Terminally Ill Adults Bill: Written Evidence

This evidence is submitted by Dame Sarah Mullally, Bishop of London, Lead Bishop on Health and Social Care for the Church of England and former Chief Nursing Officer for England on behalf of the Bishops of the Church of England and the Archbishops' Council. Significantly, the Church of England General Synod has twice voted, with overwhelming majorities, against a change in the law (2012 and 2022).

1. The Church of England's opposition to the Terminally Ill Adults Bill is rooted in the impact the Bill would have on the most vulnerable members of society. This is a concern shared by people of many different faiths as well as people with no faith.[1]

The Irreducible Value of All People

2. The Church of England teaches that caring for those in need has social, ethical, and spiritual value (Matthew 25:31-46). Indeed, the Christian scriptures regularly draw comparisons between loving someone in need and loving God. This teaching is intended to emphasise the irrevocable dignity of all people. It underscores that all human beings are of irreducible value. No matter how significant your care needs or how close to the end of life you are, the life of the human person is precious; your life is precious. This belief underpins the pastoral care offered by all Church of England clergy and laypeople who care for the dying and provide comfort to those who grieve. It is particularly evident in the almost 2,000 healthcare chaplaincies which the Church of England provides,[2] and the countless hospices which have their roots in the work of the Church.

3. Reflecting Christianity's conviction that all human persons have irreducible value, this submission provides evidence of the impact the Bill would have on the most vulnerable in society, a group whose value is too often overlooked. This evidence is designed to help Parliamentarians scrutinise the sufficiency of the Bill's safeguards, a question central to the discussion at Second Reading.

4. In evaluating these safeguards, we must recognise that people might request assisted suicide because they feel like a burden to friends and family. Indeed, there is strong evidence from

[1] See, for example, this *letter of concern* signed by 29 faith leaders on November 24th, 2024. See also Lord Sumption's comments that 'the sanctity of life is an almost universal social instinct, common to all civilised societies, to all developed legal systems and to people of all faiths or none'. Lord Sumption, 'I can't rejoice at this assisted dying bill. Where is the humanity?' in *The Times,* November 30th, 2024.
[2] Church of England, *Hospital Chaplaincy,* available: here

international comparators on this point. In Oregon, 43%[3] of people who died by assisted suicide reported feeling a burden. In Canada this same statistic was 45%[4], and in Washington state an alarming 59%[5].

5. These figures affirm the serious risk that, were assisted suicide to be legalised in England and Wales, many people would pursue it because they felt like a burden to their friends, family, or even to the state. The likelihood of this happening is exacerbated by current challenges facing adult social care, in which care costs are increasingly falling to individuals.[6] The recent Government announcement of additional funding for palliative care is very welcome, but with serious long-term funding challenges, and the message that the NHS is 'broken' emphasised by national leaders, there is a real risk that those at the end of life will feel like a financial burden to family, friends and the services that care for them. There is a likelihood that people will be pushed to consider assisted suicide by a mix of care needs and financial pressures.

6. The irreducible value of every human person means that no one is a burden, every life is precious, every life is worthy of care. No one should feel compelled to hasten their own death. For centuries this has been an unquestioned societal assumption, acting as a bedrock for social and relational flourishing. During the last year it has been particularly concerning to see some high-profile social commentators argue that feeling like a burden is actually an appropriate reason to pursue assisted suicide.[7]

7. Lord Sumption, though a supporter of assisted suicide, has reflected on the way in which the values inherent in the Terminally Ill Adults Bill will shape society more broadly. He observes how many people at the end of life are afraid of being an emotional or financial burden, and

[3] This is the 2023 figure. *Oregon Death with Dignity Act: 2023 Data Summary*, available here.
[4] This is the 2023, Track 1 figure. *Medical Assistance in Dying in Canada 2023, Annual Report*, available here.
[5] This is the 2022 figure (the most recently released data point). *Death With Dignity Report 2022*, available here.
[6] The Kings Fund report that the financial threshold for eligibility for care has not increased since 2010/11 (despite inflation), amounting to a real-term cut in eligibility for adult social care. Meanwhile, compared with 2015/16 more people in England are requesting social care support but fewer people are receiving it. For further discussion see The Kings Fund, *Social Care 360,* (2024), available here.
[7] For example, Polly Toynbee 'The assisted dying bill has passed. At last: a decent life can end in a decent death' in *The Guardian,* November 29th, 2024. Also Matthew Parris: "Your time is up" will never be an order, but — yes, the objectors are right — [it] may one day be the kind of unspoken hint that everybody understands. And that's a good thing." 'We Can't Afford a Taboo on Assisted Dying' *The Times*, March 24th, 2024.

