this debate. Those who think that Christians are constrained by theology to vote in one direction to the exclusion of any other consideration have been shown to be wrong both by the noble Lord, Lord Beaumont, and by the right reverend Prelate the Bishop of St Albans—a schism between them which the most reverend Primate, to give him his correct title, will notice with concern.

The noble Lord, Lord Ashley of Stoke, put forward very hard but hypothetical cases. One has to remember that hard cases make bad law. At the moment we are engaged in something which is directed not at individual cases but at the colour of society and the way that it is moving and at how pain—moral, physical or intellectual—can be minimised and individual autonomy maintained in a society which is still ordered. That means that we have to have a clear structure of law dealing with how people are treated at the end of their lives, which is often their most vulnerable stage.

The vulnerability is very real. It is not ageist to say that old people are vulnerable. Most of us fall above the line where, we are told, palliative care is most freely available, so we have a direct interest in this. The effect of the Bill, if enacted, would be to change not only the legal but also the general perception of the sanctity of human life, and it would have many unintended consequences, of which I shall mention only one in order to shave a minute off my share and get us home earlier.

I was a Minister in the Department of Health and Social Security, as well is in four other departments over a period of years in government, and it is an

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inescapable fact that ultimately policy is driven by money. That is why the Treasury always controls policy—which makes the present juncture in politics so interesting. The stark fact is that palliative care is expensive and a lethal pill is cheap, and the generators of policy—I do not just mean people sitting in the Cabinet Office or the Secretary of State's office but the many hundreds involved in generating policy in the Civil Service and putting the choices between them—will be steered in a critical part by that financial consideration. That is a direction that we should not follow. For other equally or more powerful reasons which have been stated, and which will be stated again, I shall be supporting the amendment today but I put one case to your Lordships: I ask noble Lords to go into that Lobby and I do so not from Christian principle but from ministerial experience.

Noon

Lord Phillips of Sudbury: My Lords, although I still, with misgivings, oppose the Bill, I congratulate the noble Lord, Lord Joffe, on improving it and bringing it back to the House. I should also say that if my noble friend Lord Carlile seeks to kill the Bill at this stage, I will decline to support him. I favour the House having the chance to consider the Bill in detail in

view of the widespread public interest in it. The Bill could then be voted down at Third Reading if the House so decided

In earlier debates, I concentrated on two broad issues. The first, which was largely overlooked then, is the pressure that the Bill would, unintentionally though inescapably, exert on many vulnerable people to avail themselves of assisted suicide to avoid being a burden on their families or dissipating scarce resources. That is now recognised as a foremost objection to the Bill and I need not say more.

My second point—odd for a lawyer, you may think—is to observe that there are some matters that are so infinitely sensitive and complex that to try to regulate them by law is self-defeating. In effect, legislation is too blunt an instrument. Perhaps my early role as a coroner's assistant helped to inculcate that belief. I think that it is better to rely on and trust the professional integrity, practical wisdom and ethical common sense of the medical profession—nurses as well as doctors. "But", proponents may ask, "hasn't that led to abuse?". Occasionally, of course, but no outcome can or will avoid that. Indeed, abuse is more likely if we pass the Bill because it will tend to drive out, or at least override, individual doctors' professional and ethical judgment, replacing it by law. That will lead to doctors in cities specialising in assisted suicide law, often working in informal partnership with other doctors giving second opinions under the Bill, and with solicitors specialising in finding ways through the legislative maze. Look what happened with the abortion law. Why not avoid all that with a Bill that is more broad brush?

If the law is drafted widely enough to cover the infinite variety of human predicaments, it will necessarily be vulnerable to legally strained interpretations, some of which will go well beyond the

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intentions of the noble Lord, Lord Joffe. Yet, if we throw out the Bill, I have to concede that a few people may be forced to suffer unbearably. That is a harsh reality, but it must be juxtaposed against my earlier harsh reality that the Bill will exert pressure on some people and encourage them to seek assisted suicide.

Then there is the text of the Bill. It has many defects and I wish that there was time to debate with my noble friend Lord Goodhart the list of so-called protections he enunciated, including the definition of unbearable suffering" in Clause 13. As drafted, that extends to,

> "distress . . . which the patient finds . . . unacceptable".

Such unacceptable distress could be emotional upset, sheer frustration or a pervading sense of the pointlessness of life. That opens up vistas for the Bill that I believe to be highly dangerous.

Finally, the Bill will inadvertently but inevitably change the culture of both medicine and society, which is partly why the disability fraternity is almost united against it. That change could well lead down a dark slope. I do not believe, for example, that it will be long before the definition in the Bill of "terminal illness" as one that is,

> "likely to result in the patient's death within six months",

will be lengthened.

The need for the Bill should be proven beyond reasonable doubt. It has not been.

12.04 pm

Lord Pearson of Rannoch: My Lords, I support the Bill and salute the courage of the noble Lord, Lord Joffe, in introducing it. I do so with some trepidation, as an ambassador in bonds, because nearly all my Christian friends oppose it. I pray that they will forgive me. I say what I am about to say not to offend them but to contribute some perhaps fairly original thought to the debate. I should add, too, that I speak from a personal religious experience, which some of your Lordships may have noticed was unfortunately sensationalised in the national press just after we rose for last summer's Recess. It is that experience which leads me to query two threads that run through all the many letters against the Bill that I have received from the Christian community—threads which can also be detected in the heartfelt speeches of the many noble Lords who oppose the Bill.

The first thread is what seems to me to be an exaggerated fear of death. I find it perplexing that our humanists, who presumably do not believe much in an afterlife, should support this Bill, whereas my Christian friends, who trust that death leads to the salvation of the soul and eternal bliss, should oppose the death proposed by the Bill. I should have thought that the humanists would be more likely to hang on to life like grim death rather than the Christians, but it appears to be the other way round.

I am aware of the commandment: "Thou shalt not kill", but it is generally accepted by Christians to mean: "Thou shalt not murder". Murder will not result from the Bill.

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The second thread which seems to run through the Christian position is an assumption that suicide is a religious crime. I may be wrong but I am not aware of anything in the Gospels validating that assumption. It is true that the Church has made suicide into a crime, supported often by the state. But there are several areas where the Church appears to have distorted the burning purity of our Lord's teaching, and I suggest that this may be one of them. Be that as it may, are we really saying that all the thoroughly decent Christian doctors over the years who knew and loved their patients well, and who relieved them from the hopelessness of a painful terminal illness, will have been punished by our just and loving God? Do any of us really believe that? Not many I would suggest. Why should they continue to be punished by our terrestrial law?

Perhaps even more irritatingly for my Christian friends, I suggest that our Lord does not appear to have gone out of his way to preserve his own earthly life—quite the reverse. All four gospels show that he did not need to go to Gethsemane or to surrender his humanity upon the cross. Let us not forget that in his great agony, he cried out those terrible, fearful words:

> "My God, my God, why hast thou forsaken me?".

It would seem that for a few moments at least, even the Son of Man may have lost confidence in where he was going. Then came his glorious resurrection which gives so many people their

certainty in the life to come. I can but recommend that certainty to my Christian friends, and ask them to ponder these matters in their hearts before they vote against the Second Reading of this compassionate and reasonable Bill.

12.08 pm

Lord Ballyedmond: My Lords, to speak on this Bill is to undertake the position of being heard as yet another voice with yet another amalgam of personal opinions on this multifaceted issue. I do not seek to preach morals and ethics, nor do I seek to persuade others to adopt my opinion on these issues. Instead I wish to establish facts.

There has been some debate among doctors regarding the appropriate stance that they should take as a profession in the spotlight. Their position of neutrality in the past was born out of a desire to remain as the providers of medicine rather than to become the keepers of society's ethics and morals. Nor do they wish to become law makers. There is now a definite opinion in the medical profession after a Royal College of Physicians survey showed that three-quarters of the profession oppose a change in law. These doctors believe that a change in legislation is not necessary for the small number of patients whose needs are not met by current levels of palliative care, where that palliative care is not sufficient or is believed to be insufficient. It is our duty to pay due attention to the body of professionals to which this Bill is directed.

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Regardless of one's personal views on this matter, it must be noted that, before the Bill of the noble Lord, Lord Joffe, could ever be implemented, a wealth of research and development in the field of palliative care would be required. That has not yet occurred to a satisfactory level.

We are elevating ourselves to a very high platform today. We are adjudicating on a Bill to legalise the taking of life. My view is that to legalise assisted suicide is an attempt to regulate death and to remove the very aspects that in life we fight to protect. Rightfully, there can be no such legislation. We must exercise caution and treat voluntary death with the respect that it commands. This is not an issue that can be resolved on the basis of who is right and who is wrong. We must be very careful not to give any further credence to the Bill, which may ultimately be abused to the point where the sick, dying and disabled in our society will be placed in an unacceptable position. This Bill contains unsatisfactory safeguards.

We do not have the benefit of sufficient proven scientific evidence at our disposal today to make the decision to support the Bill or accurately to assess its consequences. To proceed where experts do not wish to go would, in my view, be the utmost folly. I ask your Lordships to reject the Bill in its totality. To do otherwise would mean that we were crossing the Rubicon. The die must not be cast.

12.12 pm

Lord Archer of Sandwell: My Lords, like the most reverend Primate the Archbishop of Canterbury, I regret that this debate has been presented in some quarters as representing a difference between those who hold a religious faith and those who are devoid of faith. As he rightly pointed out, some opponents of the Bill hold no religious faith. I am sure that he would accept that the converse is equally true, as has just emerged from what we heard from

the noble Lord, Lord Pearson. Those who oppose the Bill are not necessarily speaking on behalf of all believers or all faiths. We respect one another's views, but we do not speak on this issue with one voice. Nor is this a debate between those who respect human life and those who are indifferent to it. I fully respect the sanctity of life of someone who wishes to live. That is why I support the peace movement and why I campaigned for human rights before they became fashionable.

I have received, like many of your Lordships, an avalanche of letters of varying quality, influenced no doubt by the somewhat dramatic warnings that their authors seem to have been given. They tell me that I should be pressing for medical and palliative care instead. There is no "instead", as the noble Lord, Lord Joffe, and my noble friend Lady Hayman made clear. The proponents of the Bill strongly support the provision of medical treatment and palliative care for all who wish to avail themselves of them. I believe that

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everything should be done to preserve the life and the best possible quality of life of someone who wishes to live.

Some of your Lordships seem very perturbed at what was called the "slippery slope". I do not believe that anyone who is familiar with your Lordships' House can believe in the possibility of some unnoticed slippery slope in the future; scrutiny in this House would preclude any such possibility. Perhaps we would be wiser to debate the Bill that is before us and not some speculative nightmare that has not been proposed.

I was puzzled to be told by one correspondent that he was precluded by his faith from accepting my argument that human beings have a right to choose. I do not doubt his sincerity and I defend his right to practise his faith and to abstain from any act that it precluded. My difficulty with his argument—*pace* the right reverend Prelate the Bishop of St Albans—is whether he should be entitled to impose his faith on those who do not share it. That is not exercising his right; it is denying the right of someone else.

It is inevitable that much of this debate will be anecdotal. My mother had been a byword all her life for stoical indifference to pain. She never allowed it to interfere with what needed to be done, but in her 80th year she contracted cancer. She did not complain, but as the pain became worse she knew that she could not hide it. She was excluded from what was going on in the house because she was confined to bed. There came a time when she said to me, "I wish I were dead". That was not a momentary aberration; her mind was perfectly clear. But that option was not open to her. For three months, she was compelled to drag out a life that she would have wished to end. I believe that it would have been compassionate to give her that choice. It would not have been my choice for her; I would have tried to dissuade her. Indeed, if she had known that the choice would have been available to her had she felt driven to it, I believe that she might have taken a different view. However, I believe that to withhold that choice from her was indefensible. That is why I support the Bill.

12.16 pm

Viscount Craigavon: My Lords, on the last two occasions when this subject was debated, I fully supported the noble Lord, Lord Joffe, and I continue to do so. Even more so now do I believe in the desirability of further examination at Committee stage of what is proposed. As

the noble Lord, Lord St John of Fawsley, said, your Lordships' House is an ideal forum for such examination.

Owing to the time pressures of this debate, the noble Baroness, Lady Finlay of Llandaff, came up with a string of assertions of what she believed were the defects of this Bill. It would be ideal if all her points could be examined and debated in Committee. If we come to that point at the end of today by passing the Motion of the noble Lord, Lord Joffe, to commit the Bill to a Committee of the Whole House, I sincerely hope that any opposition will be entirely constructive.

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I believe that, as many noble Lords have said, we should be taking more account of public opinion. However much some inconvenient opinion polls are discounted, it seems to me to be clear that a convincing majority of the public are in favour of some change in the law. My justification for that view are the figures that I used in our previous debate and those that the noble Lord, Lord Joffe, quoted today.

I have wanted to ask many speakers who have opposed the Bill today this question: are you content that we should have a continuing procession of cases to Zurich in Switzerland involving people who do not accept the present orthodoxy offered by the Churches and by the noble Baroness, Lady Finlay?

I recommend that anyone who is trying in future to understand this stage of our debate should listen to a recording of what some of your Lordships may have heard on Radio 4 just after eight o'clock this morning. It was a perfect vignette of our arguments. A distressing case was articulately presented by a woman called Sally McIntosh, who would have liked to have been able to avail herself of what the Bill would allow. However, she said that she had only a few weeks to live and could not get the paperwork required by Swiss rules ready in time.

That was followed by the two Archbishops, who had absolutely nothing to offer that individual. They went on, in the expected form of words, to question the concept of autonomy and to argue that, because it is impossible to get the law into a perfect state, everything should remain unchanged. That woman had consciously and with rational consideration rejected palliative care, but that strategy is not allowed by the Churches or by the noble Baroness, Lady Finlay. Because of what I call their absolute position, whatever distressing circumstances you might describe, you are told that you have not thought it through properly. My noble friend Lady Finlay told us in her speech that when she hears the words, "I wish I were dead", she needs to interpret them for you—on the grounds that you do not really mean what you say. And I imagine that if you are not convinced by her first interpretation, she will explain again, and so on. I am not just personalising this on her: that is now the attitude of the Churches, and I would personally call it "Kafka-esque". That is the intractable difficulty of the position where no exceptions are allowed in the debate.

In my view, the discussions around autonomy have become a self-induced fog, to obfuscate the debate and to cause apparent uncertainty. It sometimes seems like a medieval disputation that, almost by definition, has no solution hence no conclusion can be arrived at. Similarly, it sometimes appears that because perfection cannot be reached in framing a law in this apparently very difficult area, nothing should ever be done. In my opinion, those have become largely excuses. We get the phenomenon of "society" being defined in such a way

that it can never, by definition, allow enough autonomy ever to permit a decision for people to be allowed to avail themselves of the option under this Bill. I believe that those amount to excuses for perpetual inaction. We should be more practical.

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12.21 pm

Lord Laing of Dunphail: My Lords, in supporting the Bill, I acknowledge the risks. But let us not overstate them to the extent that the benefits are submerged. We must keep our eyes firmly on the intention behind the Bill, which is to achieve the legal framework for competent, terminally ill adults to die with dignity at a time of their own choosing and in the controlled manner that they desperately seek. In our heart of hearts, is that not what we would all pray for and hope for?

While containment of pain is obviously important, I base my arguments on quality of life. The briefest examination of the evidence from Oregon reveals that this particular group of patients are motivated not by pain, but by their own judgments and the quality of their lives. Why on earth should we refuse to grant a competent adult their request to receive assistance in dying when suffering unbearably from an illness such as motor neurone disease?

Is it not a form of arrogance to deny someone such as I have described the right to take their onward journey with dignity and in their own time? Which of us has the right to say, "No, you can't"? If someone who is near the end of their life feels that their life is without value, why should we force them to live against their will?

As a Christian, I believe in life after death. Remember the words of Christ uttered on the Cross to the two thieves:

> "Today, you will be with me in Paradise".

If the words of Christ are as meaningful as they are to me, the next life will be a happier place. I see no contradiction between my faith and my support for the Bill.

A person contemplating assisted suicide will no doubt bear in mind the views of the Church. But I believe that one has a personal relationship with God through Jesus Christ. If after prayer one chooses assisted suicide, that is a personal decision between oneself and one's maker. We should bear in mind that God gave us free will.

It is a strange coincidence that we are debating this issue almost four years to the day that brave Dianne Pretty died. I, like the majority of the population at the time, did not believe that she should have had to suffer the indignity of dying in the manner she feared; a manner contrary to all her values. Since then, many others have been forced to go on living against their will and I hope that this House will have the compassion to spare others the same fate.

Lord Livsey of Talgarth: My Lords, I come to this debate objectively—

Noble Lords: Order!

12.24 pm

Baroness Warnock: My Lords, I am sure that all Members in this House, whatever views they hold on the Bill, wish profoundly that palliative care for the

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dying should be made better and more accessible. Assisted suicide is not and never will be a substitute. Having said that, I want to make two further points.

First, like others, I remind your Lordships of the extremely narrow scope of the Bill. It is irrational, in my view, to reject the Bill on the grounds that its scope will inevitably be widened. The Bill excludes euthanasia, even if this may be what the patient would prefer. It excludes assisted suicide, except where a patient is facing imminent death with no hope of recovery. It excludes assisted suicide unless the patient is thought to be wholly determined and of sound mind. It presumes only that in certain circumstances suicide is a rational choice.

There can be no evidence that this Bill poises us on the top of a slippery slope, let alone one that leads to the widespread euthanasia of the vulnerable—an argument that we hear over and over again. Of course, some of those who fall within the scope of the Bill may be disabled. Others will not, except that they will be disabled by their illness. There is no threat in the Bill to the disabled in general, still less to those who are mentally disabled.

My second point is this. The whole purpose of my noble friend's Bill is to define a small category of person for whom the general law against assisted suicide should not apply. It is to be presumed that these people, who choose suicide when facing the suffering that will lead to their death, do not think it morally wrong to do so. It is not contrary to their moral principles, or, perhaps, those of their family. Is it just, then, that they should be governed by moral principles, whether of the clergy or the medical profession, in which they do not believe? I do not argue that they should disregard the law simply because they do not agree with it; only that the law should be changed in such a way that they, in their extreme circumstances, should be allowed to follow the morality in which they do believe, not another which would compel them to live against their wish.

12.27 pm

Lord Livsey of Talgarth: My Lords, I apologise to the distinguished noble Baroness, Lady Warnock, for intervening wrongly in the pecking order of the debate. I come to the debate objectively not from any particular religious view—certainly not a fundamentalist one. But if, like me, your father died at 35, when you were three years old, you regard every day lived as a very precious one indeed.

Philosophically, and from the progressive side of politics—because this is a difficult speech for me to make, I believe that my earlier intervention was as a result of anxiety—I can clearly see the humanitarian aims of the Bill. It contains passion and understanding of the plight of the individual whose life is becoming, and often is, intolerable and unbearable. Often, too, the lives of their nearest and dearest are pretty intolerable. This indeed may contain part of the problem associated with the Bill.

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Mercy in such circumstances is a very natural and humane response. I totally understand and respect those who support the Bill. This frequently stems from their life experience, as we have heard today. Also, I understand that this carefully crafted Bill puts the onus of the decision to end the life of the person concerned on the current or stated wish of that individual. A person with the precious gift of life is blessed. Taking that life away is an unbearable responsibility, even if taken by that person, based on the decisions and advice of others, however highly qualified and merciful.

The weakness of the Bill is not its humanitarianism, which I salute—my heart thus far is sympathetic—but its omission of the human frailties of others, whether members of the immediate family or others who may purport to support the individual but who, in reality, have agendas that may be linked to the money, property, the cost of long-term care or the plain settling of long-term scores unknown to others. They may not be genuinely concerned for the true well-being of the individual whose fate is under review. Albeit that it is to be the patient's own decision, it will be made under acute mental stress at their weakest possible moment in life. Persuasion, manoeuvring and denial of good palliative care could in those circumstances play a part. It is virtually impossible to legislate for such vagaries of human nature. That would break the trust between the doctor and patient.

It is for those reasons that I am unable to support the Bill, however well intentioned it may be.

12.31 pm

Lord Nickson: My Lords, when I was much younger, I remember being deeply influenced by the story of the father of an acquaintance who was terminally ill and in great distress in hospital. He asked that a briefcase be brought to him from his study desk—it was presumed, so that he could look at some papers. That briefcase contained not some papers but a loaded pistol, with which he shot himself. I remember feeling at the time there must be a better, more civilised way out for someone in such distress and pain. That feeling has stuck with me.

In the October debate, I would have counted myself, if not as a "don't know" perhaps in the 70 to 87 per cent who might have thought that the Bill was a very good idea. Since then, I have thought a lot. I have talked to a lot of people whose views I respect. During the October debate, I swayed one way and another. I remember being very influenced by the speech of the noble Lord, Lord Puttnam, about his mother; just as I was influenced by the speech of the noble and learned Lord, Lord Archer of Sandwell, just now. I have now made up my mind. I think that the Bill is dangerous and I shall oppose it, for four reasons.

First, I believe in the sanctity of human life—if you like, the Christian argument. The second reason is one of medical ethics and the trust between patient and doctor. I believe that that trust would be irrevocably damaged. Although I paraphrase, I believe that doctors, in the Hippocratic oath, sign something that

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says, "I will not give poison to anyone else who asks for it, nor will I make a suggestion to that effect". I believe in that. Thirdly, I am very influenced by the subtle, insidious pressure that I believe would be placed on people as our population ages, expressed in the briefest speech yet by my noble friend Lord Tombs.

Finally, I am of the view that whether we use the phrase slippery slope, a Rubicon, or the analogy of the little Dutch boy with his finger in the dyke or of the abortion law, as expressed by the noble Lord, Lord Phillips of Sudbury, we are in great danger of crossing the line. It is a line that we all know concerning inhibitions. As were so many things, it was expressed very concisely by Alexander Pope:

> "Vice is a monster of so frightful mien,
>
> As to be hated needs but to be seen;
>
> Yet seen too oft, familiar with her face,
>
> We first endure, then pity, then embrace".

If we cross that line by approving the Bill, however much it may be limited, we shall be moving down a road that leads to something far less than we want. The Bill is very well intentioned and moved with great sympathy, but we all know that good intentions lead to a different road.

12.34 pm

Baroness Symons of Vernham Dean: My Lords, just over 14 years ago, I sat every day and most nights at the bedside of a man in his 30s who had been diagnosed with a very advanced case of the most aggressive and virulent form of leukaemia. He fulfilled the criteria in the Bill of the noble Lord, Lord Joffe, to legislate for his assisted dying. He had been given a less than 20 per cent chance of survival and was likely to die within weeks—on some days, he was likely to die before the end of the afternoon. His physical pain was excruciating. Indeed, it was unbearable—so much so that administering any form of pain-killer was initially almost impossible. His mental anguish was constant and acute.

As his treatment began—there were four rounds of huge doses of chemotherapy, each round lasting for 13 days—he was absolutely clear-minded, but his will to fight became blunted. He said repeatedly that he could not go on. But he had to, and I am glad.

