Ep 56: The Assisted Dying Bill 2021

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0:00:07.520,0:00:12.880
"The states just took it for granted that it was the individual himself or herself who was the sole

0:00:12.880,0:00:18.480
arbiter of what that decision should be and that
I think is the point of principle that underlies

0:00:18.480,0:00:24.080
the idea that nobody has the right to stop somebody from taking their life if they want to."

0:00:29.760,0:00:34.160
You're listening to Episode 56 of the National Secular Society podcast produced by Emma Park.

0:00:34.880,0:00:38.800
In the House of Lords a Private Member's Bill to legalise assisted dying to some extent

0:00:38.800,0:00:42.560
was introduced on the 26th of May this year and is likely to have its second reading

0:00:42.560,0:00:46.480
in the present session of Parliament. Much of the opposition to the legalisation of assisted

0:00:46.480,0:00:50.880
dying is due to religious groups. The NSS is keen to ensure however that decisions about

0:00:50.880,0:00:54.720
assisted dying are made on the basis of medical
ethics and the principle of patient autonomy.

0:00:55.280,0:00:58.000
This podcast will explore different
views on how and why the law and

0:00:58.000,0:01:02.240
assisted dying might be reformed and the opposition which such reform has faced.

0:01:02.240,0:01:05.280
I will be joined by two guests with particular insight into this topic.

0:01:06.240,0:01:10.960
My first guest is Molly Meacher. Baroness Meacher
is a crossbencher in the House of Lords, President

0:01:10.960,0:01:16.080
of the Hemophilia Society and Co-chair of the All
Party Parliamentary Group for Drug Policy Reform.

0:01:16.080,0:01:20.720
It was Molly who introduced The Assisted Dying
Bill into the Lords. She is Chair for the campaign

0:01:20.720,0:01:25.040
group "Dignity in Dying" which supports assisted
dying for terminally ill, mentally competent

0:01:25.040,0:01:29.680
adults with six months or fewer to live. This time restriction forms a crucial part of her Bill.

0:01:30.720,0:01:34.880
My second guest is Professor Anthony Grayling
or AC Grayling as he's usually known.

0:01:34.880,0:01:38.400
Anthony Grayling is a philosopher, the

Master of the New College of the Humanities

0:01:38.400,0:01:41.600
and a former professor of philosophy at Birkbeck College, University of London.

0:01:42.240,0:01:46.640
He is a patron of "Dignity in Dying" as well as of
another campaign group: "My Death, My Decision".

0:01:47.200,0:01:50.400
"My Death, My Decision" wants to extend the right to assisted dying to those who are,

0:01:50.400,0:01:55.120
to quote their website, "either terminally ill, suffering from a severe and incurable condition

0:01:55.120,0:01:59.120
or suffering from a severe degenerative condition". Anthony himself,

0:01:59.120,0:02:02.720
as an independent-minded philosopher, has argued that the right to assisted dying should

0:02:02.720,0:02:12.400
potentially be extended far beyond the six-month
limit advocated by "Dignity". (Emma Park (EP)):

0:02:12.400,0:02:17.600
Molly Meacher, welcome to the podcast. (MM): It's
a pleasure. (EP): You were the one who introduced

0:02:18.400,0:02:25.040
the present Assisted Dying Bill into the House of Lords in May and it's now hopefully going to

0:02:25.040,0:02:29.120
have its second reading soon. Is there any update
on when the second reading will be? (MM): Well I

0:02:29.120,0:02:35.760
haven't actually asked because I wanted it deferred from September to October and I

0:02:35.760,0:02:40.720
feel as soon as we go back next Monday I'll ask
them and I'm sure they'll give me the date so

0:02:40.720,0:02:45.840
that's when we'll know. (EP): Great,
so on to the Bill itself. What is the

0:02:45.840,0:02:54.000
purpose of this Bill? (MM): Its purpose is
to prevent terrible suffering of dying people

0:02:54.720,0:03:01.360
in those last weeks leading up to their death.
We're talking about a small minority of people.

