

Our Lady of Lourdes Church
51 Cambridge Park
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14 October 2024

Mr Calvin Bailey
House of Commons
London
SW1A 0AA

Dear Mr Bailey

Re: Assisted Dying Bill 2024

I am writing to you in regard to the proposed Assisted Dying Bill that is due to come before the House of Commons for debate.

Given the emotive personal responses engendered by this issue and the complexity of the issue that spans legal, socio-economic and bioethical concerns, I am grateful that the Government has agreed to a free vote. As happened when this issue was debated in Parliament in 2015, I hope that all MP's will be allowed to engage in reasonable and honest debate that avoids over-simplification of the issues involved and that they can exercise their free vote in good conscience.

I understand that MP's may already have views coloured by personal experience of a dying loved one or the "hard case" testimonies of others. Witnessing the suffering of another human being provokes a visceral response in all of us and we naturally wish to ease or end their suffering. In my case, I could relate to you the experience of being with my sister during the time of her diagnosis, treatment and death due to breast cancer. As a priest of some twenty-seven years, I have seen people die in all manner of ways and circumstances.

Valuable though these sincerely heartfelt and sometimes harrowing human stories are, I do not believe that they should skew the Parliamentary debate. Nor do I think it is helpful if the views of high-profile personalities with access to the media overwhelm the quieter voices in our society, such as, those belonging to people with disabilities, the elderly or the most disadvantaged members of society. At the same time, the views of Citizens' assemblies or the "evidence" of polls should not trump Parliamentary scrutiny of proposed legislation in its role as the summit of democratic legitimacy.

Furthermore, I caution against any temptation to frame this issue along the imagined binary fault-lines of progressive/traditional, religious/secular. The culture wars played out on social media should have no place in this important debate given that what is being proposed are not minor adjustments to existing legislation but a radical change to that legislation with real life or death consequences.

As this Bill comes before Parliament, MPs in their role as legislators have a civic and moral responsibility to make sure that reasoned arguments have a priority in order to inform their consideration of the proposed Bill and the significant consequences for all of society both now and in the future should any change be agreed.

There are many arguments that you will be asked to consider, may I suggest three concerns that strike me as having particular weight:

An examination of the experience of other countries who have legislated in favour of euthanasia or physician assisted suicide (PAS). There exists ample evidence that legislation initially passed in other countries with "safeguards" has, over time, been challenged and made more widely available to those people, young and old, who exhibit diverse chronic or life-threatening physical or mental conditions. More recently, there have been moves to include non-voluntary euthanasia within legislation for those who are not capable of requesting euthanasia or PAS, such as, people who are suffering with forms of dementia.

Consider the Netherlands and the widely reported case of 34-year-old, Jolanda Fun, who was administered a fatal dose of a drug by a doctor in April of this year on the basis of her depression.

In Canada PAS was expanded in March 2021, from those whose deaths could be "reasonably foreseen" to those with serious incurable illness. In 2016, the

first year assisted suicide was made legal in Canada, just over 1,000 people chose to die in this fashion. In 2022, more than 13,000 people availed themselves of the law, representing a 30 per cent year-on-year increase. Such increases indicate that this practice cannot be limited to a small number of people but that over time it will be 'normalised.'

Such normalisation has a psychological effect on society as a whole and has the potential to act as an especially distorting influence on the most vulnerable members of society who fear that their medical condition will consign them to a life of loneliness and isolation or who may come to regard themselves, consciously or unconsciously, as a "burden" on other family members or an economic "burden" on society. It is not inconceivable that the reverse may also be true and that soft or more forceful pressure from family members or society is placed on individuals to end their lives.

Furthermore, there is an increasing body of evidence that a side-effect of this expansion of PAS is that suicide (non-assisted) rates are shown to increase. Put simply, assisted suicide normalises attitudes to suicide in general.

<https://www.sciencedirect.com/science/article/pii/S0014292122000551>

Both the Netherlands and Canada are examples of countries not dissimilar to our own in terms of their legal and healthcare systems. They provide strong indicators that once introduced, there will be a push to expand the legislation in order to include other groups or individuals who are suffering in some fashion.

The understanding that the role of doctors is to heal and not to intentionally end the lives of their patients. This understanding has been widely accepted and protected in law across time and cultures. The medical profession exists to provide healthcare. Assisted suicide would fundamentally change and undermine this understanding.

Doctors would be asked to make a medical and moral judgement about the "value" of a human life and whether a person met the criteria contained in any legislation. Physicians would then be required to intentionally end the life of that person by providing lethal drugs or by administering such drugs.

For society to require doctors to make such morally onerous and grave decisions and then to facilitate or intentionally take the life of another human being is unacceptable.

The significant medical advances in palliative care should be the preferred focus of society's resources and support. The work of our hospices and other palliative care and counselling agencies should be made available to all people and properly financed from central government. Not to do so, is for society to abdicate its responsibility to those people with serious and terminal illnesses who exhibit suicidal tendencies.

Framing the debate around personal choice. The concept of choice or personal autonomy is a philosophical and moral category that requires careful and nuanced consideration.

The freedom to choose is not to choose whatever we wish but to choose the good that makes for human flourishing. This understanding ensures that the bonds which hold a society together are stable and secure. Therefore, our choices come with moral and legal parameters because a personal choice not only affects the individual involved but others as well. Therefore, I may exercise my personal autonomy and choose to drive at 50-mph in a 30-mph area with the attendant risks to my own life and that of others. However, in order to protect me and others, society has correctly decided to place limits on my choices for my own well being and the common good of society.

People do have a choice to take their own lives. The Suicide Act 1961 does not prohibit people from attempting suicide. But it has been commonly held that every suicide is a tragedy not only for the person involved, but for their families and friends and for society as a whole. Society's duty is to help people with suicidal tendencies appreciate that their life does have value and meaning even in the most difficult of situations. It is to talk them down off the ledge and have them safely join the rest of society on solid ground.

It has been accepted in law that our society must place limits on the choices of others who wish to encourage or assist those who exhibit suicidal tendencies to end their lives. This limiting of choice is for the good of the suicidal individual and for the common good of society. Not to limit this choice is to permit the active encouragement of those who are suicidal to step off the ledge or to provide the push that ends their life.

As my Member of Parliament, I am respectfully asking you to weigh the rational arguments that will be presented around this proposed change to the existing legislation and to consider the consequences that such a radical change would have for individuals, the most vulnerable, the medical profession

and society as a whole. I wish you and your fellow parliamentarians well in your deliberations for which harnessing the wisdom of Solomon will be essential.

Yours faithfully

Fr Martin Boland

Parish Priest, Our Lady of Lourdes Catholic Church, Wanstead