

# Health and Social Care Committee assisted dying inquiry: **National Secular Society** input

## 1. Introduction

- 1.1. This response is made on behalf of the National Secular Society (NSS). The National Secular Society is a not-for-profit, non-governmental organisation founded in 1866, funded by its members and by donations. We advocate for separation of religion and state and promote secularism as the best means of creating a society in which people of all religions and none can live together fairly and cohesively. We seek a diverse society where all are free to practise their faith, change it, or to have no faith at all. We uphold the universality of individual human rights, which should never be overridden on the grounds of religion, tradition or culture. More information about our organisation can be found here: <https://www.secularism.org.uk/about.html>

## 2. The law

- 2.1. In England and Wales, helping someone to die is a criminal offence under [s2 of the Suicide Act 1961](#) and is punishable by up to 14 years' imprisonment. Suicide is the only act in the United Kingdom which is legal to commit oneself but illegal to assist. Prosecutions may only be brought with the explicit permission of the Director of Public Prosecutions (DPP) and [guidelines](#) have been published listing factors for and against prosecution. There have been [four](#) successful prosecutions in the last 13 years.
- 2.2. The pre-1961 criminalisation of suicide stemmed, in part, from religious objections. The Church of England has, at least historically, [considered](#) suicide a 'mortal sin'. Indeed, under current [Canon Law](#), ministers have a duty to bury deceased Anglican parishioners unless they "being of sound mind have laid violent hands upon himself". And it was only in [2017](#) that the Church began to allow full funerals for those who died by suicide.
- 2.3. Baroness Meacher's 2021 [private members' bill](#) was the most recent attempt at legislative reform. It would have legalised assisted dying in cases of mentally competent, terminally ill adults with less than six months to live. Evidence of a voluntary and settled decision to end their own life would have required the approval of two doctors and a High Court judge. Doctors who conscientiously objected to assisted dying would have been exempt from participating in the process.
- 2.4. The government assigned the bill insufficient parliamentary time to progress.
- 2.5. Liam MacArthur MSP's [Assisted Dying for Terminally Ill Adults \(Scotland\) Bill](#), brought forward with cross-party support, is currently under consideration by the Scottish Parliament.

### 3. Failings of the law

- 3.1. Recent polling ([Populus 2019](#), [NatCen 2019](#), [YouGov 2021](#), [Ipsos 2022](#)) consistently demonstrates a strong desire amongst the British public for reform of assisted dying legislation. Indeed, a 2022 [petition](#) gained over 155,000 signatures in support of reform.
- 3.2. At the same time, there has been a broad move away from medical paternalism and towards a more patient-centred model of care. Of Beauchamp and Childress' [four ethical principles](#) of medicine, respect for patient autonomy has increasingly been given primacy by many clinicians. This is reflected in prominent medical organisations' adoption of neutral stances on assisted dying.
- 3.3. In 2021, for example, the [British Medical Association](#), which represents 150,000 UK doctors, voted to drop its active opposition to assisted dying. Half of members supported reform, with only a third supporting criminalisation. Similar stances have been adopted by the Royal College of Physicians, the Royal College of Psychiatrists, the Royal College of Nursing and the Royal Pharmaceutical Society.
- 3.4. As such, the law in its current form is out of step with both public and medical opinion.
- 3.5. We believe that patient autonomy includes the right of mentally competent adults to make a voluntary and settled decision regarding the time, setting and manner of their death. We recognise there is scope for reasonable disagreement on the eligibility criteria for accessing assisted dying.
- 3.6. The vast majority of terminally ill patients do not avail themselves of assisted dying, even in jurisdictions where it has been decriminalised. As such, assisted dying should be correctly understood as complementary to rather than in competition with high quality palliative care. It is entirely consistent to believe that assisted dying should be legal while well-funded, gold-standard palliative care should be available to all.
- 3.7. But is it undeniable that even the best palliative care cannot alleviate all suffering in all cases. This suffering can come in many forms, including but not limited to: physical pain, nausea, immobility, incontinence and indignity.
- 3.8. It is well known that, even where access to high quality palliative care is available, serious illness is associated with a higher risk of suicide. [A 2022 Office for National Statistics analysis](#) found, for example, that the suicide rate in patients with low survival cancers was 2.4 times higher than the general population.
- 3.9. Research from Dignity in Dying estimates up to 650 terminally ill people a year in the UK take their own lives in lieu of a safe, legal option to die on their own terms, with up to 10 times as many attempts.
- 3.10. Marjorie Wallace CBE, chief executive of mental health charity SANE, [has said](#) traditional suicide prevention measures "are not an appropriate response" for those who are nearing the end of life and wish to ease the dying process, because their motivation is "to

