

# An update on Assisted Dying: Healthcare and Secularism Part 7

Video available at: <https://www.youtube.com/watch?v=r0hYdW1tNXE>

0:00:04.560,0:00:10.980

Our next speaker Dr. Jackie Davis is a member of council of the British Medical Association,

0:01:11.470,0:01:15.720

me to second a motion about assisted dying at a BMA meeting several years

0:00:11.000,0:00:14.740

author, founder member of the National Campaign 'Keep Our NHS Public',

0:01:15.720,0:01:20.140

ago and I said I don't really do that ethical stuff because it's rather tricky.

0:00:14.740,0:00:19.660

Chair of Healthcare Professionals for Assisted Dying, and manages to find time

0:01:20.140,0:01:24.040

And something happened and I changed my mind about doing it and I had to go away and

0:00:19.660,0:00:24.099

also to be a consultant radiologist. It's always a pleasure to hear Jackie speak

0:01:24.040,0:01:29.220

think about it, and I did second the motion on the basis of, you know, let's end

0:00:24.100,0:00:28.900

with passion and conviction and Jackie will now give us an update on assisted dying.

0:01:29.220,0:01:33.840

medical paternalism and patronizing patients. We lost of course

0:00:28.900,0:00:52.780

100 million people now have access to it. Why can't we?

0:01:33.840,0:01:38.470

because the hall on these days at the BMA is packed with people who

0:00:52.780,0:00:57.840

(JD) I'm just going to tell you a little bit about myself because I think I probably represent the

0:01:38.470,0:01:43.120

don't want this to pass, so we can come back to that later, but it did make me

0:00:57.850,0:01:02.500

vast majority of doctors in this country. I didn't really know anything about this

0:01:43.120,0:01:46.630

go away and think about it and I approached Healthcare Professionals

0:01:02.500,0:01:08.140

assisted dying and somebody asked me at a BMA - my background is campaigning for

0:01:46.630,0:01:50.770

for Assisted Dying, which is the medical subgroup of Dignity in Dying.

0:01:08.140,0:01:11.470

the health services, you'll have understood from what Antony said - somebody asked

0:01:50.770,0:01:54.780

And I will be asking at the end if there is any health care workers in the

0:01:54.780,0:01:59.580  
audience if they want to join us.  
It doesn't cost anything and I hope you will.

0:01:59.580,0:02:04.150  
I said we really need to start dealing  
with the BMA on this,

0:02:04.150,0:02:08.160  
because until we deal with them, they're  
constantly quoted in any debates about this,

0:02:08.160,0:02:11.640  
we're never going to get anywhere.  
And so I became Chair of Healthcare

0:02:11.640,0:02:16.000  
Professionals for Assisted Dying, subsequent  
to that, and it's important to say this,

0:02:16.000,0:02:20.860  
because people say "Oh that's why you got  
involved",  
I had two very bad deaths in my family.

0:02:20.860,0:02:24.370  
One was somebody who died of  
inoperable cancer who spent their time

0:02:24.370,0:02:29.200  
really worrying about what their end was  
going to be like, an older person worried

0:02:29.200,0:02:33.190  
about loss of dignity and all the rest of it.  
And my brother, who has always said

0:02:33.190,0:02:37.750  
that you must use my story for your  
campaign, who had terminal cancer.

0:02:37.750,0:02:43.690  
Being a fit man, saw this other relative  
dying, wanted to die and ended up trying

0:02:43.690,0:02:48.070  
to hang himself and then throwing  
himself down stairs. So, that you can read

0:02:48.070,0:02:51.910  
about in The Guardian. I wrote  
about it there, and it's not why I got

0:02:51.910,0:02:55.390  
involved in this to start with, but it  
does make me think that, if I've had two

0:02:55.390,0:03:00.370  
very bad deaths in my family, in recent  
history, there must be many many bad

0:03:00.370,0:03:06.220  
deaths happening out there. And I don't  
believe the story that there aren't.