Fourteen years later, I am happy to say that he is thriving and I am so glad that the Bill of the noble Lord, Lord Joffe, was not on the statute book. I fervently hope that it never will be.

12.36 pm

Lord Mawhinney: My Lords, I pay tribute to the noble Baroness for her speech.

My mailbag experience was the same as that of the noble Baroness, Lady Williams of Crosby. Overwhelmingly, it consisted of letters against the Bill. Knowledge from another place suggests that when those letters are being written off a factsheet, you can see the similarities between them. The letters that I received were personal experiences. Two views emerged. One was that the passage of the Bill would

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alter the value of human life. The most reverend Primate made the point that not only would

it alter the lives of those who might make a decision, it would alter the lives of a lot of others who might want to resist making such a decision. Secondly, it would alter the relationship between members of the medical profession and their patients. Over and over, doctors wrote to say: "We were trained to heal and save life, not to kill".

Because of time pressure, I shall read only one paragraph from one letter. It is from a nurse in Cheshire. She wrote:

> "As a senior nurse working in Intensive Care, I care for the sickest patients often undergoing degrees of pain and suffering with a plethora of problems. Sometimes these problems seem insurmountable and I will admit I have thought that they may be better off dead. With care and support provided by skilled and caring staff they can be helped through their ordeal. I have realised how wrong I was when patients return to visit the unit, grateful to be alive".

That is not a deeply theological argument; it is an intensely practical and pertinent day-by-day argument that applies to the Bill.

I was grateful to the noble Lord, Lord Carlile, for pointing out the illusory difference between killing and simply writing the prescription that makes the killing appropriate. He was absolutely right to do so. I hope that the House will not think the less of me if I say that I was reminded of all the safeguards that were built into the abortion legislation to facilitate its passage on to the statute book. Of course, I imply no such motivation to the noble Lord, Lord Joffe, in this case, but I am persuaded by previous experience.

In his speech, the noble Lord, Lord Joffe, said that he hoped that those of us whose views were shaped by faith would not press our faith because it is a minority view in a secular society. I can tell the House that I have spent 27 years in public service and I do not believe that I could ever have been accused of using my faith as a cudgel. I seek to have my faith integrated as part of who I am. I cannot—and I will not—seek to dissociate who I am and my views from my faith. My faith and my world view are just as legitimate as the faith, whether secular or theological, and world view of anyone else.

Finally, I believe the noble Lord, Lord Joffe, was quoted over the weekend as saying that he had received hate mail. As a former Minister, I know what that is like. I deplore it, and he has my sympathy. It was also said that he had said that much of the mail he received lacked Christian compassion. I recognise his compassion and I dissociate myself from any letters he received that lacked Christian compassion. Equally, I hope that he will recognise my compassion. This is not a battle about compassion; it is a question of judgment. I simply do not share the noble Lord's judgment.

12.40 pm

Lord Taverne: My Lords, I start by correcting something said by the right reverend Prelate the Bishop of St Albans, who is not here. He said that the Select Committee did not consider the Bill proposed by the noble Lord, Lord Joffe. In fact, paragraph

245 of the report makes it quite clear that the committee did consider it. Indeed, why did the committee go to Oregon and Switzerland if a Bill of this kind was not considered?

I respect the views of those who oppose the Bill for deeply held religious reasons. I also recognise non-religious reasons. But I do not respect, and I regret, the nature of the campaign waged against the Bill, at vast expense, by the Churches and senior Church leaders, much of which either ignores or distorts the evidence. I shall give a number of examples. Cardinal Cormac Murphy O'Connor, writing in the *Catholic Herald*, said:

> "A right to die would become a duty to die".

That claim was repeated by the most reverend Primate the Archbishop of Canterbury, who also expressed the concern, which he repeated in rather different words today, that the motive behind the Bill was the need to cut costs in healthcare. With the greatest respect, that was a most extraordinary statement. The evidence from Oregon is clear; very few people—only 0.14 per cent of those who die—use the law, although many more ask for prescriptions. It comforts them to know that they can use it, but most do not. The idea that the Oregon law leads to a duty to die is simply an invention designed to scare, with not a shred of evidence to support it.

The right reverend Prelate the Bishop of Manchester said:

> "implicit in the legislative proposals is the possibility that assisted dying could eventually apply to children".

No child in Oregon has been, or could legally be, helped to die. Nor could they be, under the Bill.

The most reverend Primate the Archbishop of Cardiff, Peter Smith said:

> "those deemed elderly are viewed as expendable"—

another somewhat hysterical distortion. It is true that many people fear—a fear that many noble Lords have expressed—that families might put pressure on elderly parents to commit suicide; a rather cynical view, if I may say so. The evidence from Oregon shows clearly that this fear is misplaced. As one would expect, family pressure is almost invariably to prolong life. In fact, elderly people in Oregon use the Act less than others.

The noble Lord, Lord Brennan, who is president of the Catholic Union and who I am sorry to say is not here, suggested that the Bill's approach was:

> "Why waste money on care for the terminally ill?".

In fact, palliative care in Oregon is among the best in America, and the law there has stimulated even further improvement.

The *Church Times* likened the Bill's supporters to Nazis. It wrote:

> "If doctors are required to end life by withdrawing treatment and food"—

which is a complete distortion of the Bill—

> "that is precisely what happened in Nazi Germany".

That is a statement of which Dr Goebbels would have been proud. Anyone who reads with an open mind the evidence that the committee heard in Oregon—the

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noble Earl, Lord Arran, will say more about this—will find that the experience there provides no basis for allegations that the elderly, the disabled or other vulnerable groups will suffer, that there will be a slippery slope, and that the Bill will destroy the doctor/patient relationship.

I should say to noble Lords, such as the noble Lord, Lord Nickson, who are worried about the effect that it would have on relationships with doctors, that the Bill does not follow the Dutch law, but it is worth noting that in the Netherlands trust in doctors is the highest in Europe, and an overwhelming proportion of Dutch doctors support the law there. I hope that some Bishops in this debate will disown these distortions, and I very much applaud the attitude taken by the noble Lord, Lord Mawhinney.

I have not quoted the rantings of cranks who write in green ink; the statements I quoted were made by leading members of the Churches.

12.45 pm

The Lord Bishop of Portsmouth: My Lords, having had to face up to my own mortality when I was diagnosed with leukaemia last autumn, I can identify with the mental trauma that comes with life-threatening illness—a trauma which can in some circumstances slip over into depression. If, in a moment of self-cynicism, I were to describe myself in some way, I might describe myself as a Trinitarian monotheistic utilitarian—to echo the words of the noble Lord, Lord Carlile, earlier. I shall expand on that for a moment.

My particular concern is that the current version of this Bill has weakened the safeguard against assisted dying for people who are depressed. Indeed, a significant proportion of terminally ill people who request euthanasia are suffering from transient depression, as the noble Baroness, Lady Finlay, mentioned earlier. The 2004 Bill required a stringent test of mental capacity to make an informed decision about assisted dying. This involved referral to a psychiatrist or psychologist, who would have to take account of any evidence of impaired judgment. The current Bill ignores the advice offered by the Select Committee and lacks this crucial sanction: it no longer makes an explicit connection between impaired judgment, which someone may have who is depressed but whose mind and brain are working properly, and a lack of mental capacity.

Those who care for people nearing the end of their lives, and those of us who have approached that extremity of human experience, can testify that a terminal prognosis very often leads to a period of transient depression, but that most patients recover from this phase and adjust to their new situation. In my own case, it was not depression but the kind of mood swings experienced through four severe courses of chemotherapy, which was enough. I echo the words of the noble Baroness, Lady Symons, earlier. Having been somewhere along that

road myself, I could not trust myself to use the kind of freedoms envisaged in the Bill. I say that reluctantly, because I remember

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vividly the maiden speech of the noble Lord, Lord Joffe, and value his contributions in this House. More importantly, physicians are often poor at suspecting, identifying and diagnosing depression, which is often confused with sadness or adjustment disorders. The Bill is not safe; it does not protect vulnerable people.

I, too, am concerned that there has been a tendency in wider debates to neutralise arguments of religious people on the ground that they are religious arguments. I know that not absolutely all religious people oppose the Bill, but I also know that many people who would not associate themselves with any of the faith communities also oppose it. We all have ideologies, and proponents of the Bill in the House would be unwise to marginalise the views that come from these Benches and elsewhere because of who we are, as what we do day by day places us in contact with many, many other people. Time does not permit me to answer, and in part apologise for, some of the material that the noble Lord, Lord Taverne, cited earlier. I could do so in writing, but I utterly respect that.

There is a reciprocal relationship between theory and practice; our accustomed habits of behaviour have a decisive impact on our ideals. A change in the law concerning the treatment of terminally ill patients will also have repercussions on society as a whole. It will give a new shape to public opinion or common sense. We are talking not only about assisted dying, but about the basic assumptions by which people value and treat themselves and each other. A further danger stems from the very way in which human rights are often pressed in many other areas of life. "I can" so quickly becomes "I must", and there is no accompanying doctrine of restraint to reassert the fact that my choices and their effects do not redound on me alone.

Finally, in the last few seconds of injury time—the Bishop of Oxford will not be speaking—please permit me as a former patient to elaborate a little further. When I had to contemplate my own death for the first time as a reality, I kept being struck by its wider implications; not just for me, but for my family and friends, to say nothing of the doctors and nurses to whom I so quickly became close. Dying, it could be said, is not an entirely individual matter. It is corporate. In trying very hard, and probably unsuccessfully, to inhabit this very grey area of human experience, I am unable to support the permitted freedom envisaged by this Bill.

The Earl of Arran: My Lords, as an enormously privileged member of the Select Committee, I am immensely grateful for the time that we have spent in considering how to meet the wishes of some terminally ill adults who are suffering unbearably. Like all those in today's debate who are supportive of the Bill, I would of course prefer that their wishes could be met in some other way. But, as the committee unanimously noted, these people are,

> "determined individuals whose suffering derives more from the fact of their terminal illness than from its symptoms and who are unlikely to be deflected from their wish to end their lives by more or better palliative care".

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While taking evidence we visited the state of Oregon in the USA. I, among others, was most impressed with the way that the Oregon Death with Dignity Act 1997 compassionately responds to the request to die with assistance. As noble Lords may be aware, the Bill introduced by the noble Lord, Lord Joffe, is closely modelled on that Act, which a majority of my fellow committee members have confirmed that they support.

There has been considerable confusion in this country about how the Act is working there. Perhaps I may briefly remind your Lordships of some of our experiences there. We held 10 evidence sessions in Oregon, in nine of which witnesses largely agreed that the Act was working well and without abuse. Representatives of the Oregon Hospice Association, the Oregon Medical Association, the Oregon Board of Medical Examiners, the Oregon State Board of Nurses and Oregon's equivalent of the Department of Health, among others, all expressed satisfaction with the Act.

One set of witnesses, however, comprising a small group of doctors belonging to Physicians for Compassionate Care—PCC—tried to persuade us otherwise. However, the evidence that we received from the Oregon Medical Association strongly suggested that these individuals oppose the Act primarily because of their deeply held religious beliefs. This group's view of the Act was in stark contrast to the other nine groups. This group told us that Oregon's end-of-life care is of poor quality and has deteriorated since the Act was passed. Indeed, that message has been widely repeated. But some of your Lordships will have attended or read the notes of last month's presentation from Ann Jackson, CEO of the Oregon Hospice Association, at which she confirmed that the quality of end-of-life care in Oregon has improved and has not been compromised since the passing of the Act. Oregon is a leader in this area and was last year named the best place to die in America. The number of people dying in hospice care has doubled since the Act was passed, and every Oregonian now has access to hospice care, even those in the most remote areas.

One member of this group, Dr Kenneth Stevens, has suggested that Oregonian doctors now take less care of their terminally ill patients because they have the easy option of offering an assisted death instead. There is absolutely no evidence to substantiate that claim. In contrast, independent research has found that since the Act was passed, 70 per cent to 80 per cent of doctors have sought to improve their knowledge and skills in the care of the dying. So, Oregon legislation has had no adverse effect on hospice care; nor have the dire consequences that were predicted by groups such as PCC prevailed.

Unfortunately, such predictions are now being made in this country. Out of the 240,000 deaths in Oregon, 246 people have used the Act in the eight years since its passing; not—I repeat, not—the thousands that were anticipated by the Act's critics. The annual Oregon state reports show that, contrary to the predictions, these individuals are not very elderly; not disabled; not uneducated; not motivated by financial

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concerns, inadequate pain control or psychiatric illness; not uneducated and not disproportionately members of ethnic minorities.

In Oregon, we heard again and again that these individuals valued being in control and making their own decisions and could not tolerate the way in which illness had robbed them of their dignity. They were motivated by a desire to remain in control of their lives and avoid this loss of dignity and autonomy. Most importantly, more than 90 per cent of them were enrolled in hospice care at the time that they received their prescription: so dying Oregonians do not have to choose between palliative care and assisted dying.

I do not support these proposals blindly. Like others, I weigh the positive benefits to the great many terminally ill adults who would be reassured by these proposals and the small but significant number who would use them against the possibility of abuse. There is compelling evidence that the Oregon Act works well. In addition to this, the noble Lord, Lord Joffe, has included even more safeguards than existed in the Oregon legislation.

Whatever happens today, I make one prediction. Like homosexual reform—which Bill, incidentally, was introduced by my father and took four attempts to get through your Lordships' House—and the abortion Bill, and despite the similar controversy over this Bill and what the Churches and some doctors may say, eventually the clamour from society as a whole for legislation such as this will prevail, and, in doing so, society will be giving some relief to those suffering from intractable distress.

12.56 pm

Lord Wilson of Dinton: My Lords, I follow the noble Earl with respect, but I am afraid that I cannot follow him in supporting the Bill. I believe that killing and assisted killing is wrong and that this Bill would be a serious breach of principle. I want to make just two points in the short time available. I respect the noble Lord, Lord Joffe, for his courage in introducing the Bill, his intentions and his compassion.

I was Permanent Secretary of the Home Office for 10 years in the mid-1990s. The Home Office is a place where all the worst aspects of society go through your in-tray every day. You learn more things about the disagreeable sides of society than you ever wanted to learn. If you legislate in a way that relaxes principle, you will find that you have to look at it through the prism of the worst things that people will do with it. You have to assume that human frailty, running the whole gamut from wickedness to weakness, will search out the weaknesses in the Bill. If you permit killing to take place you have to assume that there will be abuse and have to look at it without a rosy view of human nature. I offer that thought on the slippery slope.

My view is that it is much better to put effort into palliative care, which is a very positive approach to the end of life, rather than bring forward death. I am proud to be a trustee of the Cicely Saunders Foundation. I was delighted when the noble Baroness,

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Lady Williams, paid a tribute to Dame Cicely Saunders who I believe was one of the truly great figures of the age in which we live. We miss her very much. I learnt from her that whatever one's route of illness at the end of life—whether cancer or some other progressive disease—the symptoms are very similar, whether they are breathlessness, fatigue, pain or any of the other terrible things that can happen to people at the end of their life. The main issue is how those symptoms can be relieved and how people can be enabled to die with dignity.

It is curious in the age in which we live that while huge amounts of money are spent on prevention and treatment of progressive illness, we turn our backs on the whole against spending money on research into relieving the symptoms in order to allow people to die with dignity. For every £500 we spend on research into cancer, less than £1 is devoted to symptom relief and end-of-life care. Those figures come from the National Cancer Research Institute. It is very odd that we are blind in that way. The gross imbalance is probably worse for other progressive or terminal conditions than for cancer. I would much prefer it if we could unite in this House to put effort into improving palliative care, which is a positive approach to the end of life with huge public support, rather than to put effort into assisted suicide, which I find to be inherently negative as an approach to death.

1 pm

Lord Haskel: My Lords, I congratulate the noble Lord, Lord Joffe, on the careful, dignified, courageous and determined way in which he has promoted his Bill. He and his colleagues travelled far and wide to take evidence so that all of us could become wiser and better informed, and I thank him and the members of the committee for their hard work. I want to make three points, in the main gently to remind noble Lords about our role as parliamentarians.

First, we are here to serve the public as a whole. We legislate to enhance and preserve people's rights and freedoms. Let us remember that Parliament was equally divided not only over abortion and homosexuality, but on cloning and assisted fertility. But in the end Parliament produced careful regulations to safeguard and control these activities which respect people's concerns and beliefs while preserving their freedom of choice. I think we must do the same here.

Secondly, I turn to the slippery slope argument. This House delayed the abolition of capital punishment for years using that argument, one which claimed that abolition would turn this country into a murderers' paradise. It was wrong then and, when applied to this Bill, it is probably wrong now. I think we should learn the lesson.

Thirdly, like it or not, this issue has become a matter of great public concern and controversy. Noble Lords have all spoken of the number of letters they have received and the many broadcasts about it. The Motion moved by the noble Lord, Lord Carlile, to kick it into the long grass would, I fear, expose us to

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criticism and perhaps ridicule. People would ask: what are we here for? The noble Lord, Lord Carlile, said that he sees no way of amending the Bill to make it acceptable. Well, that may be his opinion, but fortunately we have procedures to see whether a way can be found to make a Bill acceptable by amendment, by compromise and by scrutiny. That is why I hope your Lordships will allow this Bill to continue its passage.

1.02 pm

Baroness Cumberlege: My Lords, I should like to begin with a quote from Woody Allen, who said:

> "I am not afraid to die. I just don't want to be there when it happens".

I share that view because dying is not for wimps. In the opening lines of her very charming novel, *Miss Garnet's Angel*, Salley Vickers wrote:

> "Death is outside of life, but it alters it. It leaves a hole in the fabric of things which those who are left behind try to repair".

Friends, families, doctors, nurses and bereavement counsellors know that all too well.

Is it surprising, therefore, that doctors in palliative medicine, the very ones who are charged to participate in assisted suicide, are overwhelmingly against this Bill? They know that the way in which we die influences the difficult job of repair. According to the most recent survey, 94 per cent do not want legislation and only 3 per cent are prepared to be involved. Furthermore, young doctors, those training in this specialty, are totally against the Bill. Their representative is on record as saying:

> "I am not aware of a single trainee who supports Lord Joffe's Bill".

But what about those attending and the consulting physicians, those who are also required to be complicit? Well, not much enthusiasm is to be found there either. The Royal College of Physicians, using the question framed by the noble Lord, Lord Joffe, asked its members and fellows:

> "Do you believe that a change in legislation is necessary for the small number of terminally ill patients for whom palliative care does not meet their needs?".

That question received a resounding answer: "No". This week the Royal College of General Practitioners issued a statement that the college is also opposed to any change in legislation, as has the Royal College of Psychiatrists. The most recent statement from the Royal College of Nursing is unequivocal:

> "The Bill fails to provide sufficient safeguards. It is unworkable and it should be defeated".

These are the very people who value and cherish their professionalism, who understand that the most precious element they possess is the trust between their profession, the patient and the public. They recognise how this Bill erodes and corrodes the central tenet on which their very professionalism depends. We should value their commitment and support them in defeating this legislation.

I want to respond briefly to the noble Viscount, Lord Craigavon. I am very disappointed that he should have so misunderstood the fine speech made by

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the noble Baroness, Lady Finlay. I would urge him to do as I did and visit her and her inspirational service in Cardiff. I am sure he would then gain insight and a better understanding not only of the noble Baroness but of the hospice movement as a whole.

Finally, I understand that in Switzerland at the Lausanne university teaching hospital, assisted suicide is now freely on offer to patients. I wonder what that does to young doctors, to those who enter the profession to treat and cure and who are now required to learn how to kill. What does that do to the confidence of patients, of whom some in this country are already fearful of being admitted to hospital due to MRSA and hospital-acquired infections? When they are at their most vulnerable and in strange surroundings, is it not possible that they may indeed feel they have a duty to die, not least to save the expense of keeping them alive? I support the amendment.

1.06 pm

Baroness Thomas of Walliswood: My Lords, I speak as one who supports the Bill brought forward by the noble Lord, Lord Joffe. The evidence we read and heard as members of the Select Committee gave me added confidence in that opinion. The things I would have said in defence of the Bill today have been put quite brilliantly by the noble Lords, Lord Ashley of Stoke, Lord Beaumont of Whitley, Lord Gilmour of Craigmillar, the noble Earl, Lord Arran, my noble friend Lord Goodhart, the noble Baronesses, Lady Jay of Paddington, Lady Murphy, Lady Hayman, Lady David, and many others.

Were the Bill to get to a Committee of the whole House, which I devoutly hope it will and which was the unanimous recommendation of the members of the Select Committee, I might want to table amendments to it. In particular, the Bill does not include any reference to the role of nurses in the care of the dying and in that of their friends and families. I understand that reference to this role may be difficult to include in the Bill, bearing in mind that the sole responsibility for responding to a patient's request is laid upon the doctor. But we would need to ensure at the very least that nurses could not be implicated against their will or by mistake.

I want to add only that we live in a secular society within which individuals may express their own belief in the way they live their individual lives. Nothing in the Bill could force anyone who objects to it on religious or philosophical grounds to avail themselves of its provisions, any more than the existence of laws permitting divorce can force a couple to divorce if they feel that their religious beliefs forbid them to do so. I share the dismay expressed by my noble friend Lord Taverne regarding the so-called Christian campaigns against the Bill. But in any case, this issue is surely one for society as a whole to determine, not doctors or divines acting on our behalf.

I turn now to the amendment. I am saddened by my noble friend's decision to move an amendment to kill the Bill. First, it seems to run contrary to the

longstanding traditions of free speech embraced by capital-l Liberals and little-l liberals alike. Secondly, it prevents this House doing what it does best: giving intense and detailed attention to the minutiae of legislation so as to test its real scope and consequences, whether intended or unintended. Thirdly, this Bill and the whole issue of the rights and wrongs of personal control of end-of-life decisions are of intense interest to the public. Indeed, as the noble Lord, Lord Joffe, reminded us, over a number of years there has been a substantial majority in favour of the sort of proposals being put forward in this Bill. This House, more than any other institution I can think of, is ideally suited through its composition and methods of working to

render a real service to the people of this country, not by refusing to consider the Bill in detail, but by insisting on so doing.

So I hope that my noble friend will not put his amendment to the vote. But if he does so, I urge noble Lords, and especially those who do not like the Bill, to reject the amendment.

1.10 pm

Baroness Emerton: My Lords, the Bill, like its predecessor, would allow physician-assisted suicide for someone who is,

> "suffering unbearably as a result of terminal illness".

This is undoubtedly one of the most problematic of the conditions of the Bill. Who is to say what constitutes "unbearable suffering"? As the noble Lord, Lord Joffe, said in his evidence to the Select Committee, it is what the patient says is unbearable. It is defined as,

> "suffering, whether by reason of pain, distress or otherwise, which the patient finds so severe as to be unacceptable".

This is no objective test, no safeguard. By what criteria can a doctor say that the patient is not suffering enough?

The Bill states that the "unbearable suffering" must be as a result of terminal illness, yet so often the greatest suffering derives from unresolved issues and conflicts which resurface during a terminal illness and compound physical symptoms. The Bill does not require any efforts to have been made to relieve the suffering. No wonder the Select Committee firmly recommended that a better safeguard would be "unrelievable" or "intractable" suffering.