shorten death, not shorten life".

3.11. The criminalisation of assisted dying increases the risk of botched suicides amongst this group. Without the assistance of a medical professional, these individuals lack the means and expertise to end their lives in a peaceful and dignified manner.

3.12. Some patients will feel that the only option available to them in ending their own life is Voluntarily Stopping Eating and Drinking (VSED). It should be a source of national shame that such patients are driven to such excruciating measures when a safe, compassionate alternative is available.

3.13. Those with substantial financial means may elect to travel to Dignitas in Switzerland to receive medical help in ending their lives. Indeed, since 2002, almost [500 Britons](#) have resorted to travelling to Dignitas in Switzerland. At an average cost of £10,000, however, this option remains out of reach for many.

3.14. Accessing assisted dying abroad is not only problematic because it excludes the less well off in our society: Travelling to Dignitas necessarily requires an individual to be at a stage in their illness where they are still physically able to travel. This means some patients will feel forced into availing themselves of assisted dying abroad earlier than they otherwise would were it legal in the UK. Thus, the current law is pressurising patients into ending their lives prematurely in an alien setting, away from their home, family and friends.

3.15. Furthermore, the law criminalises those who might seek to assist such patients, even when motivated entirely by compassion.

3.16. Despite this, Lord Sumption, former Justice of the Supreme Court of the United Kingdom, has defended the status quo:

*"I think that the law should continue to criminalise assistance in suicide and I think that the law should be broken. I think that it should be broken from time to time. We need to have a law against it in order to prevent abuse but it has always been the case that this has been criminal and it has always been the case that courageous relatives and friends have helped people to die, and I think that that is an untidy compromise of the sort that I suspect very few lawyers would adopt, but I don't believe that there is necessarily a moral obligation to obey the law and, ultimately, it is something that each person has to decide within his own conscience."*

3.17. This is, obviously, entirely unsatisfactory. "Courageous relatives and friends" should not have to face the spectre of criminal prosecution in order to extend the compassion of a dignified and peaceful death to their loved one.

3.18. Proposed changes to the law have been criticised by opponents for insufficiently robust safeguards: Vulnerable patients will be pressurised by grasping family members into agreeing to assisted dying, they argue. Regardless of their stringency, safeguards can never be infallible, therefore assisted dying must not be permitted.

3.19. This is to ignore, deliberately or otherwise, that the current legal framework includes no prospective safeguards for patients: a patient found to have availed themselves of assisted dying only has their wishes examined retrospectively. The motivations of their

family members are only scrutinised after the patient's death comes to light. The clinical opinion of the patient's doctor is only solicited after the fact.

## 4. Models for change

- 4.1. Assisted dying is now decriminalised or legal in 27 jurisdictions, including the US state of Oregon.
- 4.2. Assisted dying in Oregon was legalised in 1997 based on parameters very similar to those proposed in Baroness Meacher's bill. [Available evidence](#) suggests it has been implemented safely and effectively. Of the 36,498 deaths in Oregon in 2017 only 143 resulted from assisted-dying. It has not, as opponents have suggested, lead to "widespread euthanasia".
- 4.3. Indeed, in 35% of cases, individuals prescribed aid-in-dying medication did not ultimately use it. Rather it served as peace of mind that it would be available were their suffering to become intolerable – a form of so called "emotional insurance".
- 4.4. And, as of 2018, Disability Rights Oregon, a state-based disability advocacy group, had not received a single complaint of actual or attempted abuse under the Oregon Death with Dignity Act.
- 4.5. Furthermore, the implementation of a safe and effective assisted-dying framework has not come at the expense of high quality palliative care. In 2019, the Center to Advance Palliative Care [ranked](#) Oregon's palliative care system 12<sup>th</sup> in the country with an A grade, scoring of 88.9 out of a possible 100.