0:03:06.240,0:03:11.760  
Can I ask people: how many people  
know anything about the assisted dying

0:03:11.769,0:03:14.860  
movement in this country, or the  
Oregon Law, or anything like that?

0:03:14.860,0:03:21.800  
Okay. That's some people, but not everybody.  
So I think what I'll do is just run over

0:03:21.800,0:03:27.960  
what we're campaigning for in this country,  
and then really what we're up against.

0:03:28.020,0:03:31.840  
What we're campaigning through Dignity in  
Dying,  
and I know Michael's going to argue against

0:03:31.849,0:03:35.930  
this later, so that'll be interesting, but  
what the Dignity in Dying campaign is for,

0:03:35.930,0:03:39.049  
and, of course, Healthcare Professionals  
for Assisted Dying as a

0:03:39.049,0:03:43.819  
subsidiary of that, is the Oregon law,

which has been in place in Oregon now

0:03:43.819,0:03:49.599

for over twenty years. and it's very specific and limited. It is for

0:03:49.599,0:03:56.450

terminally ill people who are of sound mind, so you can't be demented, and you

0:03:56.450,0:03:59.359

have to be a fixed purpose, in other words you can't ask for it and take it

0:03:59.359,0:04:02.420

five minutes later.

So, terminally ill people of sound mind and

0:04:02.420,0:04:06.829

fixed purpose. That's been running for twenty years in Oregon now, and the

0:04:06.829,0:04:10.549

useful thing about having it running for twenty years in Oregon is that it's a

0:04:10.549,0:04:14.930

very good model to point to. It's not that we are trying to do what nobody

0:04:14.930,0:04:19.250

else has done. Somebody else has been doing it for twenty years. And because

0:04:19.250,0:04:23.570

it's been a success there, it has been taken up in various other constituencies.

0:04:23.570,0:04:28.970

There are a number of states in the U.S. now: Colorado, Montana, Hawaii, Oregon,

0:04:28.970,0:04:33.060

Vermont, and Washington.

And other states are definitely debating it.

0:04:33.060,0:04:37.860

So it's a movement in the states,

Canada has adopted something similar,

0:04:37.860,0:04:45.640

Victoria state in Australia has, other places are looking at it. And the title of my talk

0:04:45.640,0:04:49.699

comes from the fact, if you sit down and do the sums, because California was a

0:04:49.699,0:04:54.409

big step forward in terms of numbers, there are now about 100 million people

0:04:54.409,0:04:59.360

in the world who have access to this form of assisted dying. And so it's no good,

0:04:59.360,0:05:02.000

well, the opponents of assisted dying

0:05:02.000,0:05:05.690

can't accept this fact, but it's daft to go on saying that we can't do it because

0:05:05.690,0:05:09.560

it's available to 100 million people.

So I think we have to step beyond

0:05:09.560,0:05:13.440

that and say how can we deal with the appearance of it?

0:05:13.440,0:05:21.340

and how can we even bypass the opponents of it?

Because it really needs to happen.

0:05:21.360,0:05:28.260

In terms of the figures, we know through surveys that have been done, that 82% of the general population in

0:05:28.260,0:05:35.920

this country want legislation for assisted dying.

And in that are 79% of people who claim to be religious,

0:05:35.920,0:05:40.060  
and 86 or or 89% of people who are disabled.

0:05:40.060,0:05:45.870  
So, what's very interesting about it is  
that the opposition to assisted dying

0:05:45.870,0:05:49.900  
largely comes from the groups I've just  
mentioned, are the medical professions. So

0:05:49.900,0:05:52.780  
the people who will oppose assisted  
dying whole time are the leaders,

0:05:52.780,0:05:57.910  
religious leaders, with one or two  
exceptions like Desmond Tutu and Lord Carey,  
I

0:05:57.910,0:06:02.229  
think, the leaders of the disabled  
organizations, and, of course, the leaders

0:06:02.229,0:06:06.310  
of the medical profession. And I sit on  
the Council of the British Medical

