

Helen Morgan MP  
North Shropshire



HOUSE OF COMMONS  
LONDON SW1A 0AA

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## **ASSISTED DYING BILL**

Today I voted to give the Terminally Ill Adults (End of Life) Bill a Second Reading. It has not been an easy decision for any MP, whichever way they voted.

I have been inclined to support some form of assisted dying, with the caveats that robust safeguards must be in place to protect the vulnerable from coercion, and that good palliative care must be available, so that choice of death for each individual is a genuine one. My view was informed by the experience of family and friends as loved ones reached the end of their lives.

Having been confronted with the realities of a piece of legislation, I have been required to challenge those views, and genuinely consider whether these tests have been met. I have read a large number of expert briefings, including the impartial briefing prepared by the House of Commons Library, and talked to colleagues holding a range of views on the issue. I have followed the national debate closely and watched much of today's debate in Parliament.

This process has led me to the conclusion that further consideration of Bill at Committee Stage is appropriate.

I have endeavoured to reply to everyone who has contacted me about this Bill with a detailed letter or email. I apologise for not having been able to personally discuss every detail with all who wrote to me but I received around 800 pieces of correspondence on the matter. Here I want to address some of the key concerns my constituents have raised with me.

### **There is a risk that vulnerable and disabled people will feel compelled to choose an assisted death.**

A number of my close relatives have lived with disability, and in my view this has been the most compelling argument against supporting the Bill. The idea that someone may feel obliged to end their life because they are not valued by society is repugnant, and has been articulated by a number of high-profile campaigners for the disabled.

However, the Bill applies only to those with a realistic expectation of having less than six months to live. It will not apply to anyone because of the nature of the disability, disease or condition they live with. I am in full support of measures to improve the access of those with disabilities to society, and to be valued for their contribution, and I am reassured that this Bill will not influence that discussion to their detriment.

### **The Bill is a 'slippery slope' towards a much broader use of assisted death**

In some countries, such as Canada, assisted dying can be accessed by those considered to have 'intolerable suffering'. This definition has been interpreted by the Courts and has widened to include

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people who might reasonably be expected to be treated, such as those with severe depression, and, in some cases, children. I would not support a Bill that carried this risk.

This Bill is tightly drawn to relate only to those with a terminal diagnosis who are over 18 and have the mental capacity to make such a decision, and who have a clear, settled and informed wish to end their own life. They must have reached this decision voluntarily, without coercion or pressure. Similar legislation (in fact less tightly drawn than this) in jurisdictions across the world, such as Oregon in the US and the state of Victoria in Australia, has been in place for some time and has not had its scope expanded via the legal process. In fact there have been no instances in the world where legislation restricted to terminally ill adults has been expanded in scope.

### **Access to palliative care is patchy in the UK, and this may cause some individuals to feel as if they have no choice but to opt for an assisted death**

Poor access to palliative care is rightly a huge concern, and it is my view that access should be improved so that every individual has a genuine choice over the manner of the end of their life.

I have listened to concerns that the existence of an assisted death 'option' will lead to a lack of much-needed investment in palliative care. The Health and Care Select Committee considered this problem in its 14-month inquiry. It concluded that:

*"In the evidence we received we did not see any indications of palliative and end-of-life care deteriorating in quality or provision following the introduction of AD/AS; indeed the introduction of AD/AS has been linked with an improvement in palliative care in several jurisdictions."*

### **It will not be possible for the doctors and court process to assess whether coercion has taken place**

I have considered this very serious concern at great length. I have been persuaded by the argument that doctors already routinely assess for the risk of coercion using their professional experience, both in current end-of-life care (for instance where someone refuses treatment or ceases eating and drinking) and in abortion. The Bill creates a specific and serious offence of coercion in cases of assisted dying, which the police would be required to investigate if alleged. I hope that during scrutiny at Committee Stage, and during its passage through the House of Lords, the process of assessing for coercion will be fully investigated and, if necessary, improved.

### **It is inappropriate for legislation such as this to be brought in via a Private Member's Bill, because the level of scrutiny is inadequate**

The progress through the House of a Private Member's Bill is very similar to that of Government Legislation. The Bill has had nearly five hours of debate at Second Reading, which is around average for a new Bill. Kim Leadbeater has taken the unusual step for a Private Member's Bill of taking evidence at Committee Stage, and she has also committed to ensure that the Committee will be representative of a range of views and political parties. Should the Bill pass Third Reading once it has reported back to the House, it will pass to the House of Lords for a similar process of debate and line-by-line scrutiny and amendment in committee. I am personally confident that Kim is determined to make this Bill as robust as possible, and is not pushing for a rapid implementation.

The Bill will now go to Committee for line-by-line consideration. It can be amended by a majority of the Committee, and the House may introduce further amendments at Report Stage. The Committee will consider whether, as it is currently drafted, it meets its objectives of introducing rigorous

safeguards for the vulnerable, the disabled and those in the medical profession who are opposed to the concept of assisted dying and do not wish to be involved in its implementation.

Following this process MPs will have a further vote, this time to determine whether the Bill continues its passage through Parliament in the House of Lords.

I have been encouraged by the constructive debate that has taken place in Parliament in recent weeks. MPs of all viewpoints have discussed their concerns in a respectful and thoughtful manner, and many of us have reconsidered our likely vote many times. I am sure that this process will continue, and that the Third Reading will be a meaningful vote on the legislation before us. I will be approaching that vote with the same caution that I have approached this one.

A handwritten signature in black ink that reads "Helen Morgan". The script is cursive and fluid.

**Helen Morgan MP, North Shropshire**