



HOUSE OF COMMONS

LONDON SW1A 0AA

Thursday, 28 November 2024

### **Terminally Ill Adults (End of Life) Bill**

Today, I will cast my vote on the *Terminally Ill Adults (End of Life) Bill*, a proposed law to legalise assisted dying for terminally ill adults in England and Wales. This Bill has the potential to fundamentally reshape the social fabric of our country and profoundly influence our relationship with, and perspective on, death.

Since being elected in July, I have dedicated significant time to researching, learning, and listening to the debates surrounding assisted dying. I have sought advice from medical professionals, academics, and representatives from the church. I have also reflected deeply on personal experiences of watching loved ones face terminal illness. Importantly, I have engaged with several hundred local people across Exmouth and Exeter East to hear their views on this deeply sensitive subject.

After much consideration, I have come to the hard conclusion that I cannot, in good conscience, support this Bill at this time. Below, I explain the reasoning behind my position.

#### **The Need for Better Palliative Care**

First and foremost, I want to make it clear that I do not wish for anyone to suffer unnecessarily. I firmly believe in bodily autonomy and understand that for those with a terminal illness, confronting the pain, fear, and sense of helplessness about their remaining time on earth must be unimaginably difficult.

While I recognise that current options for those with terminal illnesses—such as palliative care—are inadequate, I do not believe that legalising assisted dying is the solution. We must ensure that assisted dying does not become the "easy" alternative to proper investment in palliative care. The Secretary of State for Health himself, who's responsibility it would be to implement the Bill, has argued that the provision of palliative care remains insufficient, leaving individuals without a meaningful alternative.

Until we can provide universal access to high-quality, compassionate end-of-life care, legalising assisted dying risks offering a false choice.

#### **Concerns About Safeguards and Coercion**

The Bill raises serious questions about the effectiveness of its proposed safeguards:

- **Coercion and Vulnerability:** Safeguards must be robust enough to protect against coercion, but vulnerable individuals may still face undue pressure—whether overt or subtle. High Court judges and legal experts have repeatedly highlighted the difficulty of identifying indirect or subtle forms of coercion, including societal or familial expectations. To truly detect such instances, one would require detailed investigations into the home life and finances of a patient, yet the Bill does not grant these powers.

- **Judicial Capacity:** The Bill places heavy reliance on the High Court to review cases, but the judicial system is already stretched thin. There are only 19 High Court judges in the Family Division, and they have expressed concerns about their capacity to handle such sensitive and complex matters accurately. This could lead to delays, leaving people to die before decisions are made, or rushed judgments, which risk irreversible errors.
- **Appeals Inequity:** The Bill creates an unbalanced appeals process. If the High Court refuses a declaration, the decision can be appealed. However, there is no right to appeal if the court grants a declaration, even if concerns about coercion or vulnerability later arise. This inequity is troubling and has led Sir James Munby, a former President of the High Court's Family Division, to criticise the Bill for its lack of transparency, warning that its secretive process may fail to identify and prevent abuse.

Additionally, medical experts have consistently cautioned that terminal illness prognoses can be highly inaccurate. Patients given six months to live often survive much longer. For example, data from the Department for Work and Pensions indicates that many individuals receiving benefits intended for the terminally ill live well beyond their predicted timeframes.

### **The Risk of a “Slippery Slope”**

In jurisdictions that have legalised assisted dying, laws have frequently been expanded over time. Even countries and regions with initially restrictive policies have widened eligibility criteria.

This Bill is often hailed as replicating Oregon's “strict” criteria for assisted dying. Yet in Oregon, the terminal illness requirement is now interpreted to include conditions such as anorexia, arthritis, blood disease, complications from a fall, hernia, kidney failure, and sclerosis. There is little reason to believe the UK would be immune to such a trend.

There is also a real risk that the law could be applied unequally to vulnerable groups, leading to potential discrimination. Legal challenges based on equality grounds are likely, creating a “slippery slope” where eligibility criteria are gradually broadened to address perceived inequalities.

### **Financial and Societal Pressures**

Legalising assisted dying risks turning a “right to die” into a perceived “duty to die,” particularly for individuals who fear becoming a burden on their families or society. In Oregon, for example, the percentage of people citing “being a burden” as a reason for requesting assisted dying has risen from 12% in 1998 to 43% in 2023.

Prominent figures from the Church of England have warned that legalising assisted dying could create an expectation for people to end their lives when severely ill or disabled, especially in situations where resources are limited. Canada provides a cautionary example: since legalising assisted dying in 2016, it has become the fifth leading cause of death, highlighting the risks of normalisation and unintended expansion.

With the removal of the social care cap, many individuals face significant financial burdens from end-of-life care, potentially losing their homes and life savings. Assisted dying, by contrast, would be “free,” creating an unspoken financial incentive. This could disproportionately affect those from lower socioeconomic backgrounds, pressuring them to choose assisted dying to avoid financial ruin for themselves or their families.

## **The Need for a Broader Debate**

I also take issue with how this Bill has been introduced: not by the Government but by a private Member of Parliament. As a result, it will be given very limited time for debate in the House of Commons—approximately five hours—before MPs are required to vote. This rushed process is an inadequate approach to crafting any law, let alone one that deals with matters of life and death.

Furthermore, I do not believe British society has had sufficient time to fully grapple with and debate the complex issue of assisted dying. As is often the case with such topics, the limited discussion has been dominated by a small but polarised group of well-informed campaigners, leaving the broader public and many groups underrepresented and unaware of the serious repercussions that might arise from such a Bill.

This issue deserves far more time for debate, consideration, and societal engagement. While I acknowledge the immense suffering of those with terminal illnesses and respect their autonomy, I believe this Bill currently raises too many unanswered questions and risks.

Until these concerns are adequately addressed—ensuring robust safeguards, improving palliative care, and allowing society to fully debate and understand the implications—I cannot support this Bill in good faith.



**David Reed MP**  
**Member of Parliament for Exmouth and Exeter East**