how "in a world where suicide is regarded as just another end of life choice, these unseen, unheard pressures are likely to increase".[8]

8. It is inevitable that the legalisation of assisted suicide will change societal attitudes to the end of life. A key concern for me and for other opponents of legal change is that for those with complex social, economic or health needs, the introduction of assisted suicide as a 'treatment' option in one initially narrowly-defined set of circumstances might over time come to be considered as an option in other cases. It is particularly striking that in Canada a recent poll found that 27% of people 'would be fine' with legalising assisted suicide for those whose were homeless or those in poverty.[9]

9. Dependence on others is a lived reality for all of us at one or other stage of human life. Loving and being loved by others is part of what it means to be truly human (as a Christian I think of 2 Corinthians, 12:12-26). Those at the end of life are not social or economic burdens, and a society which makes them feel so is in desperate need of the words spoken by Dame Cicely Saunders, the founder of the modern hospice movement:

> You matter because you are you, and you matter to the last moment of your life. We will do all that we can not only to help you die peacefully, but also to live until you die.[10]

10. While painful deaths do still happen in hospice care[11], it is significant that the number of painful deaths has decreased markedly due to advances in palliative medicine. So often the 'hard cases' reported in the media happen when stretched palliative care services have been unable to provide care in a sufficiently timely manner. From my own experience as a cancer nurse, I know that in the overwhelming majority of cases we were able to provide our patients with a good death. As we did so we worked to embody the words of Dams Cicely Saunders seeking to show every person on our wards that they mattered, that they were a gift.

11. This Bill does not contain any measure that could truly safeguard people against feeling like a burden. Nor do I believe any amendment to the Bill could adequately safeguard against that becoming a primary motive for seeking an assisted death.

---

[8] Lord Sumption 'I can't rejoice at this assisted dying bill. Where is the humanity?' in *The Times,* November 30th, 2024.
[9] See 'One third of Canadians fine with assisted suicide for homelessness' in *National Post,* May 16th, 2023.
[10] Quoted in Robert Twycross 'A Tribute to Dame Cicely Saunders', Memorial Service, 8 March 2006.
[11] See, for example, Office for Health Economics, 'Unrelieved Pain in Palliative Care in England' (2019). Available: here

12. Though I do not believe amendments can make the Bill acceptable, there are three areas where its impact might be made less harmful:
    - The removal of clause 4(2) which allows a medical practitioner to raise assisted suicide with a patient;
    - The addition of a requirement to refer someone to a mental health professional if there is a concern that the terminally ill person's suicidal ideation is the result of a mental health condition. This would be in keeping with clause 2(3)(a); and
    - Changing clause 9 (3)(b) from the assessing doctor "may, if they have doubts as to the capacity of the person being assessed, refer the person for assessment by a registered medical practitioner…" from 'may' to 'must'.

Inequalities in Life, Inequalities in Death

13. Carol Gill, Professor of Disability and Human Development, has described how "the economics and social arrangements of disability …transform ill people into family burdens"[12]. This important point was underlined by Florence Eshalomi MP in her speech at the Second Reading of the Bill, when she said that "freedom in death is possible only if we have had freedom in life".[13] Gill and Eshalomi's point is that the persistence of health (and other) inequalities[14] in life go on to shape the provision of healthcare at the end of life. It was deeply troubling to discover that during the COVID-19 pandemic some doctors implemented a blanket application of Do Not Attempt Resuscitation Notices (DNRs) to people with disabilities.[15] As the disability activist Liz Carr has emphasised, the application of DNRs to people with disabilities without permission is not limited to the COVID-19 pandemic.[16] What the COVID-19 pandemic has shown, again in the words of Carr, is that "some people's lives aren't valued as much as others".[17] This is the reality that we must confront as we consider the question of whether it is safe, just or appropriate to legalise assisted suicide.