0:06:06.310,0:06:11.889  
Association and the Ethical Committee of  
the British Medical Association, not

0:06:11.889,0:06:15.190  
because I particularly love those  
organizations, but because I don't think

0:06:15.190,0:06:19.240  
you can change things until you get  
inside organizations and fight from

0:06:19.240,0:06:24.580  
inside them. I stood originally for  
the British Medical Association because I

0:06:24.580,0:06:27.190  
thought they were making a real  
hash of it over the Health and Social

0:06:27.190,0:06:31.330  
Care bill, if anybody remembers that.  
But it's actually quite useful still to be

0:06:31.330,0:06:35.440  
in there to fight this other stuff, and, of  
course,  
the health problems haven't gone away.

0:06:35.440,0:06:43.540  
So, to look at the various opposition groups:  
the religious leaders are very strong

0:06:43.540,0:06:47.560  
The history of how they've tried  
to get legislation through in this country

0:06:47.560,0:06:52.180  
has been - a long time ago there was an  
attempt  
to get it through the House of Lords -

0:06:52.180,0:06:55.160  
but the recent history is, I think, that was  
Lord Joffe.

0:06:55.160,0:06:58.380  
Lord Faulkner actually made a  
lot of progress with his bill.

0:06:58.380,0:07:02.800  
It got to a second reading in the House  
of Lords, and then it fell because there

0:07:02.800,0:07:07.030  
was a general election. And then you have  
to start all over again. And then, to

0:07:07.030,0:07:10.780  
everybody's surprise, you know there's this  
private member's bill, where people go

0:07:10.780,0:07:14.139  
into a lottery, and they can have a burn,  
the chap who won it was a chap

0:07:14.139,0:07:19.780

called Marris, and his passion was assisted dying. So the Marris Bill

0:07:19.780,0:07:24.639  
got put to Parliament, I supposed two or three years ago now, and I was involved

0:07:24.639,0:07:27.759  
in campaigning around that time, and I learnt a lot of things at that stage,

0:07:27.760,0:07:33.840  
particularly about MPs. Then after that it's gone very quiet until recently,

0:07:33.840,0:07:39.520  
when Guernsey tried to get a law through. I don't know whether anybody noticed that in the papers?

0:07:39.520,0:07:42.780  
[Audience member indicates they did]  
[JD] Oh great! OK, well you could tell us something about it.

0:07:42.789,0:07:46.960  
That was interesting. I think the problem there, possibly, we might hear was that

0:07:46.960,0:07:50.830  
there wasn't too much forward planning. Dignity in Dying weren't involved,

0:07:50.830,0:07:54.320  
but the point about that is, I think Jersey are going to have a go at it.

0:07:54.320,0:07:59.500  
It's now lapping at our shores, and once it starts lapping at the shores

0:07:59.500,0:08:04.569  
you can't get rid of it.  
On a very micro note, the Falkland Islands

0:08:04.569,0:08:09.430  
actually voted recently: three to two.  
But if assisted dying became

0:08:09.430,0:08:13.240  
available, they'd have some of it, thank you very much.

0:08:13.240,0:08:17.050  
It's on the back burner all the time and then it moves forward to the to the

0:08:17.050,0:08:21.069  
front burner from time to time, and we have to be ready for it. So,

0:08:21.069,0:08:24.939  
when the debate took place in the House of Lords, Bishop after

0:08:24.939,0:08:29.379  
Bishop stood up and said what a dreadful thing this was, and so that was the

0:08:29.379,0:08:32.320  
religious contingent. Lord Carey upset everybody, of course, by saying

0:08:32.320,0:08:35.950  
that he thought it was rather good thing, but they probably didn't speak to him in

0:08:35.950,0:08:40.390  
the bishops dining room, or whatever it was, but he's definitely a lonely figure.

0:08:40.390,0:08:45.279  
But, we know that 79% of religious people want this, so they're not

0:08:45.279,0:08:49.750  
representing the people who they represent. Same with the disabled.