But, as has already been mentioned, can we think about the staff—the nurses, doctors and healthcare professionals—who provide care? What are they to do in the face of a patient who is seeking physician-assisted suicide and who is obviously suffering? Do they continue to strive to improve the quality of life with the clock ticking, when all their efforts will be abandoned in favour of death? Indeed, how can they address the emotional, social and spiritual aspects of suffering when all the time knowing that, if they are successful in relieving the suffering, the patient will then become ineligible for the very thing that he or she seeks—namely, assisted suicide? Professionals in Belgium describe that it is harder to give good

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palliative care now that their law has changed precisely for this reason. This criterion as a safeguard is unworkable.

I am privileged to have spent my career as a professional nurse, and as a practising Christian I believe in the sanctity of life. I am a member of the Royal College of Nursing, which represents 380,000 nurses. It has recorded its official view that the college members oppose the Bill. I, too, oppose the Bill.

1.13 pm

Lord Young of Norwood Green: My Lords, I commend the noble Lord, Lord Joffe, for his courage and persistence and offer my support for his Bill. I trust that your Lordships will not accede to the invitation of the noble Lord, Lord Carlile, to apply euthanasia to the Bill, because it is in the tradition of the House to give time and attention to vital issues which merit more scrutiny.

The noble Lord, Lord Carlile, accused the Bill of casuistry, an unwarranted description of both the Bill—which I do not believe is disingenuous—and, by implication, perhaps, even the noble Lord, Lord Joffe. He declared that it would put every doctor at risk and enrich many lawyers. The noble Lord may well have the gift of prescience, but Clause 4 will clearly afford protection if it becomes law. How that law will be interpreted is a matter that no doubt will be decided by learned judges.

The most reverend Primate the Archbishop of Canterbury—who, unfortunately, is not in his place—said that suffering can be helpful. I would not wish to engage in a dispute with him, but that is a matter for individuals to determine in the course of their life. He then went on to say that we would put everyone at risk and that this would be a substitute for palliative care. Time and again we have heard such allegations made in this debate—but they are assumptions; they are not validated. As has also been said time and again, nothing in the Bill precludes us continuing to be a country which is well respected for its attitude towards palliative care.

The right reverend Prelate the Bishop of St Albans—who also is not in his place—made an unfortunate analogy, which seems to presume that all those in favour of the Bill are engaging in some kind of wilful misrepresentation by implying that the words that we use do not really have the meaning that they should have. I reject that. I would not impugn his integrity and I do not understand why he should impugn the integrity of those who support the Bill.

I have a huge respect for the noble Baroness, Lady Chapman—it is unfortunate that she is not in her place—but our society has moved a long way from failing to acknowledge the rights of the disabled and children. This Bill is not a prelude to euthanasia in such circumstances.

The noble Baroness, Lady Emerton, who has just spoken, said that no alternative was offered. It may be that we read Clauses 2 and 3 differently, but they take you through a whole range of alternatives that are put

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to the individual. She may not agree with my interpretation, but that does not necessarily mean, with due respect, that her interpretation is right.

At a meeting in this House on 19 April, Professor Raymond Tallis, a geriatrician and former chair of the Royal College of Physicians Ethics Committee, said:

> "I am in support of Lord Joffe's Bill in its present form. There are several reasons for this. Firstly, the current law is a bad law with negative effects. There are a significant number of people who need, and seek assisted dying because of unbearable suffering which cannot be alleviated by even the best palliative care. The result is either botched suicides, currently illegal practices or the need to travel abroad for assistance.

> Secondly, society recognises that the law is unfair and overwhelmingly supports a change in the law. In this, they are supported by many healthcare professionals.
>
> Thirdly, the proposed Bill has more safeguards than any other legislation of its kind. Lord Joffe's Bill will make the situation safer for both patients and doctors than it is at present where end-of-life decisions are shrouded in medical, legal, and ethical fudge.
>
> My own change of mind about the Bill is, perhaps, instructive. When the Ethics Committee which I chaired at the Royal College of Physicians first considered this Bill, in 2003, we opposed it and I was in support of that opposition. Unfortunately our decision was based on a series of assumptions: that good palliative care would obviate the need for assisted dying; that assisted dying legislation would stunt the development of our current underdeveloped palliative care services; that there would be a slippery slope in which assisted dying would be extended to people who did not want it or could not give informed consent, particularly those vulnerable people who have been my main professional concern; and that it would break down trust between doctors and patients. Every single one of those assumptions has proved to be false in those countries where assisted dying is available. Indeed, the impact of liberalising legislation has proved to be the reverse of what I had assumed.
>
> This, then, was why I changed my mind".

Finally, I agree with the noble Baroness, Lady Williams, that love and respect is what every person deserves. But this can be shown in many ways, and I submit that respecting our loved one's wishes may be difficult but not necessarily wrong. We will all ultimately be faced with the challenge of death and no doubt rage against the dying of the light. This Bill will allow those who so wish to end the struggle, and to do it on their terms. I commend the Bill and I hope that your Lordships will oppose the amendment.

1.18 pm

Lord Carey of Clifton: My Lords, although the noble Lord, Lord Joffe, is not in his place at the moment, I thank him for his courage in pressing his concerns and for the tone in which he opened the debate.

I think the debate has given lie to the claim in some papers that this is a clash between two world views—the Christian religious world and a secular one. In the debate we have seen convinced Christians speak for the Bill, and Peers not noted for their religious fervour speaking against it. Therefore, although Members of your Lordships' House are divided, I believe we are united in our concern for those with terminal illnesses and in our desire that suffering people should enjoy the best quality of life until they pass away. It is the phrase "quality of life", introduced by my noble friend Lord Laing of Dunphail, which seems to me to be central to our concerns.

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It was my privilege many years ago to meet Dame Cicely Saunders, who founded the hospice movement, and to get to know her and her work very well indeed. Her vision was to create places where people with terminal illnesses are treated until they die. There are now 231

hospices in the country and many hundreds abroad. They, together with many other palliative care units in hospitals, are experts in pain control.

From the many letters I have received about today's debate, I have noticed the emphasis that so many of the writers have placed on palliative care. One experienced doctor from the midlands wrote:

> "It is my observation that good terminal care can usually achieve adequate pain control and that the concept of unbearable pain is mainly a mental one".

I am against the Bill for a number of reasons, not least because it would alter the precious relationship between doctors and patients and because assisted suicides could, before a few years are out, be treated as casually as abortion is today. It is interesting that, in its most recent pronouncement on the Bill, the BMA said that the unevenness of good-quality palliative care was a matter of extreme concern to doctors. That is why I join the noble Lord, Lord Wilson, and others in believing that this is where our energies should focus. If this debate leads to significant investment in those services that provide end-of-life care, our time here will be well spent. For myself, I shall vote for the amendment of the noble Lord, Lord Carlile.

1.20 pm

Lord Brennan: My Lords, the Bill calls into question a serious issue of the law-making powers of this House. Dr Johnson put it clearly when he said that laws are not made for particular cases—they are made for all mankind. Let us keep those words in mind while I look at four reasons why the Bill fails that constitutional test.

First, the Bill legalises assisted suicide. That is presently a crime because we have always thought we should protect life, safeguard the vulnerable and preserve the ethos of the medical profession, and all that for the benefit of all society. I cannot accept that the common good of millions, protected by those foundations, should be put at risk because of the personal autonomy of the very few who are very determined. It is simply disproportionate, and it is dangerous.

Secondly, the Bill cannot work without the use of the medical profession. Doctors and nurses are against it, for two main reasons—their concern for the vulnerable and their deep commitment to what they think to be the correct ethos of the medical profession, which is to look after life, not to deal out death. If the Bill comes into law, a conscience clause is not only necessary but essential in order for there to be created—which there will be—a group of doctors who will carry out the legislative intent. We will be faced with the macabre prospect, in Britain tomorrow, of doctor-shopping and death clinics.

Thirdly, the Bill involves the creation of not only concerns but fear. The vulnerable, who feel exposed, will feel fear. The disabled do feel fear. I know of no

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organisation for the disabled that supports the Bill. Why? Because despite the intellectual reassurance which many noble Lords give the disabled, they are not confident that they will be protected in the future. Disabled people will live in fear. I cannot allow myself the luxury

of listening to disabled people when they tell me about their physical needs and ignoring them when they tell me about their profound fears.

Fourthly, the Bill is wholly defective. There are at least 17 areas of criticism to be made: the borderline with euthanasia; the inadequacy of the safeguards; and the ineffectiveness of monitoring. In Committee, the Bill would need not revision but the impossible task of wholesale reconstruction.

I have a final and critical point. This is a Private Member's Bill. That is a right that we should value. It carries two responsibilities: first, such a Bill should represent the consensus of society; secondly, it should represent a division reached at the end of prolonged, profound and reasonably informed public debate. This Bill fails both those requirements.

I cannot foresee any intellectual discipline telling us, when the Select Committee told us otherwise in paragraph 232 and appendix 7, that the present state of public opinion is unreliable. I accept that. If Oregon is self-monitoring, I do not regard that as adequate data.

Parliament and this House are the proper places for debating controversial issues where no Bill is involved. But when a Bill is involved, this is not a legislative laboratory designed to test the ethical and social limits of a highly controversial piece of legislation. The noble Lord, Lord Carlile, requires us to face these realities. The Bill is wrong in principle, unworkable in practice and should be rejected now.

1.26 pm

Baroness Flather: My Lords, I am a coward. Realising that has come as a great surprise to me. I have lived my life free from all fear. I have followed the principles of Gita, which says that I have only to do my duty and I have to do it to the utmost of my ability—I do not have to worry about the result.

Death has been my friend all my life. When I was 12 years old, I clearly remember thinking every night before going to sleep what I would have done that day if I did not wake up tomorrow. That is a strange thing for a 12 year-old to do—nobody told me I should think like that. But I have always had death with me, as a friend, meaning end of life, end of struggle, and peace. So it has come as a surprise to realise that I am a coward.

What do I fear? I fear a prolonged, lingering death, with no room for getting better, knowing that this is the final journey. The limbo land I will live in, the twilight zone I may be in because of the cocktail of drugs that keeps me pain-free, is what I fear most. I like to think that I am not alone in this and that many people who get to the age many of us have reached think seriously about this. Do we really want that period in our lives? Will it make us feel that we are

becoming better, or that our souls are improving, or that our loved ones are pleased to have us in that suffering condition?

I said in the first speech I made on this subject that if my husband was in that position and he begged me to help him, I would not deny him. I could not deny him, because I could not bear

to see his suffering. I think many of us feel that way. We would not like to see our loved ones suffering, nor would we like to go through that suffering ourselves.

Most of the letters I have received have been from people of religious conviction. I respect that. If you have great faith in God, you cannot take the dying into your own hands. Suicide is wrong—any kind of suicide, whether it is assisted or you can do it yourself. It is time to tell them a great secret, which does not seem to have reached them as yet. The secret is that it will not be compulsory. It will be a question of personal choice. It will not be forced upon anyone.

Along with the noble Lord, Lord Ashley of Stoke, I think the attitude of the disability lobby is extremely patronising. My husband is very disabled, and he felt exactly the same way when he saw the letters and expressions from the disability lobby. He felt it was demeaning and patronising to him and to most other disabled people.

It is the advances in medical science that I believe have led us to this point. We are not allowed to die naturally. The doctors and medicines keep us alive beyond the need for us to be alive.

Finally, all social legislation follows public opinion. If there were no public opinion in favour of this point, there would be no third debate today on this subject.

1.31 pm

The Earl of Glasgow: My Lords, I agree with what the noble Baroness, Lady Flather, has just said. Seven months ago, when we first debated this Bill, or something very like it, I was taken aback by the number of people who were against it. I was aware, of course, that the Church and people of other faiths were likely to oppose it. If you believe that God, and only God, has the right to decide issues of life and death, it is unlikely that any counterarguments will get you to change your mind. But I could not understand, and maybe this was my own naivety, why so many people were opposing the Bill on very different grounds—in most cases, professional or emotional grounds that had nothing to do with what the Bill was actually saying. We have heard much evidence of that in the debate today so far.

Supporters of the Bill, such as myself, no longer use such words as "euthanasia" or "assisted suicide" because they trigger subliminal fears and emotions in the hearts of our opponents. We have heard evidence of that today, particularly from the noble Lord, Lord Brennan. They seem to have a vision of a world in which ill people are systematically and quietly put to sleep in nursing homes, where would-be Dr Shipmans have licence to kill, the present trust that now exists between doctor and patient is broken and where the infirm and handicapped will feel constantly under

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threat. More moderate opponents of the Bill fear that it will encourage doctors to break the Hippocratic oath, that vulnerable old people will be cajoled into wanting to have themselves put down and that the Bill will only confirm them in their belief that they are second-class citizens and that their lives have become useless.

How do so many people read so much of this into the Bill, when in most cases it seeks to achieve exactly the opposite? Far from encouraging people to end their lives, it proposes that they first consider all other possibilities, especially palliative care, before requesting any form of assisted dying. It is this "slippery slope" argument that opponents have got firmly implanted in their heads which fuels all these irrational fears and distorts the true intentions of this Bill.

In one sense, the Bill is very straightforward. It has one simple, driving objective: to enable a person who is suffering from a terminal illness to be allowed assistance, at his own request, to end his own life, in his own time and with dignity as he sees it, and to ensure that anyone who helps him in that endeavour—including the doctor who provides the lethal dose—is free from prosecution. We should remember that no one is obliged to help the patient if it goes against his conscience. There is no slippery slope, no secret agenda, no opening of the floodgates to a general legalisation of euthanasia.

The Bill applies only to people who are in their right mind and who actively, consistently and unambiguously state that they wish to end their own life. It does not apply to people who might be considering suicide, those suffering from clinical depression or those whose families are persuaded that it might be convenient if they died. It does not apply to vulnerable old ladies who think they have become a nuisance. It does not apply to anyone, however ill or handicapped, who wishes to live their life to the full. The Bill has nothing to do with being second-class citizens, or being regarded as worthless or with one life being of more or less value than another. It applies only to those who crave, who beg or who demand assistance to bring their life to an end.

Of course a Bill like this needs safeguards against abuse. I believe such safeguards already exist within the Bill—they have been clearly emphasised by my noble friend Lord Goodhart—but if still greater safeguards are deemed necessary, let them be considered in Committee. To me, the Bill represents a way to end unnecessary suffering. It is a matter of personal choice. It is only you, the patient, who will have the right to decide that your condition has become so unbearable, and your future so bleak, that you wish to end your own life. Not your doctors, not your family, nor—dare I say it?—the Church; only you can make the decision.

It may well be that the emotional pain will be greater than the physical pain when it comes to making your choice. The onus is no longer on the doctors, and that can surely only help, not damage, the doctor-patient relationship. The sincere and considered desire of a

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terminally ill patient to be allowed to die should be a human right. Surely, and I address this to the right reverend Prelates in particular, God gave us free will. Why does God deny us that free will when it comes to the approach of death? Why does the Church condone the continuance of unnecessary suffering?

Few of us know what the cause of our death may be. Surely, however, it must be a comfort to all of us, certainly not a threat, to know that we have some say in the manner of our own dying. It is that human right which I would like to see established in future laws.

1.36 pm

Baroness Greengross: My Lords, I add my congratulations to my noble friend Lord Joffe on his courage and persistence in promoting this difficult and sensitive Bill. Having worked almost all of my adult life with older people and on their behalf, I came to the conclusion after many years that most older people I met were not frightened of death or of being dead, but were very worried about the process of dying. I also understand many of the anxieties and concerns felt by disabled people and their organisations. They are worried about this Bill.

It is an appalling fact that prejudice, even discrimination, against people with disabilities still exists in spite of laws to ban their manifestation. I am patron of two disability organisations, and I have to say that the stamina and courage of many people with profound disabilities—and there are wonderful examples of this in your Lordships' House—have inspired me and enriched my life through knowing them. To stamp out negative attitudes and discrimination against disabled people must be a priority for all of us. However, that has nothing to do with this Bill.

One could say that people with disabilities are discriminated against, as under our law in this country an able-bodied person can commit suicide, but to need help makes that helper a murderer. I passionately support palliative care and the hospice movement. I was also privileged to meet Dame Cicely Saunders, and I have known many people, including my own father, who died well and peacefully in a hospice with wonderful palliative care. But this is not about a choice between life and death. We are talking about people for whom death is inevitable. It is something that they have almost reached and from which they cannot be rescued. Surely we want to ensure that their dying is peaceful and as pain-free as possible, and that they have time to make their farewells in the way that they wish. It is about the quality of dying.

Most people do not suffer if they receive good, comprehensive palliative care. That is why I support it so strongly. However, we know that a minority do not. For them, this Bill, were it an Act, would bring a sense of security and the knowledge that, if necessary, they can call on help. For most people, that knowledge is all they need. Experience in Oregon has shown us that the number of people asking for help to die is small and declining, because of the availability afforded by this law. It is a form of insurance policy.

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We are talking about adults of sound mind. They deserve the freedom to make decisions about their treatment and care until they are actually dead, not until they are desperate and their wishes and desires can be ignored.

1.40 pm

Lord Layard: My Lords, the opponents of the Bill would like us to believe that the present situation is a logical one and that it puts the preservation of life above all else, but, of course, that is not the reality of the situation.

I would like to give three examples of where people are allowed to die who could have been kept alive. One example is where the doctor himself or herself makes that decision—when a person is deeply incapable and suffering and there is no obvious hope, they decide not to keep the person alive any longer. Secondly, there is the case where the person has made a living will which requires that of the doctor. Thirdly, there is the case where, if you are

capable, you can insist that you are not resuscitated if you have a heart attack. All those cases break the principle of the preservation of life.

The thing which you cannot do, though, if you are capable and in hospital is deliberately to advance your death, either on your own or with assistance, to speak practically. Of course, if you are not so ill and therefore you are at home, you can do it, and if someone assists you, they will not in fact get more than a reprimand. So we have the situation where it is only if you are ill enough to be under 24-hour medical care that you cannot advance your death. I find that extremely illogical. Certainly, it cannot be defended on the ground that we put the preservation of life above everything else in all that we do. You can, in fact, kill yourself unless you are so ill that you need medical help to do it. The majority of people—80 per cent of the electorate—do not agree with that and think that the law should be changed. We should take their opinions very seriously because it is not like an opinion about capital punishment, where you are thinking about what should be done to somebody else; it is an opinion about what you would like to be done to you if you were in a certain situation.

The problem that we have—it is a very serious feature of the position that we are in as a House—is that the majority of the medical profession are against the Bill. It is extremely easy to understand their feelings because 99.99 per cent of their patients desperately want to go on living, and it is a prime obligation of doctors—it is their prime job—to satisfy the wishes of those people. That leads, of course, to the development of a professional ethic and an instinctive response that that is the overriding drive. But what if a tiny minority want something different—that is the issue—and they are in no position to bring it about on their own? And what if the vast majority of the population think that those people ought to be legally able to have help in bringing about their end? This is a straightforward issue for political philosophy and in my opinion the people have it. I am a passionate

supporter of the medical profession and I want it to have more power in the NHS, but this is a matter of people's lives and I think that the views of individuals and of the population ought to be paramount.

There is the issue of unintended consequences, which my noble friend Lord Turnberg quite rightly raised. For example, would the measure undermine the trust between doctors and patients? I do not see why it should. I note that in the Netherlands that trust is higher than in any other European country, as shown by surveys. Would mistakes be made? Do doctors misdiagnose people as terminally ill? Of course, occasionally, they do. But if the person is in that situation and has no reason to think that they will not have a horrible death, they are in a state of mental distress, and mental distress is at least as important an issue here as physical distress, particularly if the patient says, "I cannot tolerate this situation". That is in the end the overriding issue—should the choice of the patient be decisive, if the patient is capable? In the NHS that is, of course, always the overriding criterion except in the case that we are discussing. Eighty per cent of the population think that people should have this facility, and so do I.

1.45 pm

Lord Kerr of Kinlochard: My Lords, I join those who congratulate the noble Lords, Lord Joffe and Lord Carlile, on the speeches which started the debate. The noble Lord, Lord

Carlile, has the advantage over me: it is clear that he finds the issue relatively simple, and the decision that we have to take an easy one. Listening to him I was reminded of the man who said of Lord Macaulay, "I wish I was as sure of anything as Tom Macaulay is of everything".

I myself find it an extremely difficult decision and one not illuminated by the correspondence we have received. I have read all the letters that I have received, but the correspondence clearly reflects public concerns which do not arise naturally from the substance of the Bill as I read it. First, many people clearly have been led to believe that what is at issue here is euthanasia, and it is not. Secondly, the version of the slippery slope argument which seems most understood by the people who have been following this debate is that somehow in this Bill there exists an infernal machine or a mechanism by which the Bill may expand its scope over time and the safeguards be eliminated or reduced over time. That clearly is and could not be the case.

Thirdly, many people clearly believe that if the Bill were to become law, the amount of resources available for palliative care, and the attention given to palliative care, would be reduced. That, plainly, is not the case either. I hope that those reporting this debate will take care to address those issues and discuss the scope of the Bill because two-thirds of the concern I detect in the correspondence that I have received is built on these three factors, none of which applies. All of these three concerns are misconceived.

That said, I do not know whether the noble Lord, Lord Joffe, has his Bill right. What I am pretty sure about is that the existing situation—the law as it

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stands—cannot be right. It cannot be right that a compassionate act, whatever the circumstances, and in response to repeated requests, must always be a criminal one. We all know—many of us from our own family experiences—that there are many more cases of assisted dying than are prosecuted. We can make an estimate—the noble Lord, Lord Joffe, mentioned 650—of how many cases a year might arise in which people use the procedures set out in his Bill. But we cannot say whether, if the Bill became law, there would be more or less assisted dying than there is today. I suspect that there might be less because the clarification of the law through the specification of the safeguards might actually prove restrictive in its effect, though that is speculation. What seems to me to be not speculation but observable fact is that a rarely enforced law, which leaves a shadow of criminality hanging over those who commit the crime of responding compassionately to a repeated request, must be wrong.

The present situation is not satisfactory. I do not know whether the Bill of the noble Lord, Lord Joffe, is right, but it seems to me very difficult to accept that the question of whether there should be a permitted procedure, how it should be defined and what safeguards should be built in is not even worth discussing. That is why, having listened to the quality of this debate, I hope that the noble Lord, Lord Carlile, will take the same view and will not press his amendment.

1.49 pm

Lord Winston: My Lords, I must declare a conflict of interests in speaking in this debate. I am an orthodox Jew and I believe in the basic principle of *pikuachnefesh*, which is essentially

the sanctity of human life. But we live in a pluralistic society and it is very important that when we make legislation and talk about these issues, while our personal background may influence, help and illuminate our opinion, it must be very important and clear to us that we do not expect our opinion necessarily to dominate those of other people. So I will set aside completely my religious views and speak from a purely secular point of view.