## 5. Religious opposition to reform

- 5.1. It is undeniable that religious sanctity of life view – the idea that God created human life, only God has the right to end it – is a key driver of opposition to greater patient choice at the end of life.
- 5.2. In second reading of Baroness Meacher's Assisted Dying Bill 2021, the archbishop of Canterbury, Justin Welby, said the bishops' bench was [united in opposition](#) to legalisation. The bill was described by Bishop John Sherrington, Lead Bishop for Life Issues for the Catholic Bishops' Conference of England and Wales as an "[unprecedented attack on the sanctity of life](#)".
- 5.3. The NSS believes everyone should have their say when it comes to assisted dying reform. However, religious dogma should not be considered a rational, compassionate, or legitimate basis for policy making. It is not for the state to impose religious dogma on citizens.
- 5.4. We are concerned that the privileged role of Anglican clerics in the legislature represents undue influence of organised religion over public policy.

- 5.5. The bishops' bench, comprised of 26 Church of England bishops who enjoy their seats as a matter of right, has consistently opposed changing the law. Martin Warner, bishop of Chichester, used his *ex officio* position in a 2021 debate on assisted dying to opine: "God does not inflict evil on people".
- 5.6. Speaking on the [National Secular Society podcast](#), Baroness Meacher recalled a conversation with an unnamed lord spiritual in which he said "I don't know that I believe in autonomy."
- 5.7. The lords spiritual also preside over parliamentary prayers, which may lend them an undue air of moral superiority, and enjoy unmerited access to law makers in Westminster and the executive. They have historically opposed much-needed reforms of divorce, blasphemy and same-sex marriage laws.
- 5.8. Some have sought to justify the presence of Anglican bishops in House of Lords by arguing they represent all faiths. This would be more plausible were it not for the fact that, per a 2019 Populus poll, [80% of religious people](#) support the legalisation of assisted for mentally competent, terminally ill adults. [53% of religious people](#) believe it is wrong for religious leaders to campaign against assisted dying.
- 5.9. Separate [YouGov polling](#) has demonstrated that 72% of Anglicans support assisted dying reform. George Carey, former archbishop of Canterbury and a member of the "religious alliance for dignity in dying", has noted that he is "painfully aware" that while his views do not align with Church leadership, they are "ironically, in step with the vast number of Christians who see the need for change."
- 5.10. The group's chair, Rabbi Dr Jonathan Romain, has said: "We must puncture the myth that religious people oppose assisted dying. Anti-choice religious leaders and groups don't speak for the majority. We must work together to make the compassionate case for assisted dying."
- 5.11. Religious opposition to assisted dying is not limited to primates of the Church of England. Baron Farmer [called](#) Baroness Meacher's bill "an atheists' Bill, denying God and denying eternity". Baron Suri, who is a Sikh, [said](#) assisted dying was "a crime against our maker, almighty God and nature". Individuals are, of course, entitled to their theological views but these should not be imposed upon others.
- 5.12. Some religious groups, however, have come to recognise that theological objections to assisted dying increasingly fail to resonate with the public. Former second church estates commissioner Caroline Spelman articulated this in a 2015 debate on assisted dying: "The view that life is a gift from God with all that it entails, including pain and suffering, and that it is not for us to bring to an end, is perceived to be at odds with the prevailing view of our rights, including a perceived right to end our own life."
- 5.13. This should be particularly unsurprising given [2021 Census](#) data showing that England and Wales are, for the first time, minority Christian countries.