0:08:49.750,0:08:54.699  
There are a couple of peers in the House of Lords who are wheelchair-bound and

0:08:54.699,0:08:58.750  
I'm sorry to say they come out every time,

and are very passionate in arguing  
0:08:58.750,0:09:03.790  
against assisted dying. And the irony is  
it would not be available to them even  
0:09:03.790,0:09:08.890  
if they wanted it, because assisted dying  
is for terminally ill people, and  
0:09:08.890,0:09:12.040  
they're not terminally ill, but they seem  
to have no shame about throwing  
0:09:12.040,0:09:15.970  
themselves into this argument and saying  
that you're demeaning our lives and  
0:09:15.970,0:09:19.000  
you're making a scene as though we count  
for nothing. We can come back to  
0:09:19.000,0:09:23.890  
these arguments later because it is  
quite interesting. The BMA, of course, is  
0:09:23.890,0:09:26.940  
my great passion and the interesting  
thing about the - Have we got any doctors in  
0:09:26.949,0:09:31.899  
the room? Yes. We've got some doctors, okay.  
For the rest of you this may be slightly  
0:09:31.899,0:09:34.839  
less interesting but is important  
about how we how we overcome the  
0:09:34.839,0:09:36.450  
opposition, because what's happened in the  
0:09:36.450,0:09:43.080  
jurisdictions where assisted dying  
has been introduced, is that you have  
0:09:43.080,0:09:46.080  
always had to get past the medical profession.

0:09:46.080,0:09:50.840  
In California they had to change their position,  
in Canada they had to change their position,  
0:09:50.850,0:09:54.029  
and so one of the really important  
things that we have to do is to change  
0:09:54.029,0:09:57.420  
the position of the British Medical  
Association.  
Why does the British Medical  
0:09:57.420,0:10:01.020  
Association have this position?  
Because the policy of the British Medical  
0:10:01.020,0:10:04.560  
Association is made once a year at an  
annual meeting, which is attended by  
0:10:04.560,0:10:12.029  
about 300 people. The agenda goes out,  
the Christian Medical Federation see  
0:10:12.029,0:10:15.240  
that assisted dying is going to be  
debated, and, of course, they will turn up  
0:10:15.240,0:10:20.310  
on that day. So "our" (the British  
Medical Association) policy on assisted  
0:10:20.310,0:10:25.260  
dying, which is a stance of opposition,  
is based on the votes of 300 people on a  
0:10:25.260,0:10:30.120  
particular day. I, from my position on  
council, have called for the last decade  
0:10:30.120,0:10:35.279  
for our members to be surveyed on this,  
because it would not be difficult in  
0:10:35.279,0:10:38.580  
this day and age of the Internet to  
actually know what are 150,000

0:10:38.580,0:10:42.180  
members would like. But they've  
never agreed to do that, and, of course,

0:10:42.180,0:10:45.060  
they won't agree to do it, because they know  
damned well what the answers going to

0:10:45.060,0:10:48.990  
be. Then a lot of doctors either don't  
really know enough about it, or have

0:10:48.990,0:10:54.660  
practical opposition to it. I'll come back to  
how  
those doctors fall into the different groups.

0:10:54.660,0:10:58.380  
MPs are interesting.  
Somebody told me, and I didn't know

0:10:58.380,0:11:02.760  
whether this is true, that a  
disproportionate number of MPs actually

0:11:02.760,0:11:06.990  
have religious beliefs, and that's why  
they go into politics. I would be

0:11:06.990,0:11:10.620  
interested to know if anybody can  
confirm that. I had a rather salutary

0:11:10.620,0:11:15.330  
experience. I was asked to go to  
Gloucester by a Tory MP and debate with

0:11:15.330,0:11:19.320  
an anti assisted dying person for his  
constituents before the vote on the

0:11:19.320,0:11:23.160  
Marris bill. There was a big audience,  
it was a good audience like this, and

0:11:23.160,0:11:26.730  
clearly the audience were all very

passionately for assisted dying. In fact,

0:11:26.730,0:11:29.490  
I was in the position I often find  
myself in, I was being attacked because

0:11:29.490,0:11:34.920  
they didn't think that our position on  
assisted dying went far enough.