A number of noble Lords have spoken about public opinion: the noble Viscount, Lord Craigavon, the noble Baroness, Lady Thomas, and the noble Lord, Lord Layard. The fact of the matter is that if there is some public opinion, what your Lordships have clearly seen over the past months is an overwhelming response from the public—not from Christian or other religious organisations necessarily—in opposition to this Bill. If we are to test public opinion, we should test it by a different kind of Bill; not by a Private Member's Bill, but by a Bill that is introduced on the basis of some kind of manifesto. I briefly want to argue two points about this Bill.

Five times in my life I have seen people who are dying who have clearly wanted to die and have expressed that wish repeatedly to me, often over several months. On one occasion, I even filmed that, very controversially, in "The Human Body". A man called Herbie in Ireland, who suffered from

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mesothelioma, clearly said to the camera, "I want to die; I wish somebody could end my life". Herbie lasted for almost 20 months after that time, and in the last six months of his life he said, "I am so pleased that I was not taken at my word". I have seen that four other times with patients.

I will tell noble Lords something very personal, which I have not even discussed with my family. My mother is 93; she slips in and out of a pre-dementia situation when she is not entirely with us, and sometimes she is not with us at all. At other times she is quite lucid. Some months ago, she said to me, "I have really reached the end". That was during a lucid period, which is a point to be noted. She then became very confused and aggressive, and she did not know where she was. As recently as last week, suddenly she has found that she is enjoying life again. We cannot predict how people may feel about the future, and to take that view is ultimately the most presumptuous thing that we can do.

I have one other point. There is the question of old people. I was surprised to hear my friend, the noble Baroness, Lady Greengross, talking about old people in this situation; I must take a different view. The problem is that it is nothing to do with the slippery slope. When old people enter hospital they are often confused, angry and disoriented and they do not know where they are. There are three problems. First, there is the attitude to them. I know that my noble friend the Minister of State is on the Front Bench, and I mean absolutely no disrespect to him or to the health service, but he knows as well as I do that geriatric wards and old people's care are constantly under pressure in our very good health service. It is inevitable that it will be so. You see it in many wards, and I have seen it myself with my mother's care. People are left soiled, they are called by their first name, and they are not treated with dignity. They lose themselves, and as they become angry and disoriented they cease to be people. First, they have the attitude of devaluing themselves; secondly, they may be devalued by other people, and we ourselves may devalue them. Recently with my mother, I have sometimes wondered privately if it would not be better to end it. That is the problem, because

this week she is sapient, conscious and able to hold an intelligent discussion. We need to respect the hoary head, in this House above all. I urge noble Lords to reject the Bill.

1.54 pm

Baroness Richardson of Calow: My Lords, I support the Bill, and I do so as a Christian. I was very impressed at the level of co-operation seen among our religious leaders, but I do not entirely share their views, and I believe I speak for many others who do not share them.

There is no doubt that this Bill has shocked the religious communities. It shocked us because we have had to look at ourselves in a new light. It has undermined the security that some have felt in the sense that God is in control of life and death, and therefore that our responsibility simply has to be to assist him in what is the best that we can arrange; the

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most comfort, the deepest love and the highest level of care. Into the hands of men and women has now been put a great responsibility over life and death, and it is no longer safe to talk about natural life as though we have defined it. With all that we have done with ingenuity, creativity and imagination and research, the use of drugs and technology can now enhance and prolong life, and therefore it gives us a new sense of responsibility not to seek to prolong unnecessarily the end stage of life.

The Bill has also forced us to look again at our theology of suffering and death. In spite of talking about ourselves as an Easter faith, we have been singularly lacking in a theology of death, and we still regard death as an enemy to life. Earlier in the debate, I heard someone say that it is the role of doctors to prevent death. They are singularly inept at doing that for all of us; they can postpone it, maybe. But death comes as a friend to very many people, and I was so pleased to hear the noble Baroness, Lady Flather, say that. My father, in the last stages of his life, deeply unhappy after a stroke, used to say, "If I was a horse, you would shoot me". Then, after all, pneumonia is the old man's friend. But these days pneumonia is not always allowed to be so.

We have also been forced to look at how, at the end of life, there are those who would choose death. We do not like the thought of having the right over life and death. If we have in our hands the means by which a person can end their suffering, we must ask, "What are the moral and ethical judgments that we must make to withhold that?". I have been shocked by the energy, anger and the human and financial resources that have gone into seeking to force a few more months of life for people who profoundly do not want it. I wish that the same level of support could be directed to prevent the deaths of those who throw themselves off bridges and under trains because they cannot see enough support or that our mental health provisions are sufficient to create a life that still has all its possibilities.

This Bill has engaged the attention of society. We have heard the voices of those opposed to it, though we have been told that more support it than are against it. I hope that the debate continues in society on the value, quality and dignity of life and our responsibility for it. I hope that the debate continues in Parliament. This Bill warrants further discussion.

1.58 pm

Lord Hayhoe: My Lords, I declare my interest as a former president of Help the Hospices. With that background, it is not surprising that I do not like this Bill. Even accepting, as I do, the good intentions of the noble Lord, Lord Joffe, and many of his supporters, I am nevertheless firmly opposed to this legislation, and I devoutly hope and believe that it will not and should not be enacted.

Like others, I have received very many letters opposing the Bill. A substantial number of those have argued for better and wider provision of palliative care; quite right too. We need more palliative care

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consultants, better training for medics and nurses, and more resources dedicated to this very important area of medicine. As has been acknowledged throughout the debate, hospices have led the way, and the services that they provide not only to patients but to their families are immensely valuable, but provision is patchy and as our population ages much greater and more evenly spread provision will be required. The references in this Bill to palliative care are wholly inadequate. The clear recommendations of the Select Committee have been ignored. The Bill is defective in many ways. Other recommendations of the Select Committee that examined the earlier draft of the Bill have also been ignored and safeguards have been not strengthened but, regrettably, weakened.

Some of the most trenchant criticisms of the Bill have come from disabled people and their organisations. RADAR, the Royal Association for Disability and Rehabilitation, has argued,

> "before there is a right to die there must be right for disabled people to live as full and equal members of a fair society".

That view is emphatically supported by the Disability Rights Commission.

I am also worried about the reactions of frail and elderly people who will see themselves as being threatened, or at least under subtle pressure to reduce the burden on relatives by seeking early death. The "right to die" could so easily slip into becoming a "duty to die". More widely, there is validity in the "slippery slope" argument that the tightly prescribed right to physician-assisted suicide could gradually become a more general right to euthanasia. The Netherlands experience is relevant here, and I recall—I was a Member of Parliament for a considerable time—how our abortion law gradually slipped, without change to the legislation, away from a restricted right into, effectively, abortion on demand.

There are many arguments against the Bill but for me, at least, the most persuasive have been the clear and principled objections of religious leaders—Christian, Jewish, Buddhist, Islamic, Hindu, Sikh—who hold all human life to be sacred and worthy of the utmost respect. As a Christian and a Catholic, I judge the Bill to be ethically and morally wrong and my opposition is both principled and total. I will vote against the Bill by voting in favour of the amendment.

2.02 pm

Lord Roberts of Llandudno: My Lords, first, it is a privilege to take part in this remarkable debate. Three right reverend Prelates have contributed to it; but today is historic, because

there are three Methodist ministers in this House and each is billed to take part in the debate too, so—who knows, Bishops?—we do not know who will be sitting on those Benches before very long.

As a Methodist minister, for 40 years I was a hospital chaplain. During that time, I must have met thousands of people, and the only people who wanted to die were the elderly, the tired and exhausted. One or two people well into their 90s would say, "Do you

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know, Roger, we have had enough and we would be happy to go". I think that my memory is correct that not a single one of the others asked to die or to be assisted to die. Life holds some hope, especially given the new medicines and procedures available. There is always a glimpse of—a hope for—the future.

However, the people who I am concerned for—I visit them, too—are those unable to take decisions for themselves: those born with a handicap, who are not able to decide in favour of life or death. That ability is denied to them. I remember well the victim of a tremendously difficult car crash, who was lying for years in a total coma and was unable to do anything. He could not make any decision for himself. The question that I ask is: who will make decisions for such people? The old folk to whom I referred are not terminally ill. They are just terminally tired. Who will make a decision for them?

I shall be brief. Of course this Bill worries me. What worries me more is the Bill that might follow it—the slippery slope. Someone at some time will ask: "Who will make a decision for those who are unable to make that decision for themselves?".

2.04 pm

Baroness Howe of Idlicote: My Lords, we are about half-way through a debate that has been immensely impressive and informative on both sides of the argument. I particularly empathised with the comments of the noble Lord, Lord Winston.

A week ago, I was with a friend who has suffered greatly in recent years. He has suffered enough to induce him to make more than one attempt to end his own life. He said to me, "I'd never heard the phrase 'palliative care' until very recently. And it has made all the difference"; and so it has—to the whole argument.

If we were still talking about dying in pain, I might have been much more inclined to accept the case for a change in the law. But I cannot in all conscience do it for what seems to be a quite different concept—for what the Select Committee called "existential suffering". Assisted dying in that context can all too easily come to mean accelerated dying, instead of what surely must be much more acceptable for family and for patient: tolerable dying; bearable, dignified dying.

Just what that means was made clear to me by journalist and broadcaster Daisy McAndrew's account of the recent death of her father, Alistair Sampson—a lifelong friend—in St John's Hospice, the only independent hospice in central London. This extract gives a flavour of the article:

> "The hospice staff never patronised my father or anyone else in the family and managed to make the process dignified and special. We never doubted how much they cared for him and for the rest of us. My dad was delighted and comforted by them. Their honesty and intelligence in the way they cared for him enabled him to be on the very best form he could be".

Contrast that with the Select Committee's deeply depressing description of the typical Oregon applicant for medical assistance with suicide. It states that,

> "they want control of the dying process and want to avert having to be cared for in a way that is offensive to them",

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and that,

> "they find being cared for to be intolerable".

For me, those quotations, far from making the case for accelerated death, make exactly the opposite case for continued enhancement and increased availability of palliative care.

It is that which needs to be achieved nationwide, and certainly there should be an end to the current postcode lottery. There should be more hospice and community care, and more state resources for that, not more suicide. For me, St John's Hospice makes a much stronger case than the state of Oregon. I cannot support the Bill.

2.08 pm

Lord Griffiths of Burry Port: My Lords, I am the third Methodist minister to speak in a short period, and the one who has chosen to stand a little above the Bishops. I will limit myself to one or two more forensic, rather than ideological or theological, points.

I was impressed among the welter of material that came my way to read a submission from the Motor Neurone Disease Association, which declares that it is neutral on this question, but argues that if autonomy and freedom to choose are really what we seek, there would be no genuine choice for those in its client group until the very best palliative care was available to all who needed it. In other words, it is not available now; the question of choice is, therefore, inappropriate and perhaps the timing of this initiative is wrong.

I was educated by the last debate, which encouraged me to read—as a new boy in the House and I had not at that stage been part of the whole process—the Select Committee's report and the evidence that supported it. The All-Party Group on Dying Well makes the point that the Bill takes little or no account of the safeguards that were asked for in the Select Committee report, and it instances in detail the ways in which the Bill falls short of what was recommended in that report.

In a process that has clearly taken a number of years and has had several set-piece debates, with lengthy consideration from a large number of sources, how does it come about that, with

the safeguards asked for not met, the all-party parliamentary group can conclude that the plain fact is that the Bill is not safe to be passed into law? If there is any truth in that conclusion, how can we assume that moving into Committee will give us greater guarantees that, by amendment, we will achieve those objectives? I find that very difficult.

Finally, the report states that,

> "the number of people who might be regarded as serious about ending their lives, who are not psychiatrically ill and who are unlikely to be deflected from their purpose is very small indeed and comprises to a large extent terminally ill people who have strong personalities and a history of being in control of their lives and whose suffering derives more from the fact of their terminal illness and from the loss of control which this involves than from the symptoms of their disease".

I find that very compelling. Incidentally, in his opening remarks the noble Lord, Lord Joffe, quoted from that section without going quite as far as I did. To legislate

for such a small number of people seems to me to do more than cross a Rubicon; it imposes the views of a tiny minority on the population at large when we have been arguing constantly throughout this debate that theologically motivated people have no right to impose their views on anyone else. For those reasons—although I would love to have a jousting match with the noble Lord, Lord Pearson, on the theological points that he introduced—I find myself not only against the Bill but against taking it any further at this stage.

2.12 pm

Lord Habgood: My Lords, I wonder whether this is really a good moment in history to be promoting a Bill which would directly legalise suicide, and almost certainly have the indirect effect of making it more respectable and even in some cases encouraging it. I realise that there are huge differences between the suicidal atrocities that we have witnessed in recent years and the suicidal feelings of sad people, conscious of failure, who feel driven by a desire to take their own lives.

I have no wish to question the intentions of the legislation before us, which I am sure is seen by its promoters as providing a purely beneficent solution to otherwise intractable problems. But suicide, by whatever means and in whatever circumstances, is still suicide. One of its alarming characteristics is the strange attraction that it can exercise over people who, for whatever reason, feel depressed, insecure and unwanted. There are occasions when suicide can be presented as noble, unselfish and imbued with a macabre kind of romanticism.

There is also the well known copycat phenomenon, whereby one suicide breeds more of the same. In the locality where I live, we have recently had a tragic instance of this, where one young man committed suicide by driving his car very fast into a wall and, within a month or so, was followed by another doing exactly the same to exactly the same wall. There is a kind of fascination in suicide which can be enormously tempting to people who are in any way unstable or depressed. Suicide also has a deeply wounding effect on those whose love and care is rejected. They wonder whether the victim of suicide was really asking, "Do they actually want me out of the way?".

Those are some of the reasons why I worry about having formal approval of suicide written into the statute book. We can add what safeguards we like but we will have changed the way in which suicide is viewed. We will have given it an acceptable moral status which it has never had before. We will have identified it as an acceptable means of escape, and thus will have made it more natural and more inevitable. The same kind of problem would arise were we to give approval to euthanasia by direct killing. The point has been made again and again that either means of death would in the long run change expectations, and damage trust in and undermine the culture of medicine and terminal care.

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That is why it is not enough just to amend the Bill, well intentioned though it is. The problems lie not so much in the details as in the underlying principle. The only wise course, therefore, is to reject it.

2.16 pm

Lord Ahmed: My Lords, I, too, thank the noble Lord, Lord Joffe, for introducing the Bill and giving us the opportunity to discuss this highly sensitive and controversial subject. It is impossible for me to respond to all the e-mails, letters and communications that I have received from hundreds, and possibly thousands, of people wishing to share their opposing views on the Bill, so, through this debate, perhaps I may thank them for their concerns.

References were made earlier to the right reverend Prelates and the Christian communities. I stand before your Lordships as a Muslim supporting faith communities and others who believe that life is sacred and that only Almighty God, the creator of all, has the right and the power to end anyone's life, even if the patient is old, disabled and "terminally ill". Chapter 4, verse nine of the Koran says:

> "Do not kill yourselves for verily God Almighty has been most merciful to you".

I am also seriously concerned that the rights of ethnic minorities, who are often more vulnerable as a result of language barriers and cultural differences, would be eroded. Large numbers of the Muslim population here work in, or are patients of, the National Health Service and they have the right not to be exposed to what is proposed in the Bill. We also have a responsibility to the rest of the world. We are on the international stage on so many issues. We cannot willingly allow the collateral consequences of our actions to kill off the humane development of palliative care services around the Muslim and Arab world.

We have a duty to alleviate suffering, as has been said by many speakers, but by killing the pain and not the patient. The hospice movement set up in the UK is a beacon of excellence worldwide, showing that suffering can be relieved. Doctors have for 2,000 years regarded helping patients to kill themselves as inconsistent with their role as healers. True dignity is not premature death made possible by a doctor but is, instead, dying naturally with one's physical, social and spiritual needs properly met. The Bill would contradict both the Hippocratic oath and British legal tradition. The advances made in research and development in the fields of analgesia and palliative care would be halted.

In today's medical world we have the technology, medication and skills to treat patients' symptoms in their early stages of life. I urge your Lordships to vote against the Bill. However

well intentioned it is, it would have serious consequences for terminally ill people if it became law.

2.20 pm

Baroness Masham of Ilton: My Lords, as I sat by my husband in the accident and emergency department of Harrogate hospital holding on to his arm just a few

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weeks ago, life slowly ebbed away from him. I got a very strong feeling that to kill and not to try to save life would be the most dangerous thing we could give doctors and nurses to do. One has only to see how many vulnerable, sick, elderly and disabled people there are living here in England to know that already this Bill has frightened many of them.

My husband had been ill with several complicated conditions for 10 years. There had been dramatic times when he was in a critical state but he pulled through. But the weekend he died I had to depend on the out-of-hours doctor service. On the Saturday, one doctor had to come 24 miles, as my husband's chest was giving us concern. She gave him a liquid antibiotic, which we had to thicken because of swallowing problems. She suggested he have physiotherapy, but we could not get a physiotherapist for love nor money. The next day he had a temperature. I rang another out-of-hours doctor. She did not come out but said that she would try to talk to the physiotherapist on duty at Harrogate hospital for advice. She telephoned me back to say that she had not been allowed to talk to the physiotherapist. I have yet to try to find out why there should be such a policy in a three-star foundation hospital.

All the doctors felt that my husband was better at home because of the risk of infection in hospital. I found there were no facilities for giving an antibiotic through a drip at home, which he needed. When I rang a third doctor, each time taking longer for the doctor to ring back, it was arranged for my husband to go to hospital, as his breathing had become so bad.

I give this example to illustrate the need for palliative care to be available in a rural area when it is needed, including at weekends. When we arrived at the A&E department there was no way that the doctors could get access to my husband's GP notes, or those from the other hospital that had looked after him. All the talk about a modernised NHS IT system to improve communication seems not to have materialised.

Surely the challenge should be to make living better and safer so that vulnerable people are able to trust doctors and nurses and not fear that their life will be cut short. If there is unbearable pain there should be adequate pain relief. Who are we to play with death, which is what the Bill would do if enacted?

When my husband had his oxygen removed and he took his last breaths, still on a hospital trolley, there were a few moments which were sacred and peaceful as the end came. Life and death should be revered at all times.

Such a Bill will open the door to weirdos such as Shipman, Allitt, Geen and others who kill their patients. Staff will become even more complacent and disregard the need to protect patients as killing becomes normal practice. The prospect is chilling. This is a dangerous Bill that should be stopped before it is too late.

2.25 pm

Baroness O'Cathain: My Lords, I oppose the Bill and will be voting for the amendment. I shall not do it from the point of sanctity of life; I am not going to speak about that because we have already heard wonderful speeches. I should like to say that terminal illness gives us all an opportunity to give love, care and concern to those who are nearest to us. We are getting better at confronting the inevitable—death—and the palliative care people have told us that the memories from the last days of life are often the best. The best memory of my young brother is when he was drinking a seriously good glass of Burgundy while pumping away at his pain control machine, roaring with laughter, joking, and taking the mickey out of me. Three days later he was dead. Maybe it hastened his death, but he had a happy end of life. This Bill could choke off that experience and leave survivors with most unhappy memories and a huge, long-lasting feeling of guilt and remorse that they did not give enough encouragement to their loved ones not to ask for suicide.

The responsibility on each of us taking part in this debate is enormous. I feel that it is overwhelming. Even if the Bill goes nowhere, it will now have an impact on our country. So many are concerned; we are being watched and we are being prayed for. We are being heard here but others really want to be heard. That was epitomised for me this week by Dr John Wiles, the chairman of the Association of Palliative Care Medicine, who said twice:

> "I just want someone to listen to us".

That same day—Wednesday—the Royal College of General Practitioners, the largest of the medical colleges, stated:

> "We do not support a change in legislation that would permit assisted dying".

Not too much has been said about the people who are most likely to be affected by the Bill—not those asking for their life to be terminated but those who have to carry out the act. Such people will be affected daily if the Bill is enacted. Trust between patient and doctor, as has already been said, has been damaged. The objective of medical practitioners would have to change from single-minded determination to heal to the objective of healing while at times confronting a huge ethical dilemma of assisted suicide.

The noble Lord, Lord Joffe, has withdrawn his wish for this to be a first stage. But, like the rest of us, he is not immortal. He will pass on, and who knows what the attitude of those who follow us will be? If the Bill were enacted it would be much easier to add on bits rather than to start all over again. I took deep offence when the director of Dignitas in Switzerland said in several press releases and in the newspapers about two weeks ago that we should progress this Bill in this country even going as far as applying it to youth, whether terminally ill or not.

The noble Baroness, Lady Murphy, in a wonderful speech, said that the Bill would help only a very small group of people. Are we putting at risk all our principles of life and maintaining the sanctity of life for

very few people? It would be much better to become involved in developing and producing much better palliative care so that those very few people would not feel that they were required to take their own lives.

We know that the wish to die is more often an expression of depression, pain or poor symptom control rather than a genuine wish to die. Psychiatric help, anti-depressants and excellent palliative care can and would counter all of those. The development of those options even in the past 10 years has been phenomenal, and they will continue to develop. As we heard yesterday, medical research in this country is among the best in the world.

Let us not forget that the Netherlands Government legalised assisted suicide in 2002. Now they are considering an extension to the legislation to include newborn babies who are not perfect. Let us not listen to the Oregon experience. It is voluntary reporting, as the noble Lord, Lord Clement-Jones, said. It is not exactly a reliable basis for policy making. This is a dangerous Bill and I shall certainly be voting against it.

2.29 pm

Lord Neill of Bladen: My Lords, at this hour I can be brief and summarise my points. This has been an absolutely excellent debate. It has been particularly moving to hear from those who have first-hand experience of the issue, with their hand on the fingers of those who are about to die.

I have looked at the effects of the Bill, of which I shall speak about four or five. The first is the effect on the doctor/patient relationship. I see nothing but harm from this Bill in that respect. The trust that we have and should have in the medical advisers who look after us will be damaged as soon as they are involved as instrumentalities in death. There is an extraordinary provision—I have not heard anyone mention it, but I was out of the Chamber for a moment or two—about deeming an assisting doctor not to be guilty of a breach of his Hippocratic oath. By what power does this House say that somebody has not broken an oath that they took in their youth? I do not understand that.

The effect on the nurse/patient relationship would be nothing but adverse. The nurses are there to care and to preserve life. As for palliative care, there should be an endless search for improvement in standards. I think that at the moment we are probably at the top in the world in that respect, but there is no reason to stop; we should be moving always upwards. We should not listen to the insidious voice that says, "Well, resources could be better spent in this way and that, because you know now that there's this new method".

As I stressed on the two previous occasions when I spoke on the issue, there will be a particular effect on the vulnerable and the disabled, as well as on their families. As many people have written to me in letters, the Bill would put pressure on those very well intentioned, kindly people who know that they are in a decrepit condition and that they are using resources on a weekly or monthly basis that the family unit can scarcely bear if there are to be any resources left when

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they die. The mere fact of passing this legislation would put pressure on those people,

without a word being said, to remove themselves from the scene. That pressure would always be there. It is not difficult to imagine divided voices within families: "We think she's getting on alright"; or, "We think he's really going downhill; he was in terrible pain last time we were there". There will be a division: some family members will want the awkward, remaining relative dead, while others will think that that is the most terrible thing even to contemplate.

