

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 lette, 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]