0:11:34.920,0:11:37.980  
The MP was chairing it, and at the end of the

0:11:37.980,0:11:42.240  
debate a young woman put her hand up and  
said to the MP "Well, you've heard what

0:11:42.240,0:11:47.250  
everybody thinks here and so how are  
you going to vote?" And he said "Well, you

0:11:47.250,0:11:54.540  
know, as an MP, I think my job is to look  
after the vulnerable". And that is what

0:11:54.540,0:11:58.980  
always what people fall back on.  
I'll just touch on that a moment

0:11:58.980,0:12:04.800  
because it's very interesting. I  
work in a very large x-ray

0:12:04.800,0:12:08.580  
department, and one of our receptionists  
came up to me, before the Marris Bill,

0:12:08.580,0:12:12.030  
and said "Dr. Davis, you know something  
about assisted dying. Why is it so

0:12:12.030,0:12:16.860  
dreadful?" And I said "Well, actually,  
why do you think it's dreadful?"

0:12:16.860,0:12:21.780  
It turned out that she'd had a letter  
from her church, who was asking her to

0:12:21.780,0:12:26.580  
write a letter, to her MP, saying she was  
very worried about the vote that was coming  
up

0:12:26.580,0:12:31.320  
in the house, she was worried  
about vulnerable people, and that she

0:12:31.320,0:12:34.740  
wasn't to say that she had been asked  
by a church to write this letter, and she

0:12:34.740,0:12:37.830  
wasn't to say that she was writing from  
a Catholic perspective, because it was

0:12:37.830,0:12:42.630  
the Catholic Church. I said "That's  
very interesting, Mary. Do you think I

0:12:42.630,0:12:46.560  
could see that letter?" She would not give  
it to me. She was too frightened to give

0:12:46.560,0:12:49.530  
me that letter, so you'll have to  
accept my word, but it was such a bizarre

0:12:49.530,0:12:53.880  
story. That is what's going on.  
The two big arguments that

0:12:53.880,0:12:58.560  
people use when they want to argue  
against assisted dying: a slippery slope

0:12:58.560,0:13:03.060  
and vulnerable people. Of course, the  
good thing about having the Oregon model

0:13:03.060,0:13:08.070  
to present to people is that there has been  
absolutely no evidence of either of

0:13:08.070,0:13:12.300  
those things happening in any

jurisdiction where the Oregon model has

0:13:12.300,0:13:20.550  
been in place. What we know is, my  
predecessor at Healthcare

0:13:20.550,0:13:24.450  
Professionals for Assisted Dying, was a  
fantastic man called Ray Tallis. Has

0:13:24.450,0:13:28.820  
anybody ever come across him?  
He is a hero of mine.

0:13:28.820,0:13:32.030  
In fact, we went on to write a book  
together about the health service, but

0:13:32.030,0:13:37.670  
that was a different issue. He nailed  
what goes on with some of these people,

0:13:37.670,0:13:44.330  
and he called it "Fibbing for Jesus".  
It's a fantastic phrase because it

0:13:44.330,0:13:48.880  
absolutely nails what people do.  
"Fibbing" is perfect because it's never quite  
"Lies",

0:13:48.880,0:13:55.610  
but it's cherry-picking of statistics,  
it's presenting things in a

0:13:55.610,0:14:00.740  
a false light, and it's because people  
who are of a religious background,

0:14:00.740,0:14:04.250  
who very passionately, I mean, it's  
this category that you talked about,

0:14:04.250,0:14:09.080  
there's no arguing with them. You cannot  
argue because they know that God thinks

0:14:09.080,0:14:14.270

this is wrong. But they also know that they can't present an argument that says

0:14:14.270,0:14:18.620

"God thinks this is wrong" because nobody believes in this stuff these days. So in

0:14:18.620,0:14:22.010

front of their argument that God thinks this is wrong, which is what they really

0:14:22.010,0:14:26.870

think, they put up these straw men which is: vulnerable patients and slippery

0:14:26.870,0:14:31.700

slopes and suicide is their other big thing. We shouldn't encourage people to

0:14:31.700,0:14:36.260

commit suicide. I will just address

0:14:36.260,0:14:40.370

the suicide thing. I've done a lot of debating with a chap called Kevin Youell.