I see nothing but harm and hardship in every direction I look as being the immediate consequence of this Bill.

2.32 pm

Lord Hughes of Woodside: My Lords, I rise to support the Bill and to emphasise what needs to be emphasised: the Bill is voluntary, it represents choice and it imposes nothing on anyone who does not want to take part in the procedures that it lays down. I say that because it is clear to me that much of the opposition to the Bill of the noble Lord, Lord Joffe, in this House, and certainly outside this House, is aimed not at the Bill at all. Indeed, the noble Lord, Lord Roberts, said that he did not mind the Bill of the noble Lord, Lord Joffe, so much as the ones that had not appeared yet. This is opposition to a mythical set of circumstances.

A common theme has run through many of the letters that I have had. Some of those were standard letters and others were close to standard letters. As someone who was chair of the Anti-Apartheid Movement for more than 20 years, I have no principled objection to standard letters; I used to put them out every day, with model resolutions to trade unions and the Labour Party. There is nothing wrong with campaigning, but I object to the use of the tactics of scaremongering. Most of the letters that I have had from the religious communities—from the Christian Churches, from those who follow Judaism and from those who follow Islam—say that the old, the disabled and people from ethnic minorities are at risk from the Bill. Some of the correspondents have even said that the Bill is designed to affect them.

Why should people be afraid? They are afraid because they have been told to be afraid. That has been the tactic. If there is any doubt about how far the fear goes, I shall quote from only two letters. One said:

> "I . . . ask you to reject the assisted suicide Bill of Lord Joffe in which ill or disabled people could be helped to die . . . Now that I am in my eighties and enjoying a full life I should be fearful of seeing a doctor or attending a hospital should the Bill become law . . . Please vote against",

the Bill. The second was in a sense more chilling. It said:

> "I am in my late eighties and am very healthy and active and I enjoy life . . . With the introduction of the assisted suicide Bill of Lord Joffe I shall be worried about attending a medical unit or hospital. Up till now I have always had confidence in doctors whose profession is to maintain life . . . I trust you will vote against the Bill and ensure the preservation of my life".

What fear to instil in old people! The people who have indulged in those tactics should be thoroughly ashamed of themselves.

I apologise if I am not following the even-tempered nature of this debate, but I have been led to say things that will not be entirely to the liking of your Lordships' House. Those of us who are involved in these debates need to be careful about how we present our arguments. I do not doubt that some of these things are done in good faith and out of great principle. The noble Lord, Lord Elton, said that, at the Home Office, policy was driven by money. As may indeed be the case, palliative care is more expensive, whereas the pill is cheap. However, that leaves an impression that these things are likely to happen. My noble friend Lord Brennan, for whom I have the greatest respect, uses language moderately and sincerely, but when he says in this House that the passing of this Bill would lead tomorrow to doctor-shopping and death clinics, he is going far too far. No wonder people outside are frightened of what is in fact a very modest Bill.

We have to have a care. We have to appreciate that people hold views as a result of very strong principles, and I respect them. But I do not think that people's fears and susceptibilities should be used to promote a religious view that some seek to impose on others. People should think about where religious extremism takes them. It takes them to the Taliban, and we do not want that in this country.

2.37 pm

The Earl of Onslow: My Lords, my father, who died aged 57, said to me in the mid-1950s, "I used to be in favour of euthanasia until I listened to a debate in their Lordships' House". I looked up that debate from 1950 and I saw why he had had his mind changed. There was also a reference in that debate to a 1936 Bill for euthanasia, against which, I am proud to say, my grandfather voted—I see no reason why his grandson should not vote against this Bill today, despite the colour of his socks.

When my father was dying, I was absolutely longing for him to die, because he was in such great pain. I almost said—in fact, I probably did say—to the doctor, "Please can't you give him something?". The doctor was Irish and had been trained at Trinity College Dublin in 1923. He obviously did not do so deliberately, but he made absolutely sure that my father suffered no pain. That seems to me the way it should happen. Incidentally, he said in front of my stepmother after my father died, "Michael, you have three Lady Onslows to look after, and a very wary path you will have to tread between them". He was the best of old-fashioned doctors who instinctively understood palliative care.

The Bill will not only permit assisted suicide, but by implication encourage it. That is why it is wrong. As the noble Lord, Lord Phillips, said, this matter is so complicated that it is too complicated for legal definition. In my view, it is somewhere where you need an element of hypocrisy, which allows you to pretend

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one thing and possibly do another, but you know that you have got to deal with the integrity of the doctor and of the medical profession.

The main reason my father's mind was changed was the point made by several noble Lords. The noble Lord, Lord Tombs, made it so accurately when he said that the Bill will encourage those of a mean-minded disposition who possibly have hopes of an inheritance to get their hands on that inheritance earlier. The Bill will encourage, not just permit, assisted suicide and, above all, it will make the noble Baroness, Lady Symons, subject to greater pressure. After we heard the noble Baroness's speech, which was totally gut-wrenching, we probably should have stopped the debate, voted and slung out the Bill on the basis of her speech alone. I will, with pleasure, in memory of my father and in honour of the noble Baroness, Lady Symons, vote against the Bill.

2.41 pm

Baroness Tonge: My Lords, I support the Bill introduced by the noble Lord, Lord Joffe, after 40 years' professional and personal experience, of which I will not recount the details. In that time, medicine has changed hugely. Doctors are no longer regarded as God, and there is a much more equal balance in the doctor-patient relationship. Patients want the right to make their own decisions about life and death, and opinion polls reveal that 80 per cent of the public support that right.

I shall make a few other brief points, but first I want to dispel a myth. I have had a lot of letters saying that the Bill is contrary to the Hippocratic oath and therefore, as a doctor, I must not support it. In fact, that oath is rarely used nowadays. I did not take it when I qualified as a doctor and neither did any of my colleagues. In 1994, the *British Medical Journal* reported on a questionnaire sent to 27 UK clinical medical schools. Thirteen schools, including Oxford and Cambridge, did not require graduates to take any oath, four used the declaration of Geneva, five used their own wording and only three still used the Hippocratic oath. That is in reply to a lot of letters I have received.

Much has been said about medical opinion being against the Bill. Yet, the Select Committee heard the chairman of the BMA Medical Ethics Committee declare that many doctors consider assisted dying to be,

> "an extension of the normal professional obligations of a doctor to a patient, respecting their autonomy".

The Royal College of General Practitioners and the Royal College of Physicians, after at first adopting a neutral stance like the BMA, have reverted to opposition after a consultation with their members that asked them to agree or disagree with this statement:

> "We believe that with improvements in palliative care, good clinical care can be provided within existing legislation and that patients can die with dignity. A change in legislation is not therefore needed".

That is hardly an unbiased question to have to answer, and many of their members have objected to it. Medical opinion is therefore as divided as ever. Some prefer the "trust me, I'm a doctor" approach. Professor Clive Seale of Brunel University, who was mentioned earlier,

showed the extent of this. He did a survey this year that showed that 30 per cent of all deaths are preceded by the withdrawal of treatment and 33 per cent of all deaths follow treatment with double effect—I am sure noble Lords know what that means. Around 370,000 patients died in one year, and we do not know whether they were consulted. Is that not in itself a slippery slope?

Other doctors would prefer a legal framework for their activities and would support the Bill, including, of course, more palliative care. I urge noble Lords to listen to public opinion, to think very carefully on this occasion and, whether they agree or disagree with the Bill, to allow it the dignity of consideration in Committee, not the sudden death of defeat at Second Reading.

2.45 pm

Viscount Tenby: My Lords, since there is little time to deal with the technical points in the Bill, and they have anyway already been covered very capably, I will be one of those painting the broader picture. I am concerned that the Bill will ultimately lead to another law, the law of unintended consequences, to which other noble Lords have referred. No one doubts the compassion and, as has already been said, the courage of my noble friend the promoter of the Bill. No one can have failed to have been moved by the immensely harrowing cases reported by the media. But I remember similar good intentions over the Abortion Act. We all cheered at the elimination of back-street abortions and the empowerment of women, but now, 40 years on, where are we? London has the title of the abortion capital of Europe, and abortion is freely used as a means of contraception. Where good intentions kick-start reform, only too frequently greed and unscrupulous behaviour follow. No law can satisfy everyone. Laws cannot be precisely targeted at small groups of people without the risk of others being harmed through collateral damage. In this case, the damage could be irreparable.

I am chairman of a residential home for women with learning difficulties and physical disabilities. I regard it as a great honour and find it very enriching to be able to help the well-being and quality of life of those not born with the good fortune we enjoy, yet who accept their lot with an honesty and infectious love of life that is truly remarkable. I am sure that those who work in the hospice movement and in palliative care generally share my experience. As has already been said, an urgent reassessment of the funding of palliative care is needed to smooth out and remove the postcode lottery involved so that the splendid efforts of the charitable organisations can be matched. Let the legacy of this splendid debate not be worthy but divisive legislation, however well intentioned, that would place an intolerable burden on the medical profession and that

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would inevitably worry and alienate many of the most vulnerable in our country. Instead, let it be the first firm steps in putting palliative care on a solid foundation throughout this country. Accordingly, I will be opposing my noble friend's Bill and supporting the amendment tabled by the noble Lord, Lord Carlile of Berriew.

2.47 pm

Lord Desai: My Lords, we have not seen so many Bishops here since the debate on Sunday trading. Obviously, death is the business of the Church and it does not want it to be hastened.

Religion relies on fear and the religious love suffering. I am an atheist and I have no fear, certainly no fear of God or the afterlife. I value my life, but I value it for the pleasure it gives me, and as soon as I cannot derive any pleasure, I want to be rid of it. I have always liked the Bill because it gives me autonomy. The right reverend Prelate the Bishop of St Albans said that autonomy is one of the dangerous diseases that are completely contrary to human nature. Well, that may be in the Church of England, but the rest of us who are not Christians, Muslims or Jews have a mind of our own and therefore we like personal autonomy. I cherish my personal autonomy, and if I were to lose it to some religious dogma, I would be very sorry indeed.

The conservative argument has a constant structure whether applied to House of Lords reform, the Speakership of your Lordships' House or assisted dying. The first element is the slippery slope: "You do this, and the next thing you know, you will all be killed whether you like it or not". The second element is adverse consequences, to which the noble Viscount, Lord Tenby, has just referred: "Whatever we do, what happens will be contrary to what we intend or an exaggerated version of it". Those who do not like change always say it, regardless. I should not say "Thank God" but thank somebody or other, thank the random numbers, change happens. As the noble Earl, Lord Arran, said, his father had to introduce a Bill on homosexuality reform four times. Eventually, it happened.

This happens to be the birthday of the noble Lord, Lord Joffe. Normally I would congratulate him, but I hope he lives long enough to introduce this Bill again and again, until we get what we want. We shall fight and we shall fight on.

2.50 pm

Baroness Hooper: My Lords, at this stage—I am the 66th speaker in the debate—everything that needs to be said has been said and said well. I have listened to virtually every speaker.

Nevertheless, I could not ignore the quantity of letters and the pleas to speak and vote against the Bill that I and many of your Lordships have received. They run into the hundreds, each one representing the concerns and experiences of those who took the time and trouble to write. I tried to read them all, even if it was not possible to reply to them all. I did not receive a single letter in favour of the Bill. If the noble Lord,

Lord Haskel, is correct in saying that parliamentarians have a duty to represent the views expressed throughout the country, that is exactly what I am now doing.

That said, the debate has been extremely well balanced. There have been many brave speeches and arguments on both sides, underlining the extreme sensitivity and difficulty of the issue. I subscribe to the theologically based opposition to the Bill, but I can explain my position very simply. One reason why I am against capital punishment is that I find it unacceptable to ask and expect any person to carry out the killing of another human being, even after due legal process. One of the consequences of the Bill is that doctors and nurses would be asked to go against all that they believe that their Hippocratic oath represents. I was surprised to hear from the noble Baroness, Lady Tonge, that there are now doctors who do not swear it. From the many representations and all the evidence that I have seen and heard,

the vast majority of medical practitioners are against being required to do this. The noble Baroness, Lady Emerton, convincingly described their case, and others have added to that.

Even if there were no alternative, I would vote against the Bill. I believe that there is an alternative, however: palliative care, the case for which was convincingly made at the start of the debate by the noble Baroness, Lady Finlay, and subsequently by many others. Let us now focus our efforts on making palliative care more comprehensive and more of a priority.

In my last minute, I pick up a point made much earlier the debate by my noble friend Lord Gilmour of Craigmillar—I am glad to see him returning to the Chamber—about the amount of money spent on a campaign against the Bill. He quoted a newspaper article. I have not had the opportunity to verify the figures that he quoted, but I beg leave to doubt and dismiss them. I am most surprised that the noble Lord, as an experienced politician, should believe everything, or anything, that he reads in the newspapers, whatever the paper.

2.54 pm

Lord Moser: My Lords, ever since the noble Lord, Lord Joffe, first raised this crucial subject in your Lordships' House, I have tried to take on board the arguments pro and con. I have taken particular interest in public opinion. The question is how one gauges it. I do not do so simply through what I hear from experts, although I obviously listen to them with great care, nor what I read in the newspapers, nor—to reassure the noble Lord, Lord Carlile—simple public opinion polls. They deserve the noble Lord's description of "fragile". I am thinking of high quality social research, which has often been shown to be invaluable in throwing light on what the general public, not just the experts, think and feel about complex issues and how opinions are moving.

No one can doubt that this is a subject for society as a whole. Our splendid Select Committee stressed that, as have many others, most recently the British Medical

Association. There have been a number of surveys. They are not all technically sound by any means, and many of them are from interested organisations and are not unbiased. The best attitude research on this subject comes from the National Survey Centre, and I say that not simply because I was a founder member of it—I am still on its board; I declare that interest—but because it is generally regarded as the best survey organisation.

The centre has studied end-of-life issues for some decades, supported by the Nuffield Foundation. General support in these scientific surveys for assisted dying and related matters, only in the most serious circumstances, has steadily risen from 70 per cent in the 1970s to 82 per cent in 1990. A new survey was conducted last year. It will not be published until the autumn, but I have permission to tell your Lordships that it shows consistently strong, unchanging support for the issues raised by this legislation: in the area of 80 per cent I stress that those results are based not on simple opinion surveys, but on serious research, which means a scientific and large random sample of the population. It means a set of neutrally devised questions. Above all, it means that it is the work of a disinterested research body. I do not want to suggest for a moment that public opinion should be the determinant of decisions or of our thinking. Equally, it seems clear to me that, on this subject above all, which affects

every one of us, this authoritative and impartial picture of what the public currently feel deserves serious weight.

In listening to the debate, I have been struck on both sides of the argument by the number of detailed issues that deserve further discussion. With that in mind, I hope that the noble Lord, Lord Carlile, might think again about pressing his amendment. We can always vote for or against the Bill on Third Reading, but the House is so splendidly good at Committee stage that I hope we are not deprived of it.

2.59 pm

Lord Sheldon: My Lords, whatever happens at the end of the debate, I must admire the achievements of the noble Lord, Lord Joffe, who started the serious consideration of the right to choose the ending of one's life after a period of some agony. I believe that time is on his side. There was a period when suicide was a much more criminal activity that it now is. Attitudes have changed and will continue to change. The noble Lord, Lord Carlile, spoke of the complications with regard to whether the right to die should be allowed, but that is the case for a Committee stage, when the issues can be examined in some detail.

We all have certain rights, but the right to decide on one's life when one is in continuous and increasing agony is a most fundamental one. The choice in such a situation should not be denied.

3 pm

Lord Cavendish of Furness: My Lords, I oppose the Bill because I believe that it puts at additional risk an already vulnerable section of the population; namely,

the old, the frail and the dying. However, I am chiefly concerned with defending the practice and future development of specialist palliative care as delivered by our hospices, a model which works and which, I believe, is undermined by the provisions of the Bill. I perhaps need to declare an interest in that I was a co-founder of St Mary's Hospice in Ulverston, Cumbria. I have continuous involvement, and I remain its chairman.

The debate has caused distress, and continues to do so, to a significant number of our hospice patients. Such people are fearful as a direct consequence of the Bill and the debate that surrounds it. They are frightened that it is our intention to shorten or terminate their life without their consent. I tell the noble Lord, Lord Joffe, that that is not speculation; that is a fact.

The progress that has been made towards reducing suffering in specialist palliative care is well documented. I estimate that 1 per cent of our patients suffer to the degree that the Bill addresses. I would think that, 10 years ago, the figure might well have been nearer 5 per cent The improvement owes a great deal to clinical advances, but by no means everything. Other factors include the success of the hospice model of care and its acceptance by communities in general and by health professionals in particular. Accordingly, patients come to us earlier than before and self-evidently that hugely enhances our ability to give them the best treatment.

Of course, pain is not only physical; numerous strands of mental and emotional anguish need to be softened or relieved, and we seek to do that, too. Our work is based on the simple principle that every person has unique physical, emotional and spiritual needs and that treatment must be tailored to those needs.

Most of our in-patients admitted for terminal care have, on arrival, an average life expectancy of fewer than 14 days. In normal circumstances, during the first hours and days, pain will be controlled, the fear of pain removed, and, through the ever-growing menu of complementary therapies, quality added to their life. It is deeply wrong, in my view, that, with so few days remaining to these people, the comfort and safety that we seek to provide can be blighted by needless fear and uncertainty.

I know of no member of our staff who has come forward in support of the Bill or of any hospice that wants it. Our care professionals can see no improvement in the care they offer, and there have been no demands to alter the time-honoured definition of "patient autonomy", which I remind your Lordships provides for patients to stop life-prolonging treatment if they so wish.

The other main issue as the Bill affects hospices is what has been described as the "duty to die" factor. I will avoid spending time on that much-rehearsed argument, beyond saying that there is substance to the notion that old and ill people, including our patients, increasingly feel growing pressure that they should stop being a burden to their family, their carers, the

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state and even the institutions charged with their care. I contend that the Bill will lend momentum to that chillingly horrible trend.

The problem before us today has been wrestled with for generations. Those who have gone before us saw the recklessness of going down this road for the reasons so eloquently put today and last October by the noble Lord, Lord Phillips of Sudbury. I believe that a touch or arrogance accompanies the belief among a number of contemporary commentators that ours is an enlightened age that has conferred wisdom and intelligence denied to our forebears. I sometimes think that the opposite is true.

The future lies not with this Bill but with extending and enhancing the scope of palliative care; introducing justice to its uneven provision; and addressing urgently other conditions for which the model is entirely appropriate. Perhaps the greatest unmet need lies with those suffering from certain heart conditions and end-stage respiratory disease. I believe that palliative care is on course to eliminate the suffering that the noble Lord, Lord Joffe, and his supporters seek to address. I ask only that it be allowed to develop rather than be put at risk.

3.05 pm

The Earl of Sandwich: My Lords, I join the debate with an average experience of seeing close friends and relations suffer as they approach death or the final stages of a terminal illness.

Only a few days ago, my wife and I were in the excellent Joseph Weld Hospice in Dorchester with a friend who suffers from MND. She cannot speak and can now barely write the words

that she can nevertheless articulate clearly in her mind. Even with the highest forms of palliative care, such patients are clinging to a steadily declining quality of life. It is the medial profession's very expertise in prolonging life that gives rise to the feelings that many of us are expressing today. I have been comforted, as these patients must have been, by the knowledge that doctors continue to exercise discreet powers in the administration of drugs, albeit in a legal vacuum. It is tempting to support the status quo, even though as medicine advances the pressure on doctors to stretch their ethical standards must sometimes be intolerable.

I have another friend, Mrs S, whose husband was needlessly kept alive after brain surgery against his own wishes. She wrote to me this week:

> "The current law causes . . . unnecessary suffering . . . Among my own acquaintances I have personally known it to lead to amateurish and unnecessary suicides that went tragically wrong. I hear that this is not uncommon. A change in the law has become essential".

The recent experience of Dr Anne Turner and the loyalty of her family speaking on the radio moved me to look at the Bill more carefully and to consider my noble friend's more targeted approach, because I believe that it will be used to relieve only a minority of cases of exceptional or "unrelievable" suffering, in the word used by the Select Committee. Assistance would be provided only where the person concerned was fully competent to make a decision.

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It is surely disingenuous and counter-productive of critics of the Bill, including many in the Churches, to speak of killers and murderers, impugning the genuine humanitarian motives of those who wish to relieve suffering. By using such language, they alienate those of a reforming tendency who still occupy the middle ground. Certainty is the prerogative of those, including many from the Catholic tradition, who have turned their face away from change or any attempt to look forward and learn from empirical experience.

As the noble Baroness, Lady Richardson, stated well, many Christians seek security in the absolute sanctity of life, as laid down in the law of Moses. They ignore or forget that Christianity also embraces and celebrates death. Others, not necessarily humanist or agnostic, want to anticipate or even proclaim death as the completion of life. They do not need to cling to thin-spun life until the blind fury comes. They recognise death's approach before it has the power to shock, and they want to cope with it accordingly in the most peaceful way possible. Surely that falls well within the present ethical norms of palliative care, although some advocates will not let you think so.

Withholding life-prolonging treatment and assisted suicide coincide for me on the ethical compass. Here, I support the comments of Dr Evan Harris as cited by the Select Committee. Therefore, although fully recognising the growing skills in palliative care, about which much has been said, I believe that the Bill is both endorsing the status quo and giving it the force of law. Of course, there will be a legal tangle because of the potential for abuse. Some doctors and nurses will always see it as the enemy of Hippocrates. I hope that the web of potential amendments does not become an excuse for hypocrisy or inaction, which would prolong the agony of many patients deserving more imaginative care and co-operative doctors, who at present act without legal authority.

I oppose the amendment tabled by the noble Lord, Lord Carlile. It would be wrong to forestall discussion on a subject of such public interest and importance.

3.09 pm

Lord Clinton-Davis: My Lords, many have spoken in this debate—not least the noble Earl, Lord Sandwich—to great effect about their experiences with the dying and the ageing sick. But there is no monopoly of caring. I can see no reason why palliative care or the work of the hospices should cease if the Bill were to become law.

One of the most significant matters that we have to decide today is the amendment to the substantive Motion. I will focus on that. It would be unwise in the extreme if further debate about the merits or otherwise of the Bill were to be curtailed. Although I accept that the Bill will not pass in this Session, there is so much to consider in depth, which no one has so far has done. Are the safeguards included in the Bill adequate? Do they need strengthening? Is the Bill capable of being improved? Are the cooling-off periods right? I have mentioned only some matters; there are many others.

One thing is abundantly plain. Many people on both sides of the argument hold sincere views. No one can be untouched by indignity in death. It has been argued that if the Bill is given a Second Reading, that would confer the approval of the House on the principle underlying the Bill. With respect, I believe that that is wholly untrue and collides with reality. This House has never taken that restrictive view, at least in the recent past.