- 5.14. As such, religious opponents of assisted dying have sought to disguise theological objections to assisted dying by reframing them in secular language. For example, arguments based on 'sanctity of life' are now less commonly marshalled and, instead, replaced with appeals to protect the vulnerable.
- 5.15. While it is, of course, true that stringent safeguards must accompany any reform, concerns for the vulnerable must not be hijacked as a vehicle for theological objections to assisted dying.
- 5.16. One manifestation of this argument is that it will endanger the lives of disabled people. This fails to address the fact that assisted dying reform under bills such as Baroness Meacher's would apply only in cases of terminal illness, not disability writ large. Furthermore, [2015 Populus polling](#) showed support for assisted dying amongst the disabled community (86%) exceeded that in the general public (84%).
- 5.17. Indeed, it can and has been argued that the law in its current form discriminates against disabled people. Able-bodied people may be able to successfully bring about their own death without the help of others. Some disabled people, however, such as those with quadriplegia, would necessarily require the help of others to commit suicide, thus exposing their loved ones to prosecution.
- 5.18. But it is not only theological language that has been camouflaged. Now entire opposition groups are seeking to disguise their religious objection to assisted dying. Take, for example, the all-party parliamentary group for "dying well". Set up to "stand against the legalisation of assisted suicide" and "promote access to excellent care at the end of life", it makes no mention of religion on its [website](#) even though the vast majority of its officers are Christians. Its chair, evangelical Christian Danny Kruger MP, said Baroness Meacher's bill, if enacted, would lead "widespread euthanasia of the elderly and disabled".
- 5.19. Another example is the anti-assisted dying campaign group, '[Better Way](#)', which has forwarded [misleading arguments](#) against assisted dying reform. These include the claim that legalisation of assisted dying would imply that "disabled lives are not worth living." Better Way is backed by the Christian charity [CARE](#) (Christian Action Research and Education) but, again, there is no mention of this on their website or in their literature. CARE [argue](#) that legalising assisted dying would "impose on doctors a duty to kill".
- 5.20. [Not Dead Yet UK](#) is nominally a group for UK disability activists who oppose assisted dying. Per [research](#) by Dignity in Dying, however, they are actually a front for the charity Christian Concern. This was revealed in a lecture by an outgoing member of the Christian Medical Fellowship, Peter Saunders:

*"This was a demo that was fronted, you can see virtually entirely by disability rights campaigners. But actually, everything was put together by one of the groups involved in Care Not Killing, that was Christian Concern, who provided the financial support, made the placards, came along, got the disabled people along to the event and were completely invisible in doing it, because they realised it was better for disabled people to be fronting it."*

- 5.21. It is, at best, intellectually disingenuous and, at worst, exploitative to use disabled people to covertly promote a religiously motivated message. Separately, Christian Concern have campaigned against reproductive rights, gay marriage and same-sex parenting.
- 5.22. Another troubling feature of some religious opposition to assisted dying is its bankrolling by extremist groups from the United States. In 2019, a [judicial review](#) was brought against the Royal College of Physicians after it, in the absence of a supermajority for support or opposition, adopted a neutral stance on assisted dying. The review was [partly funded](#) by ADF international, an organisation with links to the US based Alliance Defending Freedom.
- 5.23. Alliance Defending Freedom, [per](#) the Southern Poverty Law Centre, is an advocacy group which supports the “recriminalization” of homosexuality in the US and “criminalization abroad”. It has defended “state-sanctioned sterilization of trans people” and said a “homosexual agenda” will undermine Christian society.

## 6. Conclusion

- 6.1. The law concerning assisted dying should seek to uphold the right to exercise a genuinely autonomous choice. The religious views of some, however sincerely held, should not restrict the freedoms and choices of others.
- 6.2. We recognise that there is scope for reasonable disagreement on this issue and welcome intellectually honest debate around it. We urge the Committee members to be mindful of theological opponents of assisted dying obfuscating their language, motivations and funding.