0:14:40.370,0:14:46.850

Anybody come across him?

[From the audience] Oh yeah!

[JD] Somebody recognizes him with some vigor!

0:14:46.850,0:14:51.080

He's an interesting fellow because his shtick is that he's

0:14:51.080,0:14:58.460

actually a lecturer in history or somesuch, but he's he's an atheist/agnostic

0:14:58.460,0:15:01.480

and he's very passionately against assisted dying. His

0:15:01.490,0:15:05.570

arguments are all over the place, but one of the things that he does argue is that

0:15:05.570,0:15:09.620

we should not be encouraging people to commit suicide, that's wicked, it would be

0:15:09.620,0:15:14.089

much better, he says, if, in fact, it was all fudged behind closed doors, because

0:15:14.089,0:15:18.680

we shouldn't be seen to be encouraging suicide. To which, I think, our

0:15:18.680,0:15:24.299

movement would say "These people are not committing suicide".

0:15:24.299,0:15:28.139

When the 9/11 happened, I don't know whether you remember that there was

0:15:28.139,0:15:33.689

actually footage on social media, people jumped off the roof of the Twin Towers

0:15:33.689,0:15:36.899

because they could see what was coming. They looked down and there was a towering

0:15:36.899,0:15:40.289

inferno and no one was going to rescue them. Apparently there was a debate

0:15:40.289,0:15:44.489

afterwards about whether they had committed suicide, in terms of recording

0:15:44.489,0:15:48.929

their deaths. The argument was these people did not commit suicide.

0:15:48.929,0:15:53.519

I mean, technically, sure, they jumped off the roof, but in fact they saw that

0:15:53.519,0:15:56.939

a death was coming that was intolerable and so they chose to do

0:15:56.939,0:16:02.009  
that. I would argue that that is what  
people do, who accept an assisted death

0:16:02.009,0:16:07.199  
when they know that they're about to die.  
There was a woman in California called

0:16:07.199,0:16:12.239  
Brittany Maynard, I don't know if anybody  
followed that case over there, and she

0:16:12.239,0:16:16.799  
pretty much single-handedly turned  
around the debate in California. She was

0:16:16.799,0:16:20.939  
a young woman in her late twenties, she  
just got married, she was a very

0:16:20.939,0:16:25.949  
nice-looking and very engaged  
with social media. She got a

0:16:25.949,0:16:30.989  
brain tumor. She was pretty much told  
that we can we can make

0:16:30.989,0:16:33.629  
you live longer, but we can't make you  
live that much longer.

0:16:33.629,0:16:38.369  
She started campaigning for assisted  
dying in California, when it was still

0:16:38.369,0:16:44.369  
illegal there. What she said was  
"I'm 29 years old, I've got a brain

0:16:44.369,0:16:49.439  
tumor, I don't want to die, but I'm dying.  
And I want to be in control of my life

0:16:49.439,0:16:55.799  
at the end." So that is not suicide.  
That is somebody looking for an assisted

0:16:55.799,0:17:00.209  
death. Because one of the other big  
arguments that is used about

0:17:00.209,0:17:06.680  
the criteria that are there for the Oregon  
Case, is that, well, six months,

0:17:06.680,0:17:10.280  
doctors can't prognosticate that accurately.  
Some people

0:17:10.280,0:17:13.280  
think they're going to live six months.  
but, in fact, there again, they might live

0:17:13.280,0:17:18.790  
another nine months.  
Anybody know Laura Finley here?