That comes down to the argument that the Bill of the noble Lord, Lord Joffe, should be strangled at birth. I find that wholly offensive. I contend that that the Bill should be considered in detail. Like my noble friend Lady Hayman and the noble Lord, Lord Phillips of Sudbury, I come to the conclusion that there is a great deal to be considered. Although the Bill will not pass in this Session, the further consideration to which I have referred will never be a waste of time.

If the Bill's proponents are then unable satisfactorily to answer the points made by its many opponents, it will founder—and deservedly so. What is so wrong with that? We ought therefore to give further consideration to the Bill's proposals, and improve it. This House has proved that it is remarkably successful in doing that.

3.13 pm

Lord Stoddart of Swindon: My Lords, there is an old saying that if you want to get the right answer, you must first understand the question. I am not at all sure that we all do. The question before us is not whether we have compassion for people who are suffering. Of course we do; we all do. We would be less than human if we did not. The Bill is about whether we should change the law to help people to kill themselves. We make laws in this country to ensure that certain things that might happen if society were to be left to its own devices do not actually happen. The law that forbids intentional killing is one such law. No law can be designed to meet every individual's needs. This means that before we change a law, we must know that its existence causes serious harm to a significant number of people.

The Select Committee's report clearly states in plain language that the demand for a change in the law is coming from a small minority of people who are suffering not because of the physical pain of terminal illness, but because they cannot come to terms with being terminally ill. This is not a medical problem; it is intrinsic to their personality. Much as I sympathise with the plight of such people, we live and interact in society. This is one of the cases where you cannot have just what you want, because it affects others. If there is medical suffering and we can treat it—we can do so with palliative care, as we have heard throughout the afternoon—we should treat it. But if the sufferer asks instead for assisted suicide because of a particular character trait, we would be wrong to change the law to accommodate him or her.

The Bill is tearing our society apart. Many disabled people are frightened of the Bill, as we have heard from the noble Baronesses, Lady Chapman and

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Lady Masham. That is why we should be very careful about taking it any further. I have been disappointed that the British Humanist Association should mount such a virulent attack on religious bodies. I am a secularist, but I too oppose the Bill, as do the vast majority of medical professionals, who after all will have to make the Bill work. They are the people, along with the disabled, who are very much at risk.

The noble Lord, Lord Desai, said that he wanted autonomy in death. I quite understand that but, as I see it, he might have his own autonomy, but the danger is that others would lose theirs. This is one of the great problems that people like me and others have with the Bill.

Finally, those who hold up public opinion as being in favour of the Bill are treading on very dangerous ground. Public opinion is very fickle indeed. It can also be very extreme. As we have already heard, many people want a return to the death penalty. Probably about 80 per cent want a return to flogging and the cane in schools. Indeed, probably a great majority of the population want to bring in castration for rapists. So we must be very careful when we claim public opinion in our favour. The Bill is difficult and dangerous. I oppose it, and I will support the amendment.

3.18 pm

Lord Alton of Liverpool: My Lords, this is the third time that a Bill of this kind has been laid before your Lordships' House. We have had a full Select Committee, 21 hours of parliamentary debate on the issue, 10 sitting days of the Select Committee of your Lordships' House and, of course, visits to three foreign countries to look at the law there. It is quite clear from this very balanced debate that there is no consensus here today—admittedly, more speeches have been made against the Bill, but some powerful speeches have been made in favour of it—nor was there in the Select Committee. For that reason alone, your Lordships should think very seriously about moving from debate to legislation.

My noble friend Lord Joffe and I have stood together on many issues in the past, and I would repudiate anyone who has cast doubt on his integrity in this question, but I told him at the outset of the debate that I believe there should be robust parliamentary debate about what is clearly a crucial ethical issue of our times. I believe that that has taken place.

The time is coming when we must reach a conclusion about the principles of a Bill which, as the noble Lords, Lord Brennan and Lord Carlile, and others have said, is not capable of amendment in a way that would be acceptable to a majority, not only of your Lordships' House, if today's speeches are to be believed, but also, of course, the royal colleges, which have been much cited, disabled groups, which have also been mentioned during our proceedings, and public opinion. Public opinion is difficult to gauge: correspondence has been overwhelmingly against, but

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the polls cited are only barometers and should not be the determining factor because they are very much divided. Surely, the next step should be not a Committee stage but a debate and a vote in another place on the principles behind this Bill. If we are to test parliamentary opinion, should that not be the logical way to proceed?

Much has been said in this debate about the overriding principle of choice. GK Chesterton once famously said that to admire mere choice is to refuse to choose. We all know that freedom for the pike is inevitably death for the minnow; freedom for the hunter, death for the hunted. Our noble friend Lady O'Neill of Bengarve, a very distinguished philosopher, said in a note to your Lordships yesterday:

> "Legalising 'assisted dying' amounts to adopting a principle of indifference towards a special and acute form of vulnerability: in order to allow a few independent folk to get others to kill them on demand, we are to be indifferent to the fact that many less independent people would come under pressure to request the same".

She was saying that choice itself is not a trump card, which we have to bear in mind today when we consider the effects on society if a Bill of this kind were to be enacted.

We have heard many personal stories. When I was a child one of my uncles, in a fit of acute depression, took his own life. The repercussions on his immediate family, and on society at large when there are suicides, should not be underestimated in this debate. We must think about that effect very carefully. Once a life is taken, it cannot be given back.

Much has been made of the experiences in Holland and Oregon. In Holland, it started with turning a blind eye; then voluntary euthanasia; and then involuntary euthanasia, with 1,000 deaths now occurring each year. As others have said, that has led to the killing of spina bifida children. It has happened already at Groningen Hospital where it was done in order to push the law further. That is what happens when we move in that sort of direction. Other noble Lords have given further examples.

We heard from the noble Earl, Lord Arran, about Oregon. I simply draw to the attention of your Lordships' House the 2004 report by Fromme, Tilden, Drach and Tolle, entitled, *Increased family reports of pain or distress in dying Oregonians: 1996 to 2002*. It states that those dying in,

> "2000-2002 remained approximately twice as likely to be reported to be in moderate or severe pain or distress during the last week of their lives"

than in 1996–97. The evidence therefore is conflicting. There are many doubts about this legislation. We should think very carefully. Yes, let us have powerful debates like the one which we have had today, but do not let us proceed with legislation.

3.23 pm

Baroness Gibson of Market Rasen: My Lords, I rise to support this Bill, to congratulate the noble Lord, Lord Joffe, on his presentation of it and to support its proceeding to Committee. Misinformation has been

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spread about the Bill. Such flirting with fiction has produced fear, bordering almost on hysteria at times. Many of those fears would have been allayed if the correspondents who wrote to me had been in a position to read the Bill, which the vast majority obviously have not done.

Misinformation is a dangerous weapon. It can influence even the most thoughtful and caring of people, like the doctor from Rugby who wrote to me and genuinely believed that he,

> "would be expected to help a patient kill him or herself, by prescribing a lethal dose for the patient to take".

Expected to prescribe? Clause 7 makes it clear that anyone who has a conscientious objection would be under no duty to participate in any action at all.

Like others, I have received correspondence about the Bill from RADAR, the disability network, for which I have a great deal of respect and with which I have worked in the past. The organisation asked me,

> "to consider the consequences for disabled people",

suggesting that the Bill could run the risk of reinforcing public opinion that disabled people are somehow tragic figures to be pitied. As someone who has a disability and who in my previous life as a trade union official played a prominent part in establishing a disability rights group within my own union, Amicus, I am very conscious of societal views about those with disabilities. I would not support the Bill if I thought that it would reinforce such views.

I have no doubt that there is a small but significant group of terminally ill people who strongly and with great determination wish for assistance to die. I witnessed this personally when a close friend in his eighties, after a full and fit life, became terminally ill. He asked his son and daughter not to send for the doctor for resuscitation the next time he collapsed. They respected their father's views and he died with those he loved and as he would have wished. He knew he could not speak about assisted dying because of our laws, of the accusations which could be levelled at his relatives and the danger of their involvement. By then, he was not fit enough to travel abroad where others, as we all know, have found their escape from a life they no longer want to live. So we, as a country, banish such people at the time when they need their friends and family most of all.

Those who deliver palliative care do not receive enough support, especially financial support, to expand and build upon their vital work. I would support any efforts to improve that. But not everyone wants palliative care, and, for me, the provision of palliative care and assisted dying for those who want it are not counter proposals. Both are needed and demanded. Because of that, I believe that whatever happens in the Chamber today, this Bill, or one worded quite like it, will eventually become law.

Finally, I will reply to a lady with the same name as myself, Anne Gibson, who wrote to me from Rickmansworth in Hertfordshire. She said:

> "Yes, Anne, I will do all I can to promote palliative care, but no, I cannot oppose moves to legalise assisted suicide because I genuinely believe that both are needed".

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3.28 pm

Lord Swinfen: My Lords, when a healthy adult commits suicide, they are normally found to have done so when the balance of their mind was disturbed. That means that we as a society have let them down. We have not given them the support they needed, spiritually, psychologically or with friendship. The same applies to those with terminal illnesses who request assisted suicide. We would not dream of giving a healthy adult the means to commit suicide. Why, therefore, should we ask doctors whose task it is to secure and support life to give terminally ill patients something with which they can commit suicide? So far as I am concerned, that goes right against the ethos of the medical profession.

It used to be said that hospitals were places where you went to die. That is not so today and I do not want it to become so again. This Bill could lead very easily to a slippery slope and things could get a lot worse. Rather than just the terminally ill, those with severe disabilities and those whom their family think are a burden will also consider this option. And let us not forget that in Select Committee on 16 December 2004 the noble Lord, Lord Joffe, who has introduced this Bill, said:

> "We are starting off. This is the first stage".

3.30 pm

Lord Dholakia: My Lords, 75 noble Lords have already spoken and there are more to come. I do not think I can add to the arguments already advanced by the noble Lord, Lord Joffe. However, I wish to put on record my support for the Bill. I promise I shall be brief.

My reasons are very personal. I lost a family member in tragic circumstances, and the more I think about it the more convinced I am that his death lacked that dignity which he so craved for all his life. I have compassion for those in despair and tolerance for others' wishes even though they may not hold with my own moral or religious views. I want fairness for those who currently cannot receive the treatment they want; justice for those who so often do not have the strength to battle for their rights; respect for individual choices; and dignity for patients at the end of their lives.

The Bill is controversial and has generated a great deal of public emotion. I have spoken about this matter publicly and I have received abusive letters. No, I do not throw them away; I file them under fan mail.

The reason I have decided to speak is that I cannot see any justification for dividing this House at Second Reading. I accept that there is nothing procedurally or constitutionally wrong with doing so—I agree on that point with my noble friend Lord Carlile of Berriew—but society expects to decide complex issues through its legislators in Parliament. A Committee stage and a Report stage would give us the opportunity to tease out all the arguments that have been advanced. Denying that opportunity for this complex legislation downgrades our democracy and, more importantly, our democratic institutions.

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3.32 pm

Lord Hylton: My Lords, I wonder whether my noble friend Lord Joffe really understands the strength of the opposition he has aroused. The great faiths are united against the Bill, more so even than was shown by the letter to the *Times* today. The new organisation, Care NOT Killing, received 10,000 signatures petitioning against the Bill. Surely this is a record for a Private Member's Bill.

The medical professions are fairly solidly against the proposals. The Royal College of Physicians, with 23,000 members, states:

> "Good clinical care can be provided within existing law, so that patients can die with dignity".

I hope that that will satisfy the many agnostics. In fact, no royal college favours changing the law.

My noble friend Lord Joffe said that more than 70 per cent of public opinion, as measured by polls, supports a change. I suggest that that turns very much on how the questions are put. CommunicateResearch, in a recent poll, found that 65 per cent agreed that the Bill would put pressure on vulnerable people to opt for suicide; 73 per cent thought it would become harder to detect rogue doctors, as in the case of the late Dr Shipman; 75 per cent thought that people with treatable illnesses, such as severe depression, would prematurely wish to end their lives. These are very serious matters.

The Bill risks destroying the remaining trust between old and sick patients and their doctors and carers. Here I agree with the noble Lord, Lord Turnberg, about the practical and unintended consequences, such as improper pressures.

I urge my noble friend to withdraw this divisive Bill, though he has moved it from the highest motives. Otherwise, I must vote against it.

3.34 pm

Lord MacKenzie of Culkein: My Lords, I declare an interest: I am a nurse. I know that some nurses, whose opinions I very much respect, support the Bill and even seek to do so

from an ethical standpoint, but I cannot agree with them. I cannot support any legislation which will, in my opinion at least, jeopardise the future of the nurse/patient relationship. I am therefore pleased to note that the collective voice of nursing is very much opposed to the Bill.

The Bill clearly sees the involvement of nurses in the process of assisting death. We have heard much today about choice and autonomy, but you cannot exercise choice and autonomy without involving doctors and nurses. It is not something you can do on your own. Although there is a clause dealing with conscientious objection, I am of the view that it cannot really work in all the care settings where end-of-life care is delivered. The prospect of encountering a patient wishing to take advantage of physician-assisted suicide

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will not be restricted to those working in palliative care. I feel very strongly that it is not part of their practice for any palliative care nurse to be involved in any process whatever of obtaining assisted dying.

We have already heard about the slippery slope, not least about the cultural shift in the UK since the introduction of the Abortion Act 1967. The situation is self-evidently very different today from that envisaged by the noble Lord, Lord Steel of Aikwood. I make no complaint about that because I firmly believe that women have a right to control their own fertility. Some noble Lords have said that there will not be a slippery slope yet, but I am not so confident. I think that there is bound to be a demand for further legislation to legalise euthanasia. The noble Lord, Lord Joffe, said today that he has changed his mind about the legislation going forward in incremental stages. I greatly respect and welcome his revised position. But others will surely not be so content if the Bill is enacted—they will want to take the matter further.

I do not believe that this is what the values of the nursing profession are about. I also believe that if the Bill ever becomes an Act, it will severely damage the development and continuation of palliative care, not least if that inevitable cultural shift takes place and the population becomes conditioned to a cheaper option of physician-assisted dying or euthanasia. The noble Lord, Lord Elton, said that money drives policy. That is fairly hard-nosed, but he is right. We know that that is what happens in the real world.

It goes without saying that, wherever possible, death should be pain-free and dignified. If there was universal—I emphasise that word—availability of hospice care, not just for malignancies but for diseases such as motor neurone disease, if there was hospice care at home and good symptom and pain control, a lot of the fear that engenders the demand to be allowed to choose assisted dying might be removed. The lessening of that fear would be materially assisted if there were less media hysteria and misinformation—for example, that people living with motor neurone disease choke to death. That simply is not true.

I do not want to damage in any way the trust of patients in nurses and physicians or the terminally ill in their relatives and carers. I do not believe that the Bill provides sufficient safeguard where someone who appears to be terminally ill feels that they are a burden on their family and carers and where—this is the real world, after all—there might be greed and malice aforethought.

The prescribing doctor will not be present when the lethal cocktail is taken. Who is to know who administers the drugs? For me, any doctor or nurse who sets up an intravenous line or nasogastric tube where there is an inability to swallow must come very close indeed to practising euthanasia. For all these reasons, and many others which time does not permit me to give, I will support the amendment in the name of the noble Lord, Lord Carlile of Berriew.

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3.39 pm

Lord Maginnis of Drumglass: My Lords, the noble Lord, Lord Joffe, said that his last Bill was,

> "based on the principle of personal autonomy and patient choice, the right of each individual to decide for themselves how best he or she should lead their lives".

I assume that the same principle of personal autonomy underlines this Bill. Yet surely he agrees that society must have laws restraining us from doing those things that may harm others. On that basis alone, his "personal autonomy" justification fails.

Unhappily people do attempt to commit suicide, and one does everything possible to prevent them succeeding, including trying to resuscitate them. Society views that as its duty. Although the individual is probably, in the words of the Bill, "suffering unbearably", society makes clear, in the time-worn words of successive coroners, that suicide indicates that the balance of the mind is disturbed, so society promptly suspends the suicidal individual's personal autonomy. Yet this Bill would make it lawful to assist suicide for the terminally ill seemingly because, the moment one is told one is going to die shortly of natural causes, it is no longer to be considered a sign of mental imbalance that one should want to accelerate one's death. In the case of the terminally ill, the Bill presumes mental capacity where, if the motivating trauma was different, that presumption would be the exact opposite. That just does not make sense.

There, due to time constraints, I rest my case. I have received hundreds of letters, many of them laboriously hand-written, and hundreds of personal e-mails. None was abusive. Only one that was written to me was in support of this Bill, and I believe that reflects the will of the vast majority. I urge your Lordships to reject the Bill.

3.42 pm

Baroness Morris of Bolton: My Lords, compassionate care of those facing death has altered the landscape, and palliative care specialists have been advocates of the patient more than any other group. They have argued for stopping futile treatment and keeping people comfortable even if that risks shortening life. It is those specialists above all who have insisted on care that is directed by the patient and at the patient's pace and choice, and all these specialists are clear: they see this Bill as a nightmare.

As we have heard, Britain is a world leader in palliative care, as one might expect from the birthplace of the hospice movement. What is needed is to enable everyone who is dying to receive the care they require and deserve. We should focus NHS resources on care that most of us will need one day, and from which thousands of people stand to benefit.

We should not assist suicide. As we heard in the powerful speech of the noble Baroness, Lady Symons of Vernham Dean, patients are often not in the right frame of mind, and the information to patients may be wrong. Patients with motor neurone disease believe they will choke to death but, as the noble Lord, Lord MacKenzie said, the evidence is that patients do

not. Even in this disease, prognosis is unpredictable. The prognosis is officially short. Fifty per cent of those diagnosed will die within 14 months, but one in 10 is alive in 10 years—10 years within which they and their families will have experienced much happiness. How can a decision to end life be sound if it is based on such uncertainty? We must not forget, as the noble Lord, Lord Alton, said, that one in 32 deaths in Holland is through euthanasia and assisted suicide. That is what happens when society accepts assisted dying, which the Dutch did some years before they introduced their present legislation.

It is not the mark of a civilised society to assist those who wish to end their life before its full course has run, or in any way to add to the fear and pressures of the terminally ill, the disabled, the elderly or the young and depressed. In doing that we surrender to a collective despair. We should kill the suffering, not the patient, and despite the good intentions of the noble Lord, Lord Joffe, we should certainly kill this Bill.

3.45 pm

Baroness Wilkins: My Lords, I am totally opposed to this Bill. It is a dangerous Bill. Contrary to the views of my noble friend Lord Hughes of Woodside, it only masquerades as a modest Bill. If it were to succeed, it would remove the cornerstone of our law that protects us when we are at our most vulnerable. If we cross that threshold, society's attitude will inevitably change. It is for that reason that we have all been inundated with pleas from disabled people to reject the Bill. Severely disabled people know vulnerability only too well, subject as we are to the widespread prejudice that the quality and therefore the value of our lives is less than that of non-disabled people. Regardless of the high-profile individual cases such as Dianne Pretty, no disabled people's organisation, national or local, has supported the Bill.

In Committee Room 4 today, a new organisation was launched called Not Dead Yet UK. It comprises a group of influential disabled people who have helped ensure that disabled people's fears have been properly heard for the first time in relation to the campaign of the noble Lord, Lord Joffe. This was no tactic. They fear the Bill not because they have been told to, as my noble friend Lord Hughes suggested, but because their life experiences have taught them to be afraid. They and I believe that legalising assisted dying will inevitably lead to increasingly adverse judgments about the quality of our lives. I say to noble Lords, please do not let that happen; vote against the Bill.

3.46 pm

Lord Lewis of Newnham: My Lords, we have had a very detailed and interesting discussion on this Bill. I do not want to extend it too much but I wish briefly to make three points.

First, I wish to emphasise a point that has been covered by many of your Lordships, and that is the position of the medical profession on this issue. We now have more detail on the

reservations felt both by doctors and nurses with regard to the Bill. I realise that

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there is ambiguity given that various people have different views on or interpretations of the evidence before us. However, my belief is that the people who are most concerned with the application of the Bill are not in favour of it. They highlight many difficulties so far as patient interaction is concerned and many see their participation in this operation as a violation of their professional commitments.

Secondly, I feel—as clearly do many other Members of your Lordships' House—that the correct answer to this very difficult problem is the utilisation of palliative care techniques. That has been very ably expressed by the noble Baroness, Lady Finlay. Although we are told that the UK is one of the world leaders in this area, and that there is a well developed palliative care scheme, there are parts of the country where there are clearly problems. Those have been highlighted by various speakers. There is still a great need for investment in people and financial support in this area of medicine. A danger that I fear is that the implementation of this Bill would lead to a decrease in support in this area, as appears to have occurred in Holland when related legislation was passed and the government withdrew considerable support for palliative care. I am very concerned about the remarks made by the noble Lord, Lord Elton, on the financial implications of the possible alternatives that the Bill could present.

Thirdly, like other noble Lords I received an extremely long list of letters. Among those who wrote to me in favour of the Bill, it was clear that there were people who had not recognised the limitations which the noble Lord, Lord Joffe, had written into the Bill and that in certain cases the problem that was being aired could not be solved because of the six-month time limit. I fear that if this Bill were passed, these problems, which are very real, would lead to demands for a more extensive form of legislation and would involve the so-called "slippery slope" effect that a number of us fear.

Undoubtedly, this Bill addresses a very difficult and highly emotive problem. I admit that my initial reactions were in favour of the Bill, but on detailed consideration, for many of the reasons already expressed by noble Lords, I feel that the solution suggested by the Bill provides too many alternative problems. The real answer is greater investment in palliative care. The correct solution is to build up the palliative care service assistance to a level that can then deal with the real problem.

3.50 pm

Lord Lipsey: My Lords, some hours ago, the right reverend Prelate the Bishop of St Albans referred to Alice in Wonderland, and as I have sat through this wonderful but gruelling debate, I have felt a bit like the Cheshire Cat's grin; when I looked at my speech it was fading by the moment. I will say a word or two about palliative care, picking up the point that has just been made.

Palliative care has been mentioned in this debate almost as if the supporters of the Bill were against it. I, and I am sure the noble Lord, Lord Joffe, take that

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quite hard. The noble Lord, Lord Joffe, and I signed a minority report to the Royal Commission on Long Term Care for the Elderly. The majority report wanted a large sum of money to be spent on paying for care for the better off, and they had a very good case. The noble Lord, Lord Joffe, and I said, "No, we cannot go along with that, because the priority at the moment is better services for the elderly, not paying for care for the better off". That is a controversial view, but that was the view that we took, and of course we included palliative care in that. I am sure that no one inadvertently will think that we are against palliative care because we are in favour of this Bill.

To me, palliative care and assisted suicide are not alternatives. They are complementary; we need both. We need much more palliative care, so that wherever possible people want to live; and we need assisted suicide for the small minority of cases where people, despite palliative care, are suffering unbearably. If the proponents of palliative care are honest, and I know that they are, they will admit that there are some conditions, particularly neurological conditions, where palliative care really cannot prevent unbearable suffering.