0:03:01.360,0:03:08.400
Most of us can have a reasonable or let's say acceptable death if we have really high quality

0:03:09.200,0:03:13.440
palliative care and of course we are passionate believers in high quality

0:03:13.440,0:03:22.160
palliative care. Our total concern is the reduction or ideally elimination of severe and

0:03:22.160,0:03:26.800
unbearable suffering. (EP): And you're speaking
here as the Chair of Dignity in Dying? (MM):

0:03:26.800,0:03:32.720

Absolutely yes. That's where we stand. (EP): Great
and so what is the story behind how this Bill in

0:03:32.720,0:03:38.800
its current form came to be drafted? (MM): Well to
be straightforward about it, this is very, almost

0:03:38.800,0:03:46.720
identical text of a Bill which was introduced by
Lord Charlie Faulkner about six years ago. I think

0:03:47.360,0:03:55.680
and we felt that there had been major
changes in attitudes to assisted dying

0:03:55.680,0:04:02.640
over these recent years with a huge shift for
example on the part of doctors, who you know

0:04:03.280,0:04:10.320
six, seven, eight years ago were quite clearly
against legalising assisted dying. Now we have

0:04:11.120,0:04:14.080
a majority of doctors broadly supporting

0:04:15.360,0:04:22.640
their Royal Colleges, ending their opposition
to assisted dying and about 50% of doctors

0:04:23.920,0:04:29.840
themselves would like it, would like to see it
legalised. So that is a massive shift and there's

0:04:29.840,0:04:37.360
also been a very considerable shift towards
favouring assisted dying on the part of MPs

0:04:38.240,0:04:47.520
from really quite a low level 15 years ago to
something like parity now. So it seemed the right

0:04:47.520,0:04:54.800
time to raise this issue again in Parliament.
Therefore I put it in for a Private Member's bill

0:04:54.800,0:05:00.800
and it was drawn number seven and therefore here
we are; this is a private member's bill and I

0:05:00.800,0:05:05.280
should be introducing it hopefully in October.
(EP): Why do you think there's been such a big

0:05:05.280,0:05:11.040
shift in recent years, in very recent years
in fact? (MM): Well there are probably several

0:05:11.040,0:05:17.680
reasons. Personally I think that the campaign by
Dignity in Dying, the organisation that I happen

0:05:17.680,0:05:23.760
to share, and I don't take any credit for myself
but i do think Sarah Wooton, the Director of

0:05:23.760,0:05:30.560
Dignity in Dying and her team, are outstanding.
And we've had just one horrible case of

0:05:31.440,0:05:38.880
people suffering before they die after
another. And the team have tried to clarify

0:05:39.600,0:05:46.960
what that suffering is like through the media.
The media have been a huge huge help in this. We

0:05:46.960,0:05:54.160
had some someone called Noel Conway who suffered
with motor neurone disease and he took his case

0:05:54.160,0:06:01.360
to the High Court, supported by Dignity in Dying,
asking for the right to an assisted death on the

0:06:01.360,0:06:07.760
basis that denying him that right was a breach
of his human rights. And this went all the way

0:06:07.760,0:06:14.560
to the Supreme Court who decided that this was a
matter for Parliament, that the Court shouldn't

0:06:14.560,0:06:20.880
decide a match of this kind. I would question
that actually. In Canada it was the courts that

0:06:20.880,0:06:28.400
decided that this was a human right and asked the
Parliament to put through the law, which they did,

0:06:29.600,0:06:35.360
in fact a broader law than we want. But you know
the basic principle was that the courts did drive

0:06:35.360,0:06:39.760
it in fact. (EP): Why do you think the percentage
of doctors in favour is lower than that of the

0:06:39.760,0:06:45.280
general population? Are they worried about being
sued? (MM) It is interesting isn't it? I think

0:06:46.000,0:06:50.480
they're probably a little bit paternalistic. A lot
of them, particularly people in palliative care,

0:06:50.480,0:06:56.640
they want to take the decisions for their dying
people and the idea that you hand that decision

0:06:56.640,0:07:03.120
to the patient, and it's the patient who
decides: "Is my suffering unbearable?

0:07:03.120,0:07:11.520
Do I want an assisted death?", you know that
transfer of power from the doctor to the patient,

0:07:13.040,0:07:18.720
that transfer has gone a long way actually in
medicine over the past 20 years I would say.