0:17:18.790,0:17:22.580  
She and I were at medical school  
together. Laura's a very

0:17:22.580,0:17:25.790  
nice woman, but she is passionately  
against this stuff.

0:17:25.790,0:17:29.420  
She's a palliative care physician, who  
worked passionately all her life

0:17:29.420,0:17:32.510  
for palliative care, but the palliative  
care people a big, big opponents of

0:17:32.510,0:17:36.290  
assisted dying. She will say "Well, people  
might live longer than six months".

0:17:36.290,0:17:40.520  
I don't care. It's irrelevant. It's another  
straw man, because these people

0:17:40.520,0:17:44.300  
are not people who want to commit  
suicide. These are people who want to

0:17:44.300,0:17:48.860

live as long as they can, until they don't want to anymore.

0:17:48.860,0:17:53.750

The vast majority of people in Oregon, who ask about assisted dying, do

0:17:53.750,0:17:57.860

not go on to take it. It's 0.3% of deaths in Oregon.

0:17:57.860,0:18:01.960

Quite a number of people will inquire about it. It facilitates the

0:18:01.960,0:18:06.830

discussions around death. But very few people actually end up taking

0:18:06.830,0:18:11.510

it. And those people will not take it until the very last minute, when they

0:18:11.510,0:18:14.360

think "Actually, now I've had enough and I don't want anymore".

0:18:14.360,0:18:19.160

A lot of people, a majority people, who take it are actually in hospices. Because

0:18:19.160,0:18:21.860

another argument that is used, particularly by the palliative care

0:18:21.860,0:18:27.350

community, many of whom see assisted dying as a kind

0:18:27.350,0:18:30.350

of insult to their profession, that we can manage these people and there's no

0:18:30.350,0:18:34.040

reason to do it. We know that a percentage of people cannot be helped,

0:18:34.040,0:18:37.700

even in the best Hospice, by the best palliative care people, cannot be helped.

0:18:37.700,0:18:42.680

Not everything, that people don't want at the end, can be dealt with by

0:18:42.680,0:18:45.860

palliative care people. If you're worried about loss of dignity, as

0:18:45.860,0:18:50.000

my relation was, if you're worried about, as my brother was,

0:18:50.000,0:18:53.150

paralyzed from the waist down with spinal metastases, because he had a renal

0:18:53.150,0:18:57.920

cancer, it may be that that's just enough for you and you want to call it a day at

0:18:57.920,0:19:02.620

that stage. It's not for the palliative care people to say "Actually. No. We disagree with you".

0:19:02.720,0:19:10.799

And it's back to that medical paternalism again.

I'm nearly out of time here.

0:19:10.800,0:19:16.580

I think the argument needs to move beyond

0:19:16.580,0:19:20.760

Is this a good idea?

Because if a hundred million people have access to it,

0:19:20.760,0:19:24.090

a lot of people think this is a good idea, and 82% of people in

0:19:24.090,0:19:27.179

this country think it's a good idea.

It's just that it's a fight to get it here.

0:19:27.179,0:19:32.039

Did anybody see the film Suffragette?  
What was really interesting about

0:19:32.039,0:19:37.409

Suffragette was, right at the end, after  
the credits had rolled, came the

0:19:37.409,0:19:41.520

figures about who got votes for women,  
and when they got it. I was really

0:19:41.520,0:19:46.240

surprised, actually, because Votes for women  
started out in Australia and New Zealand

0:19:46.240,0:19:50.039

in 1890 something or other, and  
then it rolled around the

0:19:50.039,0:19:52.940

other countries that got it, and then,  
when did we get it? I can't remember.