I would go further. Contrary to the view expressed by the noble Lord, Lord Elton, and my noble friend Lord MacKenzie of Culkein, and as someone who has written a great deal on public expenditure, I am absolutely confident that if this Bill goes through we shall get more spent on palliative care by the Government than if it does not. This is for two reasons. First, it would concentrate public attention on end-of-life issues, which most people like to ignore, and therefore create a demand for palliative care and for the Government to pay for it. Secondly, once Parliament has passed such a law, the Government would have to spend more on palliative care, if only to avoid vulnerability to the charge, fatuous though it may be, that they have permitted the change only to save money. The evidence of the improvement in palliative services in Oregon is proof of that pudding in the eating.

3.53 pm

Lord Guthrie of Craigiebank: My Lords, I do not approve of this Bill. I spoke previously to this effect, and I do not intend to repeat what I said then, but I would like to make two points.

One aspect makes policing the Bill almost doomed to fail; post-event reporting. The monitoring commissions are to review after the event—the death—the decisions of doctors from documentation supplied by them. In other words, has the doctor ticked all the boxes on the form? Oregon's health department figures carry the caveat that it cannot detect illegal prescriptions.

The second opinion is ill defined. The Netherlands at least has a system of registered second-consultation doctors rather than relying on a doctor just asking a friendly colleague to "do the forms", a little like cremation forms are done. We all know how that system did not detect Dr Shipman.

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In Oregon in 2005, 39 physicians wrote 64 prescriptions for lethal medication, which represents one half of one per cent of all Oregon's doctors—I repeat, one half of one per cent Interestingly, of the 39 physicians, 29 wrote one prescription, but one wrote eight, which must raise serious questions. It seems that more than two-thirds of recorded lethal

prescriptions are issued by doctors who have had little knowledge of the patient beyond his or her case notes. Given that few doctors want to participate, doctor shopping seems to occur, helped by the pro-euthanasia organisation there. To cite Oregon in support of the Bill seems to be pretty desperate and misleading.

Autonomy does not mean that we get what we want. It means that we must consider the autonomy of others around us. This Bill asks those in palliative care to do what they find abhorrent. Only 3 per cent of specialists in palliative medicine are willing to participate. Those who work in palliative care support patients stopping treatments that they do not want. They care during dying. They see the dangers of cutting life short—they have no crystal ball to predict how long an individual patient will or will not live. If the Bill goes ahead, we are likely to change the air of the society that we breathe.

We must balance a very few people—as the Bill's proponents tell us—who have to live a few days, weeks or months longer, against those who will opt for assisted suicide inappropriately early and who could have lived well for years. I hope your Lordships will reject the Bill.

3.57 pm

Lord Mackay of Clashfern: My Lords, I begin by declaring my interests as the president of the Scottish Bible Society, a patron of the Lawyers' Christian Fellowship and a supporter of a number of Christian and welfare groups.

As your Lordships will know, I was the chairman of the Select Committee set up to examine a previous Bill in this field, brought forward by the noble Lord, Lord Joffe. At the committee's first meeting, it was apparent to me that its members held strong views for and against the Bill. I felt that a report stating that so many were for and so many were against that Bill was not likely to be of use to your Lordships in further consideration of such matters. Therefore, I felt that, if we could, we should try to assemble a factual report on the matters relating to the Bill and that we should engage together in a thorough examination of those factual and weighty issues that might assist your Lordships to reach mature judgments on them—issues of life and death.

In order to do that, I determined to embrace a strictly neutral stance at all stages of the committee's work and I have tried to follow that decision until now. The work of the committee has now concluded with publication of its report and a Take Note debate on it in your Lordships' House. I hope that noble Lords will agree that it is appropriate for me now to express my own point of view.

Before doing so, I wish to mention a recommendation of the committee, to which the noble Lord, Lord Joffe, referred: that there had already been a Second Reading on a very similar Bill, followed by a Second Reading while the Select Committee was still engaged on its remit, in order for a renewal of its mandate. With a full report with the evidence that we had taken and a Take Note debate, it seemed appropriate that after a further formal Second Reading, a further Bill on the same basis should be remitted to a Committee of the Whole House. Of course, we appreciated that if the House wished to have a Second Reading debate, that would happen and our recommendation could be rejected.

A strong factor in that recommendation—at least so far as I was concerned, and I think my view may have been shared—was that the previous Bill had included provisions whereby a patient could be given a substance which he or she could take and, if the patient was incapable of doing so, the doctor could take action to bring the patient's life to an end. So there were two distinct sets of provisions in that Bill, and the noble Baroness, Lady Hayman, had different views about their validity.

Obviously, when there are two such distinct provisions in principle, a Second Reading debate would not be able to resolve the issues. A Second Reading debate can deal only with a Bill as a whole and therefore two distinct provisions cannot be dealt with separately. On the other hand, in formulating this Bill and having no doubt considered the views of members of the committee that were known to him, as well as the evidence relating to the Netherlands, as he mentioned this morning, the noble Lord, Lord Joffe, decided to produce a Bill containing only the main provision: that of the doctor assisting by providing the necessary prescription. The precise basis for that recommendation from the committee has been somewhat altered by the provisions that the noble Lord, Lord Joffe, has adopted in this Bill.

It is clear from the evidence that we took in Oregon that only a small number of prescriptions had been issued over the years since the legislation there came into effect and that a high proportion—perhaps something of the order of 50 per cent or even more—had not been used. Prescriptions were issued by doctors after patients had determined that they wished to die but then quite a high proportion of those patients did not take up the prescription. That is an indication that, even if it appears definitive, a decision to embrace assisted suicide may be provisional.

As my noble friend Lord Arran has already said, the evidence indicated that people who used the prescriptions were those who had been in the habit of exercising very strong control in their own lives and who found it impossible to accept the prospect of losing that control as a result of a terminal illness. They were not necessarily in severe physical pain in the sense that I understand it but in what has been called "existential" pain or mental anguish. The evidence showed that the number of such people was relatively

small. That fact has been emphasised by the noble Lord, Lord Joffe, today and it is supported, for example, by my noble friend Lord Arran.

We took evidence from a great number of people. Among the witnesses were severely disabled people who expressed anxiety about the Bill. However, I felt that they may have misunderstood it and I said to one particular person, whom I remember very well, that this Bill—of course, when I spoke of "this Bill", I was talking about the previous Bill introduced by the noble Lord, Lord Joffe—did not contain any threat to her or her colleagues because it dealt only with terminal illness. Terminal illness was defined in that Bill as being of a limited time but it was expressed a little more ambiguously than in the present Bill, where the time limit is defined as six months.

I tried to understand why the lady felt that the Bill was a threat. I hope that I summarise fairly when I say that she took the view that, if doctors could properly help to end a heavily burdened life in the circumstances described in the Bill, that involved a judgment on the

value of a heavily burdened life. She felt that she was in the category of having a heavily burdened life, which accentuated the burden.

There are many more disabled people—some of them heavily disabled—in this country than there are likely to be beneficiaries of this Bill, if the evidence from Oregon on which it is founded is to be relied on. I feel strongly that I do not wish to add to the burden of heavily burdened lives lived by those who may be disabled. I do not wish to add to their burdens while they live a heavily burdened but successful and challenging life, which challenges all of us in what they can achieve in the face of their disabilities. We have had the privilege in this debate of hearing from people who are disabled. The message from them seems to be rather the same as that which I took from the evidence of the disabled lady.

The question is whether the Bill should be allowed to proceed or whether it should be postponed, as proposed by the amendment of the noble Lord, Lord Carlile. If the Bill in principle were acceptable or were capable of being put into an acceptable form by amendments in Committee, it would be right that it should proceed. For my part, in the light of my conclusion to which I have just referred, I do not think that that is so. I will support the amendment tabled by the noble Lord, Lord Carlile, if it is moved.

4.07 pm

Lord May of Oxford: My Lords, I apologise for missing the opening speeches as, at the time, I was in a plane, perhaps appropriately for this debate, nearer heaven.

There seem to be two general kinds of objection to the Bill. First, even with no objection in principle to assisted dying in extreme circumstances, there are many valid worries about its implementation. They range from the technical—how you handle the taxonomy of the variety of disorders, some mild, some very serious, brigaded under the heading of

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depression—to the societal, such as the pressures, subtle or maybe not so subtle, that may be put on dependent people.

Secondly, there is strong opposition in principle from those whose ideological—usually religious—beliefs would forbid assisted dying. If the volume of correspondence, much of which is apparently written to templates, is representative, very often objections of the second kind—objections in principle—masquerade as objections to practicalities, which in no way diminishes the importance of the practicalities.

I am particularly unhappy about the oft-repeated argument that what we really need is better palliative care. Of course we need better palliative care that is more widely, fairly and uniformly distributed. I believe that progress in that direction is much more important than this Bill.

But all that is somewhat beside the point. Assisted dying and palliative care are not alternatives; they are two separate, if interrelated, issues. The plain fact is that, for many, even the best palliative care of the future, never mind the imperfections of today, will often come to intersect eventually with a loss of autonomy, dignity and, indeed, a meaningful sense of self, such that some of us, probably always a small minority, may wish to choose an end.

In this House, we are often engaged in passionate debate about issues on which we try to weigh the interests of the individual against the interests of the community. The essential issue in this Bill is the individual right, *in extremis* and hedged with appropriate caveats, to make a decision about oneself. I believe that that is not a decision for a doctor or for the state to make. Even less is it a decision to be made based on religious views that I do not share.

While I recognise that there can be substantial problems in the detailed implementation of the purpose that the Bill of the noble Lord, Lord Joffe, seeks to serve, and while I have great respect for those for whom such concerns are paramount, ultimately I am in agreement with the spirit of the Bill, which is why I will vote for it.

4.12 pm

Lord Carter: My Lords, I will deal with only two issues: the perception of the Bill outside this House and the argument that, by voting on the Bill at Second Reading, we would somehow be defying the conventions of the House—an argument that seems to me to owe rather more to desperation than to concern for the priorities of the House, as I will show.

We know that every organisation of and for disabled people is opposed to the Bill. Disabled people are genuinely fearful of a change in society's attitude towards them if the Bill becomes law. That fear is shared by the very large number of people who are represented by the heaviest postbag that I have received on any Bill in my 20 years in the House, with not one letter in support of the Bill.

For reasons that I will explain, this Bill has absolutely no chance of becoming law this Session. However, those outside this House do not understand

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our procedures. If the Bill is unopposed at Second Reading, they will just see the headlines, "House of Lords supports euthanasia". Frankly, it is cruel to leave fearful people thinking that this Bill might become law, as they will so long as it remains on the parliamentary agenda.

When we debated the Select Committee report, I asked the Minister whether the Government would find time for the Bill. His reply was, as I expected, skilfully coded, but the inference was clear: there was very little chance of the Government finding time for the Bill. The noble Lord, Lord Joffe, will remember that he wrote to me after the debate asking how I interpreted the Minister's answer. I replied, knowing the code well and from inquiries that I had made in this House and in another place, that there was very little chance of time being found for the Bill to become law.

What I then found completely baffling was the decision of the noble Lord, Lord Joffe, to wait six months to ask for a Second Reading, thus ensuring that whatever slim chance there was of the Bill becoming law was effectively extinguished by his own choice of timetable. I cannot help wondering whether the six-month delay to Second Reading and the fact that the Bill has no chance of becoming law mean that we are unwittingly taking part in, far from a principled attempt to change the law on a highly controversial subject, a publicity campaign for the Voluntary Euthanasia Society.

Something has been made of the fact that the Select Committee recommended that the Bill should go to a Committee of the Whole House. That was, I understand, particularly to allow debate on whether voluntary euthanasia should be included in the Bill; we heard the reply of the noble and learned Lord, Lord Mackay of Clashfern, on that point. Would the Select Committee have recommended a Committee stage if it had known that the noble Lord, Lord Joffe, would choose a timetable that makes a Committee stage pointless in terms of the Bill becoming law? If the noble Lord, Lord Joffe, really wanted a Committee stage, why did he wait six months before asking for a Second Reading? I will willingly give way to the noble Lord or any other supporter of the Bill who would like to estimate just how many Fridays would be required for Committee, Report and Third Reading.

Lord Joffe: My Lords, I can explain the delay in asking for a Second Reading. I was given very few Fridays. My problem was that the noble and learned Lord, Lord Mackay, was not available on the days that I wished in March and earlier. In the end we chose 12 May—which, being my birthday, was hardly the date I would have wished to select—in order to meet the needs of the noble and learned Lord, Lord Mackay. In fairness, he told me initially—and there was correspondence between us—that, in his view, it was not essential that he should be at the Second Reading. However, it seemed to me that the

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chairman of our Select Committee should be given the courtesy of the opportunity to be present at the hearing on this Bill.

Lord Carter: My Lords, that does not answer my question. If the noble Lord had really wanted a Committee stage, why did he wait six months?

It has also been said that the Bill can be killed at Third Reading. It cannot. It can be killed only on a Motion that "This Bill do now pass", after all the amendments are considered on Third Reading. The House authorities have made absolutely clear that it is perfectly proper, and indeed principled, to oppose a Bill of this nature at Second Reading. Their advice is unequivocal. The *Companion to the Standing Orders* sets out very clearly the proper procedure for opposing a Bill at Second Reading, and that is being followed. The *Companion* also states:

> "There is no procedural distinction between bills sponsored by a minister and those introduced by other Members of the House".

This Bill is a public Bill and the argument for different treatment because it was introduced by a private Member is just plain wrong. The Motion tabled by the noble Lord, Lord Carlile, is unusual but it is not unprecedented. It is fully within the conventions and precedents of the House to oppose a Bill at Second Reading.

For all the reasons that I have given, the perception outside the House is that the Bill might become law if it remains on the parliamentary agenda and the timetable chosen by the noble Lord, Lord Joffe. I shall have no hesitation in voting "Content" if the noble Lord, Lord Carlile, divides the House. But the final decision is really for the noble Lord, Lord Joffe. He has certainly obtained the publicity he was seeking and was entitled to seek. He has done a signal service in bringing the question of palliative care right up the health agenda. Even at this late stage, I would urge him to recognise parliamentary reality and the fears of those

outside this House by not moving the Motion to commit the Bill, and effectively to withdraw the Bill for this Session.

4.18 pm

Baroness Barker: My Lords, I am the 88th person to speak today. I am 88th because it is my responsibility to sum up on behalf of these Benches. That is rarely an easy job. Today it is particularly difficult because, like other parties in the House, some of our Members have very different views from others within our number. I put on record at the beginning of my speech that our party policy would be sympathetic to the Bill. However, the position of members of my party is that this is a matter of individual conscience on which parliamentarians may vote as they see fit.

Despite the unprecedented lobby campaign and the length of this debate, it is still possible not to have finally made up one's mind about the Bill or to have doubts about it. In the short time available to me, I wish to make a few points, one or two of which have not been made so far. My starting point for the Bill is the liberty and protection of individuals. I read every

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letter sent to me and all of them without exception, from whichever point of view they came, expressed one wish—the ability to be in control of what happens, even if that is only the power to refuse intervention of any kind. Where the letters differed—markedly differed, I suppose—was in the assumptions that people made about the context of the Bill.

Reading some of the letters, one would think that we live in a society that condones or unthinkingly accepts disadvantageous treatment of people from minorities, particularly those who are disabled or elderly. We do not. We live in a society in which the Mental Capacity Act is being implemented. Under that law, it is clear and unequivocal that medical practitioners, relatives and lawyers are required in their assessment of the best interests of an individual to ascertain any of his known wishes or feelings; in particular any written statements made by him when he had capacity. Under that Act, it is illegal for a medical practitioner or relative to make assumptions about a person's best interests on the basis of their disability, age or appearance. Moreover, if a medical practitioner has a reason to believe that an individual's best interests are not being served, they have a duty to continue treatment and to refer the matter to the courts.

Under that law, every person who has written to us saying that they would not wish to have an intervention under any circumstances should not face that prospect. The Mental Capacity Act and the Equality Act guarantee rights in the provision of goods and services, and, crucially, those goods and services involve medical services and treatment. Those Acts are important in setting down safeguards for individuals. Both are implementing the cultural change towards people with disabilities which some of us think is the hallmark of a decent society.

I mention that because the road to true equality for people with disabilities is long and hard. We should never give up working to see those people as individuals and to see them enjoy the rights that some of us take for granted. That is why I think that the comments this morning of the noble Lord, Lord Ashley of Stoke, were extremely helpful to noble Lords. The most reverend Primate's remarks, although well meant, were not helpful in that, in

debates such as this, it is somewhat easy to drift into a mode of expression that reinforces discrimination against people with disabilities.

Noble Lords: Oh!

Baroness Barker: My Lords, we all come to this debate with a predisposition to support or oppose the proposals before us. That predisposition is derived from our knowledge, belief, culture and experience. There is a spectrum of opinion, from one end which holds euthanasia to be an acceptable part of caring treatment, through to that for which any intervention is unacceptable. We have heard the shades of that today.

For myself, the critical point is the involvement of doctors. Doctors should never be the means by which political, social or economic ends are pursued. The

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flaw in the proposals of the noble Lord, Lord Joffe, is one to which he drew attention himself—that it is deficient in its strictures about what doctors and other medical practitioners such as nurses can do.

On vigilance, which has been mentioned, Clause 12, establishing the monitoring commission, must be extensively examined, not least because of the experience in the Netherlands. Furthermore, the appointment, composition, powers and resources of those monitoring commissions need to be explicitly on the face of the Bill and not left to regulation.

Many noble Lords have talked today about the slippery slope, and others have countered with evidence from other jurisdictions. The problem is that the systems about which we have heard today operate in a context where the healthcare system is different, where the culture is different, and where there is no national health service. I suggest that we need evidence from this country of how the Bill, if implemented, would work in our society. Therefore, I believe that one of the omissions in the Bill is provision for a statutory review of the legislation. I want to see in this country a system where people with conditions such as motor neurone disease can make individual decisions about their treatment and do not have to go abroad in order to exercise that choice.

I want to challenge my noble friend Lord Carlile—a perhaps difficult task. I do not believe that his proposal is improper, but I do believe that it is inappropriate. My noble friend has been quite clear. He told the House on 10 November that there is no condition that palliative care cannot address in order to help the individual. Some of us do not have that certainty. Therefore, while he believes that the Bill cannot be made acceptable by amendment, some of us remain unsure.

Furthermore, this is exactly the kind of issue that should be subject to the detailed and expert scrutiny that it would undoubtedly receive in your Lordships' House—a scrutiny which it would be unlikely to receive anywhere else other than in a court. Your Lordships, unelected as we are, can listen, evaluate, and concur with or reject lobby campaigns. We alone are able to act as we see fit. I share the desire of my noble friend to limit the income that lawyers may derive from this legislation and to see that whatever emerges is as clear as possible.

At the end of this debate—the fourth debate since the Select Committee chaired by the noble Lord, Lord Walton, and informed by the report of the Select Committee chaired by the noble and learned Lord, Lord Mackay of Clashfern—it is still possible to change one's mind. Perhaps the most important statement today was that made by the noble Lord, Lord Joffe, when he opened the debate and told the House how he had come to change his mind. Further debate should not necessarily follow public opinion, but it would have a distinct role in informing public opinion. That would be of value.

The aim of all of us who have taken part in this Bill in any way is to secure for ourselves, for those whom we love and for those whom we do not know humane

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treatment and a dignified end to life. I am not sure whether the noble Lord's Bill as it stands would be able to achieve that. But I do not believe that at this stage we should give up trying to see whether it is possible to produce legislation that continues to safeguard individuals and enables them to make the most difficult decision they will ever have to make.

4.29 pm

Lord McColl of Dulwich: My Lords, I want to give a message to the House from my noble friend Lady Park of Monmouth, who is in hospital. We have great respect for her all around the House. The message she wanted me to give was that she is very much opposed to the Bill.

I have another message—from the leader of our party, David Cameron, who says:

> "We should not allow doctors or others positively to accelerate death because I think the long-term consequences of permitting such action are too likely to be dangerous for society. But there will be a free vote".

As noble Lords know, at 5.20 am on 11 December last year, there was a massive explosion at the Buncefield oil depot in Hertfordshire. Three days later, we received the explanation of what went wrong. My noble friend Lord Newton of Braintree chaired the committee, which found that two safety devices failed, the tank overflowed and so the disaster happened. That disaster illustrates what happens when safeguards do not "fail to safety". Failing to safety would have meant that a malfunction of the safety devices would have stopped the tanks filling up and the disaster would not have occurred.

Noble Lords may be wondering why I refer to those matters and think that I have come to the wrong debate, but I want to illustrate that the law, as it now stands, fails to safety. It errs on the side of life and protecting the vulnerable. For all its intended safeguards, the Bill will not fail to safety. The present law errs on the side of life; the Bill will err on the side of death. That is all the more worrying because when the safeguards in the Bill fail, there will be no explosion. There will not even be a whimper. The failure may never be discovered, because the patient will be dead. It will then be too late to find out whether the request for assistance in dying was truly voluntary. It will be too late to discover whether the patient's decision to seek assistance in dying was truly an informed decision. It will be impossible to discover whether the patient, had he lived, would have looked back and been grateful for the fact that he had not been assisted to die.

I, too, was very moved by the speech of the noble Baroness, Lady Symons of Vernham Dean. It reminded me of Alison Davies, who wrote to me recently and gave evidence to the committee. Several years ago, she was diagnosed with a terminal illness. She was also quite severely disabled. She wanted euthanasia. Of course, that was refused. Difficult although it was, she tried to commit suicide on several occasions, but was always rescued by her friends, who persuaded her that life was worth living.

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Then she took on a new lease of life and started looking to help other people. She says:

> "If Lord Joffe's Bill had been law, I would have taken advantage of it and been killed and I would have been deprived of the best ten years of my life and the thousands of orphans in India that I have been helping would have been deprived of my services".

How do supporters of the Bill answer Alison Davies?

If anyone is totally confident that the safeguards in the Bill are foolproof and impregnable to error, exactly what is the basis of that confidence? Does it rest on the solicitor who will sign a declaration to say that the patient appears to be of sound mind and that the declaration appears to be made voluntarily? If so, that confidence is misplaced—not because the solicitor will not do his honest best but because the solicitor has no special skill or training that enables him to discern the mental capacity of the patient. Furthermore, he has no way of knowing whether the declaration is truly involuntary. We all know that appearances can be deceptive. A solicitor serves to give the declaration a spurious gravitas, but that is not a true safeguard. Judged objectively, no one can be satisfied that the safeguards in the Bill will always be sufficient and effective. Patients know this, of course. To pass the Bill would therefore not only disadvantage patients but also risk undermining the trust between doctors and patients, as the noble Lord, Lord Nickson, has said so eloquently.

If the Bill becomes law, I could put a lethal tablet in the hand of patient who had made the declaration, and if he swallowed it and died, that would be lawful. If, on the other hand, I took the pill and put it on his tongue and he died, that would be illegal. If he is incapable of moving his hand at all, and I put the tablet on my hand, put it within a few centimetres of his mouth, and his tongue whipped out and took it, would that be lawful? As he is the one taking the medication, I am simply acting as a sort of platform. This is far too fine a distinction for law. Considered from the point of view of the patient, it is also an unprincipled distinction, and one that would not be sustainable in the long term. Proposers of the Bill should know this. They probably hope that the Bill will prove to be a significant and first step on the road to lawful euthanasia, but sometimes first steps are best not taken. This is one such step.