[12] Carol Gill, 'No, we don't think our doctors are out to get us: Responding to the straw man distortions of disability rights arguments against assisted suicide' in *Disability and Health Journal,* vol.3, issue 1, (2010), pp.36-37.
[13] House of Commons, Terminally Ill Adults (End of Life) Bill, November 29th, 2024. Available here.
[14] For evidence of persistence health inequalities across disability, wealth, and ethnicity, see the analysis done by the BMA (here), The Health Foundation (here) and The Kings Fund (here).
[15] Women and Equalities Committee, *Unequal impact? Coronavirus, disability and access to services,* (December, 2020), especially chapter 3. Available here.
[16] Liz Carr, 'MPs may trust doctors to manage assisted dying. Disabled people like me cannot' in *The Guardian,* November 28th, 2024.
[17] Liz Carr, 'MPs may trust doctors to manage assisted dying. Disabled people like me cannot' in *The Guardian,* November 28th, 2024.

14. The persistent and widening inequalities in health outcomes due to inequity in healthcare as well as wider social determinants, remain at the end of life. Reducing these inequalities should be an urgent national focus, and their impact should shape the way the Terminally Ill Adults Bill is formed. Those who are subject to health inequalities already face challenges of access and communication with health services, and I remain extremely concerned about a doctor's ability to suggest assisted suicide to a patient based on the patient's perceived quality of life.

15. Clause 2(3)(b) states that people with a disability are not considered terminally ill. However, I remain doubtful as to whether this clause sufficiently protects people with disabilities. In particular, clause 2 fails to protect a disabled person who is judged to be terminally ill from being 'offered' assisted suicide in a way which either implicitly or explicitly makes them feel like a burden. Indeed, there is international evidence of such cases.[18]

16. It is difficult to see how any of these problems could be resolved by means of amendment to the Bill. At the very least a detailed impact assessment ought to pay particular attention to the interaction between the Terminally Ill Adults Bill, marginalisation, poverty, disability, ethnicity, mental health, and health inequalities. A reporting requirement on these topics under clause 34 and clause 35 would also be helpful.

Conscientious Objection

17. The failure of the Bill to safeguard the most vulnerable is one reason that many hold a conscientious objection to it. In the NHS context, while this will no doubt include many staff with religious belief (61% of NHS staff)[19] it will also include many NHS staff without religious belief. Indeed, we know that the vast majority of medical professionals say they would not actively participate in the prescription of life-ending drugs. Notably the figure is even lower for GPs (32%), geriatricians (26%) oncologists (23%), and palliative care specialist (10%).[20]

18. Whilst recognising that registered medical practitioners and health professionals are able to express a conscientious objection under Clause 23, I would recommend:

[18] See especially 'RCMP called to investigate multiple cases of veterans being offered medically assisted death' in *CBC,* November 24th 2022, available: here. See also 'Chronically ill man releases audio of hospital staff offering assisted death' in *CTV News,* August 2nd, 2018, available here as well as the case in the Netherlands described by Baroness Hollins in *Oral Evidence to Health and Social Care Committee on Assisted Dying/Suicide,* Q.8 and Q.9, available here.

[19] NHS Digital, *Equality & Diversity data by NHSE region, staff group and grade, December 2023*. Available: here.

[20] British Medical Association, *Physician Assisted Dying Survey Report*, (2020). Available: here.

- Clause 23 be expanded to cover not only participation 'in the provision of assistance' but the supervision of, management of, or involvement in administrative requirements related to the provision of assistance of anyone who, or any team which, directly provides assistance. Where necessary this may require the provision of additional resources to make such a conscientious objection possible.
- Clause 23 be expanded to cover every member of multidisciplinary teams. The many other services that will also be involved in the delivery of assisted suicide must also be protected in law if they choose not to participate. Indeed, the legislation as a whole would be less harmful if it better recognised the multi-disciplinary nature of modern healthcare.

Conclusion

19. I am grateful to the Committee for their work on this contentious and detailed issue. We share an interest in wanting to see the delivery of compassionate and high-quality end of life care. I am sure we all recognise the unique preciousness and irreducible value of human life. However, I remain unconvinced that any amendments to the Bill could adequately protect someone who feels like a burden from acting on this to end their life. The safeguard which best protects the irreducible value of all people is undoubtedly the current law.

Tuesday, 21st January 2025

Words: 1,937 words