



SCOTTISH CHRISTIAN FORUM ON ASSISTED DYING

Terminally Ill Adults (End of Life) Bill for England & Wales

As proposed by Kim Leadbeater MP and passed at Second Reading in the House of Commons on 29 November 2024

Response to the Call for Evidence issued by the House of Commons Public Bill Committee considering the above Bill

January 2025

About the Forum

1. The Scottish Christian Forum on Assisted Dying (SCFAD) is a network of individuals with particular interest in the implications of assisted dying from a perspective of Christian ethics and Christian pastoral support (ministry, chaplaincy etc).
2. Although based in Scotland, members of the Forum have interests in the broader questions of Christian ethics in relation to assisted dying. Whilst we appreciate that this Bill will only have direct application in England and Wales, we note that Scottish MPs are able to vote on the Bill, and some provisions in the Bill have implications for reserved matters such as the control of drugs which apply UK-wide (see in particular our comments on clause 20). We therefore believe a Scottish perspective will be helpful to the Committee.
3. We made a detailed written submission¹ and were invited to give evidence in person (on 21 January 2025)² to the Scottish Parliament's Health, Social Care and Sport Committee considering the Assisted Dying for Terminally Ill Adults (Scotland) Bill proposed by Liam McArthur MSP.
4. The Forum has a small core membership³ (listed at www.scfad.org.uk/members) and a wider network of supporters. All core members of the Forum have affiliations with at least one of the major Christian denominations including the Church of Scotland, Scottish Episcopal Church and the Roman Catholic Church in Scotland. Most of us are regular worshippers in our respective churches. Some of our members are ordained ministers in one of these churches – others are involved in various lay ministries.
5. Many of us have also undertaken recent academic research in issues of Christian ethics, moral philosophy, Christian spirituality etc, in several cases including specific work on assisted dying issues. The Forum's membership includes three professors or emeritus professors and a recent health care professional. Some of us are involved in other charitable organisations working in the field.
6. As a Forum, we are broadly supportive of the case for enacting legal frameworks to permit assisted dying, subject to appropriate safeguards, as being in line with Christian ethics. However, we do not express this uncritically – we have a number of comments on Ms Leadbeater's Bill, as set out below.
7. In particular, we argue that any legislation on assisted dying must facilitate pastoral and spiritual support for those seeking an assisted death (and for their families where applicable).

¹ Scottish Christian Forum on Assisted Dying – submission to the Scottish Parliament's Health, Social Care and Sport Committee regarding the Assisted Dying for Terminally Ill Adults (Scotland) Bill, August 2024
<https://www.scfad.org.uk/policy>

² Scottish Parliament, Health Social Care and Sport Committee – Official Report 21 January 2025
<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/recent-publication?meeting=16218>

³ See <https://www.scfad.org.uk/members>

8. As Christians we also believe profoundly that all people are of equal worth in God's sight, and we are thus concerned that the legislation must facilitate any individual who meets the criteria to be able to access an assisted death if that is their genuine wish, without discrimination (for example) between rich and poor or between those with different levels of education or access to professional advice.

The Broad Principles of the Bill

9. We support the broad principles of the Bill. Reducing suffering is fundamental to the Christian calling to 'love our neighbour'. Across world religions, the golden rule is expressed variously, but in Christianity it is framed by Jesus: 'Do to others as you would have them do to you'. There is no moral issue greater than the alleviation of human suffering.
10. This Bill could achieve a significant reduction in suffering by those who experience distressing symptoms at the end of life which cannot be adequately addressed by palliative care. Of course, proper access to timely and effective palliative care is vital. Christians were historically at the forefront of the hospice movement. Assisted dying should never be seen as an alternative to provision of good palliative care. But we cannot wait for perfect palliative care before enacting provisions for assisted dying: it is worth noting that there are many very distressing symptoms that cannot be effectively palliated.
11. We make the following observations on specific provisions in the Bill.

Clauses 1 and 2 – Eligibility

12. We are uncomfortable with the provision in clause 2(1)(b) that assisted dying would only be available to someone with a terminal diagnosis with a life expectancy of no more than 6 months.
13. The Assisted Dying for Terminally Ill Adults (Scotland) Bill proposed by Liam McArthur MSP (hereafter 'the Scottish Bill') proposes that assisted dying be available (subject to other criteria and safeguards) to anyone with a terminal diagnosis.⁴ We suggest this definition be considered for England and Wales. It is hard to see any policy argument for denying someone an assisted death – i.e. forcing them to continue to suffer – if they have a prognosis of more than six months.
14. We also question the restriction in clause 1(1)(c) limiting the provisions to someone who has been ordinarily resident in England and Wales for at least 12 months. As we argued in our submission on the Scottish Bill⁵ it is not unusual for people with terminal illnesses to end up moving considerable distances in order to be closer to relatives, and sometimes such moves will involve a move from another jurisdiction. We suggest a 3 month residency limit is more reasonable.

Clauses 3 to 13 – Procedural issues for access to assisted dying

15. Although we are broadly supportive of the procedures and safeguards in the Bill, we have some concerns that the procedures may, in practice, be very hard to navigate, especially for patients with limited understanding of rules and legal procedures (see our comments below). It is important to remember that most people seeking an assisted death under the provisions of this Bill will be seriously ill. Many will be very elderly and may well be experiencing distressing symptoms.
16. As we commented above, as Christians we believe that access to medical treatment of any kind – including support for assisted dying where that is the patient's wish – must be equally available to all. Any arrangement which, in practice, meant that the option of an assisted death is only available to those who are highly educated, or with relatives who can access professional advice on their behalf would be unacceptable from the perspective of Christian ethics: each human being is of equal value and entitled to justice.