A few years ago, supporters of the Bill were very much in support of euthanasia as practised in Holland. But they now seem to be moving away from that position. The present Bill now involves only assisted suicide, but that is where it all began in Holland. Within a few years, they moved to euthanasia for depressed patients, for disabled patients, and then for newborn babies. There is now a proposal that people over the age of 75 should be considering this. When I look around the Chamber, I see that that might involve quite a few people here. Once the law permits for the first time a particular action such as euthanasia, even though it is only for a few people, the law cannot prevent the boundaries being extended. That is the problem. Some Dutch doctors have actually been disciplined for not agreeing with the principle of

euthanasia. One Dutch doctor was no longer allowed to teach medical students because of that.

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It is worth mentioning again that when a Dutch doctor was asked what his first case of euthanasia was like, he said, "It was dreadful. We agonised all day. But the second case was much easier, and the third case was a piece of cake". Many elderly people in Holland are so fearful of euthanasia that they carry cards around with them saying that they do not want it. I was so glad that the noble Lord, Lord Stoddart, mentioned the death penalty. Other noble Lords mentioned polling. It is true that many polls show that British people want the restoration of the death penalty, but presumably we would not countenance that. Why? Because misinformation leads to wrongful conviction. Misinformation to patients leads to wrong decisions, too. Forecasting the outcome of disease is also notoriously difficult. I very much agree with the noble Lord, Lord Turnberg, that the risks of the Bill are too great, and with the noble Lord, Lord Carlile, who described the Bill as a legal minefield and an ethical nightmare, morally indefensible and completely unnecessary.

4.40 pm

The Minister of State, Department of Health (Lord Warner): My Lords, as speaker No. 90, I should like to follow the noble Lord, Lord McColl, with a few messages from the Government, which may be a little more complex than his messages. I am grateful to the noble Lord, Lord Joffe, for devoting his birthday to introducing this revised Bill and for setting out the intentions of the Bill so clearly. It provides us with a further opportunity to consider this important and sensitive subject. There is no doubting the commitment of the noble Lord, Lord Joffe, to this issue, nor the compassion that drives him. Nor is there any doubt that others are equally committed to opposing this legislation. I should like to pay tribute to the moving personal experiences of several noble Lords and their willingness to share those experiences with us. I am particularly indebted to my noble friend Lady Symons for her moving speech.

This remains an emotive and profound subject, which continues to elicit strong and often opposing views. Sadly, as I know from my own postbag, it can produce intemperate and offensive expressions of those views, which, I have to say, were greatest from those who were opposed to the Bill. As noble Lords have mentioned, your Lordships debated this matter in detail last October when there was considerable balance in the number of Peers who would and would not oppose the Bill. The noble Lord, Lord Joffe, told us that he would revise the Bill's provisions in the light of the points raised. On behalf of the Government, I want to make it clear that, as in October, they are listening carefully to the debate on this complex ethical issue. We consider that it is right that Parliament should lead on this debate and provide the forum where all shades of opinion can be heard. Therefore, in accordance with the conventions of this House, the Government will not seek to block this Bill being given a Second Reading.

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There has been much discussion of what would and would not be allowed under this Bill were it to become law. I want to take a moment to remind us of the situation today. It is important that the legal position is clearly understood. Let us be absolutely clear:

euthanasia—which is commonly understood to be the intentional taking of life, albeit at the patient's request or for a merciful motive—and assisted suicide are unlawful. Anyone alleged to have taken active steps to end another's life would be open to a charge of murder or manslaughter. Anyone alleged to have assisted a person's suicide would be open to penalties of up to 14 years' imprisonment under the Suicide Act 1961.

This Bill introduced by the noble Lord, Lord Joffe, proposes that in certain restricted circumstances doctors should be able to assist a competent patient to end his or her own life. This is the issue that your Lordships are being asked to consider and that I am reflecting on today as a Government Minister. I remind your Lordships that we are not dealing with matters around withholding or withdrawing treatment or a person's right to refuse treatment, even if that refusal may result in his or her death. These are also important issues but they have nothing to do with the assistance to die that the Bill seeks to introduce. These issues should not be confused.

I also want to make it clear that there is no connection with the Mental Capacity Act. The Assisted Dying for the Terminally Ill Bill specifically relates only to competent adults. The Mental Capacity Act, on the other hand, deals with people who lack capacity to make decisions. There is no connection at all between the two. The Mental Capacity Act also has nothing to do with euthanasia or assisted suicide. Section 62 of that Act makes it quite clear that it does not change the law on murder, manslaughter and assisted suicide.

I am also aware of the increase in public debate on this issue. Noble Lords have mentioned the work of particular groups: for example, the setting-up of the umbrella organisation Care NOT Killing to campaign against the Bill and the work of the renamed Dignity in Dying, which supports the Bill. We have all observed that there has also been a notable increase in correspondence. And we have heard about the recent changes in the stance taken by a number of professional bodies, and how those have been arrived at.

The noble Lord, Lord Carlile, and others mentioned the recent statement from the Royal College of Physicians on its members' views. As I understand it, the college sought the views of 16,400 plus fellows and members. It had a response of 5,111, which I calculate is a response rate of around 30 per cent. Seventy-three per cent of this group felt that a change in the law was not needed. Does that mean that this or any poll carried out in the same way speaks for all doctors or just for those with strong views on the issue one way or the other? It certainly does not seem to me to support the conclusion that a majority of doctors oppose the Bill.

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There has been some flourishing of figures in the debate relating to support for and opposition to the Bill. Let me remind the House that the Select Committee, so ably chaired by the noble and learned Lord, Lord Mackay of Clashfern, stated:

> "It is evident that there is a great deal of sympathy at least for the concept of euthanasia, and it seems likely that the level of sympathy has grown in recent years".

The committee cited the evidence for its conclusion.

I am sure we all listened attentively to the noble Lord, Lord Moser, as he helped the House to pick its way through the reliability of survey information on public opinion. He drew on his knowledge and great expertise in the area. I am also aware that since the Select Committee published its report, in August 2005 the *Daily Telegraph* published the results of a survey which showed that 87 per cent of people thought that those who are terminally ill should have the right to decide when they want to die and to ask for medical assistance to help them. However, it is worth reflecting that the survey evidence also suggests that the views of politicians are moving in the opposite direction. In 1995, 70 per cent of MPs surveyed opposed voluntary euthanasia; by 2004 that opposition had increased to 79 per cent.

This debate has highlighted the strong and often opposing and conflicting views that people have on this issue. I recognise that we have to ask ourselves how to weigh the views of particular groups. There is no easy way to resolve these conflicts and dilemmas. Views differ between professionals, members of the public, and Members of your Lordships' House and the other place. However, one thing is clear: we must continue to listen to the views of the public and of patients, as well as those of interest groups. The Government have a strong public involvement agenda and are fully committed to increasing patient choice. Let me be clear that this extension includes areas such as palliative care and end-of-life care. We have actively sought and will continue to seek the views of the public, people who use those services and, indeed, those who work in the area. That helps to illustrate why it is so important to have an open and wide debate on an issue such as this. There is no simple answer and I reiterate the important role the Government believe that Parliament has in providing a forum for considering issues of this nature, in particular given the wisdom and experience that your Lordships' House brings to this difficult area.

I do not propose to comment in detail on the provisions of the Bill. Other noble Lords have raised many points on which the noble Lord, Lord Joffe, may wish to reflect. My understanding is that he is very willing to contemplate amendment. However, I want to remind the House that taking a neutral position on the Bill is not the same as doing nothing. The Government are of course concerned with the fitness for purpose of any legislation proposed, and it is in this context that I mention a few issues in respect of the Bill's provisions.

First, the Bill proposes to protect a physician from criminal liability if he or she assists a qualifying patient to die or attempts to do so in accordance with the

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requirements of the Bill. But it makes no mention of protection from civil liability. Secondly, there is a lack of clarity about how the protection from legal liability relates to different members of the healthcare team, and noble Lords will know that healthcare is essentially now, in many cases, a team effort. Thirdly, there is a lack of clarity about the extent to which there would be any duty on physicians and others to assist a patient's death, even if the qualifying conditions are fulfilled. Finally, some of the terms used in the Bill, in our view, have a very wide—and sometimes subjective—set of definitions.

Again let me be clear that I make no detailed suggestions about how these points might be addressed. A number of noble Lords have raised issues about the obligations that the Bill would place on the health professionals involved. The Government recognise that these have to be addressed fully in legislation of this kind. Whatever the outcome of the Bill, the

Government agree that it is important that no one should be compelled to assist someone to die. Others have mentioned the details of the Bill's conscience clause. We would see an important role for the relevant professional bodies in considering whether the Bill should place any duties on healthcare professionals, with a conscientious addition.

I agree fully with the important place of palliative care in this debate, which has been highlighted by many noble Lords. I, too, pay tribute to all the staff who work in this area and provide such a splendid service to patients in this country.

All patients should have access to good symptom control and to appropriate support and counselling. However, I fully acknowledge that, historically, hospice services have been developed in an *ad hoc* way and that specialist palliative care services have largely been restricted to the care of people with cancer. Those with other conditions have largely been cared for by generalist staff such as GPs, district nurses and hospital staff in non-palliative care wards. As a government we are committed to addressing these discrepancies in access to care and we have made good progress in recent years. A key strand of this activity has been to provide training in the principles of palliative care to generalist staff. This was the focus of our £6 million district nurse programme, in which more than 12,000 nurses and a further 3,000 allied health professionals participated. It is also part of our current £12 million end-of-life care programme.

We have also taken action to increase the availability of specialist palliative care and support through the investment of an extra £50 million a year. This represents an increase in NHS funding for specialist palliative care of about 40 per cent over 2000 levels. This investment has so far funded a range of activity, including the provision of an additional 44 palliative medicine consultants and 172 clinical nurse specialists.

A key aspect of palliative care, and one which is central to the discussion here today, is the management of pain. A survey of cancer patients' experiences of pain management undertaken by the

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National Audit Office in 2004 showed good progress since 2000, with five out of six cancer patients believing that hospital staff had done all they could at all times to relieve pain, while over nine out of 10 felt that they were given enough medication or other help to deal with pain after leaving hospital. Clearly we want this position to keep improving as we continue to implement our commitments.

Let me reassure the House—I think some doubt has been expressed on this during today's debate—we have made clear in our general election manifesto that we are committed to improving palliative care provision so that all people, regardless of their age or condition, are able to choose where they live and die. To deliver this, we have set out a programme of action on end-of-life care in our recent White Paper *Our Health, Our Care, Our Say*, and we are developing those services in consultation with key stakeholders.

Whatever the outcome of the Bill, we will continue to extend palliative care. I do not accept the argument that we and the NHS will be deflected from this path by the passage of the Bill, as some have suggested today. That is simply not the case. I gently say to the noble Lord,

Lord Elton, that how we invest in our healthcare now is a bit different from when he was a Minister. We should put his experience in this area in perspective.

We will continue to develop palliative care and build on the excellent work being done by the Marie Curie Delivering Choice programme, a key focus of which is better co-ordination of services and communication between providers.

Noble Lords have rightly paid tribute to this country's leading position in palliative care. We want to make it even better; we want to build on the work that we have done and we will continue to do that as rapidly as possible.

In conclusion, I thank noble Lords for the quality of today's debate. It reinforces the importance of open and continuing debate in considering such difficult ethical issues. Once again, important principles have been discussed with passion and reason in a heartfelt way but, I hope, to a constructive outcome. Many points about the provisions of the Bill have been raised and no doubt the noble Lord, Lord Joffe, has much to think about. I repeat, finally, what I said earlier: the Government will not seek to block the Bill's Second Reading, in accordance with the usual conventions. As I said on a previous occasion, I hope that I have achieved a sufficient degree of inscrutability consistent with the Government's position of neutrality on this issue.

4.56 pm

Lord Joffe: My Lords, I am grateful to those of your Lordships who have spoken in what I believe to have been a truly remarkable debate. I thank those who came to listen to it and those who have travelled from different parts of Europe to vote, if there is a vote, in support of the Bill. I also thank the Minister for his thoughtful analysis and approach, which dealt with both sides of a very difficult picture. I want to say a

particular thank you to some of the Peers who spoke against the Bill. I listened to what the noble Lords, Lord Nickson and Lord Mawhinney, said; I have great respect for their views, and what they said weighs heavily on my mind.

The time is late and I do not doubt that many of your Lordships are keen to get away and begin your weekend; I am grateful that you have all stayed so long. Accordingly I will be relatively brief and will not seek to respond to the 85 or so Peers who have spoken. However, I will select a number of points that I have to deal with.

A comparison with the Abortion Act was made, possibly by the noble Lord, Lord Clement-Jones, although I am no longer sure whether he was the individual in question. A lawyer comparing the safeguards in the Abortion Act, which effectively allows abortion on demand, with the safeguards in this Bill will realise there is no comparison, and no basis upon which to deduce from what has happened since the Abortion Act has been in place that any slippery slope would result from this Bill.

Many of the contributions have been about the excellence and importance of palliative care. I so agree with that. I, too, am passionate about palliative care and hope that the Government will make available the necessary resources for it to be developed so that the patchy quality

can be improved and the gaps throughout the country closed. Every time I heard somebody say how wonderful and remarkable palliative care had been in a number of cases, I applauded. I particularly liked what the noble Viscount, Lord Tenby, had to say: that this Bill, if nothing else, had opened up the whole issue of palliative care, and would be a legacy to a future in which we all have the amount of palliative care needed in this country. I add to that that I hope it will also be a legacy that evolves along the lines of my Bill, which deals with the care and prevention of unnecessary suffering. I am sure that is something we all wish to achieve.

I must say at this stage how much I resent what the noble Lord, Lord Carter, had to say: that the purpose of this delay in introducing the Bill was anything to do with getting publicity. I explained the reasons in relation to my discussions with the noble and learned Lord, Lord Mackay, and in addition I made a desperate plea for a date in March. It was available on a Friday, and they told me in the Whips' Office that this was reserved for government business, which never emerged. I still regret that we could not have had this debate earlier.

Lord Mackay of Clashfern: My Lords, I would just like to intervene to say that I was extremely grateful to the noble Lord, Lord Joffe. He wished to accommodate me so far as possible. I indicated to him that he did not need to do so, but that was his wish, and that was a considerable reason why ultimately he had to take this date.

Lord Joffe: My Lords, I am grateful to the noble and learned Lord for that intervention. I notice that the

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noble Lord, Lord McColl, made a number of announcements. I could make an announcement that the noble Lord, Lord Patel, who was a member of the Select Committee, also supports this Bill, and is sorry that he is unable, because of his international commitments, to come to talk to us. He was part of the majority of the Select Committee that supported the Bill.

The noble Lord, Lord Hylton, made reference to a survey of which I have never heard before, which quoted all sorts of interesting statistics—very different from all those which had emerged elsewhere. I suggest that the noble Lord show his survey to the noble Lord, Lord Moser, and ask him his opinion of it.

I must comment on the Church's campaign in relation to this debate. Members of the House have paid such careful attention to the innumerable letters they have received. I draw attention to the fact that on the original Bill many letters were received from people who were terminally ill, or had gone through the experience of loved ones suffering terminal illness, and they all set out very moving details of their experience and their wishes. I am sure many Members of this House will recall those letters. Dignity in Dying, which of course supports this Bill, thought it had presented Peers with a range of letters, and did not want to duplicate that.

I come back to the role of the Church. Naturally it has every right to campaign against the Bill. The right reverend Prelates who have spoken today did what we would expect from our religious leaders: offered a rational and balanced dissection of the case for the Bill and why they thought it should be opposed. But outside the House we have seen a scaremongering campaign, with anecdotal and inaccurate statements, snappy soundbites such as "duty to die",

"care, not kill"—as if anyone who wants assisted dying does not care—and, in the *Catholic Times* last month, a full-page picture of 24 young children who were killed in Nazi-era medical experiments, with the subtitle, "Warning from the past". In my respectful opinion, that campaign reflects no credit on the Churches. As an admirer of the social and human rights work that the Churches do so well, it saddens me that they could allow such a photograph to be published in their response to a Bill whose purpose is to prevent suffering.

Reference was made to hate mail. Of course, I expect to get hate mail. The most recent hate mail, which I believe appeared on my computer on Tuesday, was very brief. It contained only three names. The first was Hitler, the second was Saddam Hussein and the third was Lord Joffe. I do not mind that comparison—you take it from where it comes—but what really concerned me was why that person adopted that tone. Was it because they had seen pictures like that of the 24 children murdered by the Nazis? Was it because they had heard prominent Members of this House speak at the St Christopher's conference in the same

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breath as speaking about this Bill not only about the Holocaust, but about genocide in Rwanda? That was most inappropriate conduct.

Rather than going through my endless list and given that my noble friend Lord Marsh is pointedly looking at his watch, I will make one further point on this aspect of the debate and then deal with the amendment moved by the noble Lord, Lord Carlile. We have brought before this court—

Noble Lords: Oh!

Lord Joffe: We have brought before this House overwhelming evidence on the position in Oregon after eight years of practice. There arose there all the same fears and surmises about what might happen when the legislation was passed, but in practice there has been no abuse. Society as a whole in Oregon is operating normally. People there accept the measure as part of the normal law of the land. Medical care has not broken down. The nurses are all supportive of the measure and consider that it is part of their normal practice.

No one has answered the question: why are we different from Oregon? If Oregon has had no problems with the measure, why should it not work in the United Kingdom? Why do all the terrible things that we are told will happen not happen in Oregon? Is there anything particularly evil about British doctors or about our society as a whole? Of course, there is not. I suggest that the evidence in Oregon, which is virtually uncontested, should be accepted by the House.

The amendment moved by the noble Lord, Lord Carlile of Berriew, should not be accepted because it breaks with tradition.

Noble Lords: Oh!

Lord Joffe: I should explain what I mean by tradition—something that has happened consistently since 1998. When 105 Private Member's Bills have gone through the House without a Division being called, that seems to me to be a sort of tradition. I have a letter from the Clerk of the Parliaments, which I have temporarily mislaid, which states that it is very

uncommon for it to happen. If it did not happen during the passage of those 105 Bills, it seems a little uncommon that it should happen with this Bill. The previous legislation to which the procedure applied concerned the control of pigs. The House divided on that in 1998. That legislation was not a matter of national importance. With this Bill we have before us a matter of national importance that deserves further consideration.

Although there are differences between me and the noble and learned Lord, Lord Mackay, on the unanimous recommendation of our committee,

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I assure your Lordships that, if I had realised when I was asked to vote for that Bill that if I dropped the major area of contention—voluntary euthanasia—this unanimous recommendation would no longer be applicable, I and every other member who supported the Bill would not have allowed the Bill to go through a committee in which the majority of members supported the Bill.

Noble Lords will be relieved to hear that I have only two further points.

Noble Lords: No!

Lord Joffe: My Lords, noble Lords will be very interested in one of them. We were told by the noble Lord, Lord Alton, at one of the earlier formal hearings that the discussion that he wanted on the Bill should not be abused by parliamentary tactics but should be a robust discussion. It seems to me that what we have here is designed to prevent robust debate on a number of issues that can be looked at in proper depth only in Committee. The noble Baroness, Lady Finlay, and I have a clear disagreement on whether the committee's recommendations have been addressed in my Bill. We can tease out which one of us is correct only by going through it in the detail that is required in Committee. My final point—

Noble Lords: Hear, hear!

Lord Joffe: My Lords, I think that noble Lords will be very interested in my final point. The purpose of the Bill is to bring an end to the debate. I am afraid that, should the amendment succeed, it will actually sustain the debate because, in the next Session, I will reintroduce the Bill, and I will continue to do so until a full debate through all the usual stages has been held, in accordance with the traditions that have almost always been followed in this House.

5.12 pm

Lord Carlile of Berriew: My Lords, at 12 and a half minutes past five on a Friday afternoon, I am sure that your Lordships will forgive me if I do not do what I would otherwise have wished to do. I would very much have enjoyed addressing your Lordships in reply to every speech in this debate, but that would not be appropriate.

I was taught when I was at school never to be intimidated by what was described at the time as an *argumentum ad baculum.* The stick of the threat—the *baculus* of the threat—that this provision will be brought back if it is defeated today intimidates neither me nor anyone of my view one jot. I urge the House to ignore it.

I regret that the noble Lord, Lord Joffe, who has given us the opportunity with his usual preparedness and eloquence to have a wonderful debate today, has to an extent misrepresented the views of the Clerk of

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the Parliaments. I want to set that record straight. I would not have referred to the views of the Clerk of the Parliaments—I would not have considered it proper—had it not been done by someone else. I shall read your Lordships the extract, which is brief, verbatim:

> "Could I make it clear that there is no long established convention that the House does not divide on the Second Reading of Private Members Bills. As I stated in a letter to Lord Williamson of Horton on 17 March: 'There has been a noticeable shift of practice in recent years and divisions on Second Reading, which used to be "not uncommon", are now distinctly unusual.' That remains the position. It is unusual, but not improper, to vote against the Second Reading provided notice has been given on the order paper".

That is what I have done, and following this afternoon's debate it will be part of the convention that it is slightly less unusual that there should be a vote against Second Reading.

I want make one or two comments before I close. No one who has been in this House today will, I suspect, ever forget the speech of the noble Baroness, Lady Symons of Vernham Dean. However, required reading for anyone considering this subject should be the unemotional, measured and informed speech by the noble Lord, Lord MacKenzie of Culkein, a nurse. It informed us all enormously and, when it was made, well into the debate, it took forward the argument by several steps.

I would counsel your Lordships to beware of public opinion. I was brought up in Burnley, Lancashire. Nelson, a fine place, was pejoratively known in those days as "little Moscow". Sidney Silverman died. He had been the main proponent of the abolition of capital punishment. The noble Lord, Lord Waddington, was elected as Member of Parliament for Nelson and Colne—he later represented another constituency with great distinction and became Home Secretary—as a result of public opinion in Nelson against the abolition of capital punishment in the aftermath of the moors murders. That opinion might not be quite as extreme today, but—with enormous respect to the noble Lord, Lord Moser—I have a strong suspicion that capital punishment is but one of several examples of public opinion which we in this House and Members of another place would never follow, because, as I said at the beginning, they are pillars, not weathercocks, when it comes to dealing with public opinion.

The essence of this debate has been demonstrated by the noble and learned Lord, Lord Mackay of Clashfern, who chaired the committee whose deliberations have been referred to extensively this afternoon. Surely the question is: is this Bill fit for legislation? Can it be amended to make it a suitable piece of legislation for the laws of this land? I and a number of other people who have spoken in this debate say not. I say to your Lordships that we have reached the point where we should vote on the principle. I sense that this House wishes to vote on the principle, so I respectfully ask this House to agree to my amendment.

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5.17 pm

On Question, Whether the said amendment shall be agreed to?

Their Lordships divided: Contents, 148; Not-Contents, 100.

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Resolved in the affirmative, and amendment agreed to accordingly.

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5.29 pm