0:19:52.940,0:19:58.320

1920s after the First World War.  
So it was an unstoppable movement, but it

0:19:58.320,0:20:02.880

sort of crept along a bit. This is  
the same for me. I've done a lot of

0:20:02.880,0:20:05.460

fighting for the Health Service. I don't  
know if we're ever gonna win that one, but

0:20:05.460,0:20:09.720

we will win this one. We will win it  
because it's just taking hold

0:20:09.720,0:20:13.350

around the world and it's the right  
thing to do. It's a question of how do we

0:20:13.350,0:20:17.460

get there a bit faster? One of the things

we've got to do is get hold of

0:20:17.460,0:20:21.299

doctors, and perhaps in the discussion I  
can talk about how I think we can get

0:20:21.299,0:20:24.539

hold of doctors, because having talked to  
a lot of doctors they really fall into,

0:20:24.539,0:20:27.659

perhaps, three groups: there's the group who  
are passionately against, it doesn't

0:20:27.659,0:20:31.169

matter what you say to them, there are  
the group who don't really know anything

0:20:31.169,0:20:33.630

about it and haven't thought about it,  
because they're way too busy doing

0:20:33.630,0:20:36.929

everything else in their lives, and  
there's a group who know about it but

0:20:36.929,0:20:42.240

don't know the practicalities  
of it, so, for instance, with GPs,

0:20:42.240,0:20:46.860

there's a whole spectrum of people who  
will say at one end

0:20:46.860,0:20:51.150

"Oh my god. I'm going to be

0:20:51.150,0:20:54.870

inundated with patients, and I don't know  
how this works, and there'll be loads of

0:20:54.870,0:20:58.380

paperwork, and I can't deal with it all".  
And at the other end there'll be

0:20:58.380,0:21:01.260

people who say "I'll never see one of these  
cases and when it turns up I won't know

0:21:01.260,0:21:05.070

what to do". And the truth is, in fact, if you extrapolate the figures from Oregon,

0:21:05.070,0:21:10.500

it would be one patient, every GP practice, every seven years. So it's much

0:21:10.500,0:21:13.920

more likely to be "I won't know how to deal with it when this patient turns up"

0:21:13.920,0:21:17.580

than "I'm overwhelmed with these patients". And, of course, there are very practical

0:21:17.580,0:21:21.300

answers to this: we could have a regional team, a bit like the Marie Curie team or

0:21:21.300,0:21:24.660

something, who are experienced in dealing with these patients. So you would

0:21:24.660,0:21:28.500

still deal with your own GP, but your GP would be advised by people who

0:21:28.500,0:21:31.950

would come in and who knew how to do this. So there's loads of

0:21:31.950,0:21:35.190

practical ways around it. They're the people we've got to go

0:21:35.190,0:21:41.280

to. If you get the BMJ, the BMJ is a unashamedly onside, I've had several

0:21:41.280,0:21:46.260

articles in there about this, and why the BMA needs to change its

0:21:46.260,0:21:51.690

position, and also The Lancet did a very good piece on this, Richard Hawking did

0:21:51.690,0:21:56.400

Flipping for God on this, so we've got a lot of backing and we just have to start

0:21:56.400,0:22:00.960

bypassing the BMA. Other people to get on board,

0:22:00.960,0:22:05.310

for those who are Medical, are the Royal Medical Colleges, of course, and all we

0:22:05.310,0:22:11.320

want, to finish now, is neutrality. I don't want any doctors

0:22:11.320,0:22:15.210

organisations to come out and say "We're

0:22:15.210,0:22:18.990

for this, because there are too many doctors who feel genuine problems with

0:22:18.990,0:22:21.900

conscience, and, of course, they would have to be conscience clauses like there is

0:22:21.900,0:22:25.840

for abortion. We only want you to say "Look. We're listening to our patients.

0:22:25.840,0:22:30.380

82% of them want this. Let the people who want to make this work, make it work. But

0:22:30.390,0:22:33.840

don't let's stand in the way, because that's just denial,

0:22:33.840,0:22:36.990

that's just not listening to our patients, and as doctors we should always

0:22:36.990,0:22:40.800

be listening to our patients". So it'll happen, it's a question of how

0:22:40.800,0:22:45.620  
to get it happening a bit faster.  
Thanks very much  
[Applause]