⁴ Scottish Bill as introduced: <https://www.parliament.scot/bills-and-laws/bills/s6/assisted-dying-for-terminally-ill-adults-scotland-bill>, section 2.

⁵ Available at <https://www.scfad.org.uk/policy>.

17. However, the same criteria must apply to the principles of non-coercion: everyone whatever their resources or level of education needs protection from being coerced into an assisted death.
18. But whilst we believe the Bill offers good safeguards on the non-coercion issue, we are concerned that access to an assisted death could be very challenging under the procedures set out, and we suggest that some reasonable simplifications to provisions in the Bill could reduce barriers without reducing the protection. We make the following suggestions to simplify and clarify the steps.

19. The second declaration

- 19.1. We support the broad framework of two stages of declarations by the patient, normally separated by at least 14 days (or 48 hours in the circumstances in clause 13(2)(b)). We also support the need for two separate medical assessments.
- 19.2. However, whilst it is right to include all the requirements in clause 5 for the first declaration, we feel it is excessive to repeat exactly the same requirements for the second declaration. For example, why is there a requirement yet again for an independent witness on the second declaration? Surely if the first declaration was independently witnessed that should be sufficient.

20. Requirement for proof of identity

- 20.1. We are perplexed by the identity requirements in clause 6 which we believe will create significant barriers for many of the most vulnerable patients who may wish to request an assisted death.
- 20.2. The very elderly and those receiving care often lack the forms of ID available to younger citizens. They will rarely have passports or driving licences. If they are in a care home, or being cared for in the home of a relative they are unlikely to have utility bills in their own name. If they are no longer able to travel independently they may no longer have a bus pass.
- 20.3. There has already been extensive publicity about those excluded from voting in General Elections as a result of the ID requirements – but in that situation only *ONE* item of photo ID is needed (and there is a means for those without appropriate ID to apply for a 'Voter Authority Certificate').
- 20.4. We suggest that in most cases the patient's ID will already be clear as a result of the medical diagnosis they have received so it is hard to see why additional ID is needed.
- 20.5. Surely the only ID protection that is needed is to ensure that the person who is provided with a substance to end their life is the same person who made the declarations. It is hard to see how an additional requirement for identity documents will support this.

21. Court approval

- 21.1. We have particular concerns about clause 12 which would require every single case where an assisted death is requested to be approved by the High Court before a person may proceed to the stage of the second declaration.
- 21.2. This would seem incredibly difficult to apply in practice. It would create massive demands on the courts and almost certainly huge delays, during which time the person seeking an assisted death is likely to endure continued suffering. In many cases they may end up dying the sort of distressing death they were seeking to avoid while awaiting court approval to proceed to the next steps.
- 21.3. Each such application is likely to incur legal fees and that will create a huge barrier for most patients. If the court action has to be funded in most cases by the patient, this will

absolutely mean that it practice an assisted death would only be available to those with considerable financial resources and probably good professional contacts to find lawyers willing to act. That would be totally unethical in our view: as we argue at the outset, assisted dying must be available to anyone who meets the criteria without discrimination.

- 21.4. Alternatively, some have suggested that the court application would be made by the NHS establishment where the patient is being treated. But this would lead to massive additional costs for the NHS. Given the shortage of NHS financial resources, it seems likely that most NHS trusts would need to ration such applications, with the result that assisted deaths would only be available to a small fraction of patients requesting this.
- 21.5. We note that there is no parallel in the Scottish Bill to this requirement – which makes good sense. We would urge the Committee to support an amendment to delete clause 12 of the Bill (and associated references).

Clause 18 – Method of assistance

22. We feel these provisions are well drafted – in some respects more clearly than in the Scottish Bill.
23. In particular, we welcome the three possibilities in clause 18(6) allowing for assistance where appropriate – but in all cases subject to the condition in clause 18(7) that "the decision to self-administer the substance and the final act of doing so must be taken by the person to whom the substance has been provided".
24. However, whilst we welcome the provision in clause 18(5) allowing the coordinating doctor to be "accompanied by such other health professionals as the coordinating doctor thinks necessary" we would prefer to see provision for inclusion of other appropriate professionals (either in the Bill or in a code of practice). In particular, we believe patients who have a strong religious faith may well want a minister or pastor of their faith to be present. It would help to have some explicit provision to allow for this.

Clause 20 – Meaning of "approved substance" – Extent

25. The provisions of this clause are clear, but we suggest the extent of this clause should be UK-wide (rather than solely for England and Wales as per clause 41) – and the wording should allow for drugs provided under equivalent legislation in other UK jurisdictions (rather than just "under this Act"). That would allow the same drugs to be used for assisted deaths under the Scottish Bill.

Clauses 27 to 31 and 33 to 34 – Reporting and monitoring

26. These clauses appear to be well drafted and we have no specific observations to make.

Clause 32 – Secretary of State's Powers to ensure assistance is available

27. We welcome this provision. We were concerned at the lack of any equivalent reference to NHS Scotland in the Scottish Bill.

Summary

28. In general we believe this is an important piece of legislation which will greatly reduce human suffering if passed – though we would urge consideration of amendments on the lines suggested in our comments above.
29. Whilst the specific application is to England and Wales, there are some wider implications for Scotland as noted in our comments. Therefore we would encourage Scottish MPs to support the Bill.