0:07:20.160,0:07:24.160
But this is very much a sort of total transfer
of power if you like. You know the patient

0:07:24.160,0:07:32.080
really does decide for themselves if they want
this medication to end their lives. It's quite

0:07:32.080,0:07:36.880
quite radical for doctors probably. (EP): Right
so this Bill is really about patient autonomy

0:07:36.880,0:07:43.280
then? (MM): Absolutely about patient autonomy,
that patient autonomy and reducing or eliminating

0:07:43.280,0:07:49.920
unbearable suffering. It's a Bill of compassion
in my view. That's what it's about. (EP): Okay,

0:07:49.920,0:07:53.840
let's look at some of the provisions of the
Bill, specifically. The preamble says and the

0:07:53.840,0:07:58.320
Bill is to enable adults who are terminally ill
to be provided at their request with specified

0:07:58.320,0:08:04.880
assistance to end their own life. And then in
Clause 1, subsection 2, we've got well first

0:08:04.880,0:08:09.920
of all in subsection 1 we've got the idea that
the
High Court has got to consent, then the
person has

0:08:09.920,0:08:15.600
to have a voluntary clear settled and
informed
wish to end their life, then they've got to be

0:08:15.600,0:08:21.920
18 or over and they've got to have capacity
and
be resident of England and Wales presumably
for

0:08:21.920,0:08:29.440
legal reasons. But why these particular High
Court
voluntary clear settled informed wish
capacity.

0:08:31.120,0:08:38.400
Why are all these three safeguards?
What's the idea behind them? (MM): I think

0:08:39.520,0:08:45.840
that for some people this is a bit of a radical
departure from what they're used to and
therefore

0:08:45.840,0:08:54.880
people want to be absolutely assured that
there
won't be any abuse of any kind. And that is in

0:08:54.880,0:09:03.440
particular why we say somebody must have
capacity
to make this decision for themselves. Because
of

0:09:03.440,0:09:09.680
course there are countries where assisted
dying
is available to people, for example, with
dementia

0:09:10.400,0:09:16.560
but I think for this country that's a little
bit too radical. I think people will feel much

0:09:16.560,0:09:24.960
more secure knowing that if we pass this law
the
patients involved must have capacity and to
have a

0:09:24.960,0:09:30.480
settled opinion. I think it's just very important
you know, if people are dying they've got a

0:09:30.480,0:09:36.000
horrible illness there are bound to be
moments
when they think, "Oh my gosh I just want this
all

0:09:36.000,0:09:41.040
over", but you know you don't want
somebody
to say, "Oh right fine here's some
medication.

0:09:41.040,0:09:48.240
Take it." You know, no, no, no, no because
they might regret ending their lives when
they

0:09:48.240,0:09:53.440
did and they won't be able to tell us that.
(EP):

But it's an error once it's made which is an

0:09:53.440,0:09:58.640
irrevocable decision. (MM): Exactly and therefore
you really do want to be sure this person

0:09:58.640,0:10:05.920
really really is finding their life unbearable
over a bit of time and seriously wants to bring it

0:10:05.920,0:10:12.720
to an end and the High Court that was introduced
at the time this Bill was introduced and the Bill

0:10:12.720,0:10:20.240
was debated those years ago and again it's just
another safeguard. I'm not sure that we need it

0:10:20.240,0:10:25.280
personally and it would be a matter for Parliament
whether they wanted to pull that out, or keep it

0:10:25.280,0:10:32.240
or whatever but for me that's not so important.
I would prefer not to have that additional

0:10:32.240,0:10:36.640
safeguard along with all the others, I mean there
are all sorts of safeguards: that the patient must

0:10:36.640,0:10:43.680
be interviewed by two doctors to determine their
prognosis, the expected length of life, the rest

0:10:43.680,0:10:50.560
of it, the nearest relatives must be interviewed
to make sure that they're not in some way hostile

0:10:50.560,0:10:55.600
and might be encouraging the person to take their
own life. You know there's so many safeguards,

0:10:57.120,0:11:02.960
you know you can overdo it and make the thing
pretty unusable so I think that's something

0:11:02.960,0:11:10.640
we will discuss in Parliament - the issue of
capacity. (EP): And presumably that's a concept

0:11:10.640,0:11:17.520
which has been developed in the case law in
other areas? (MM): Yes, oh very much so. I mean

0:11:17.520,0:11:25.680
this Bill very closely allies with the Bill or
Act of Parliament in Oregon that has been in

0:11:25.680,0:11:30.160
place for more than 20 years. (EP): How has that
worked so far, the one in Oregon? (MM): Well,

0:11:30.160,0:11:37.440
very very well. There's been no abuse . The
hospice movement for example who were against the

0:11:37.440,0:11:46.000
Bill before it became an Act of Parliament are now
supportive of it. The quality of palliative care

0:11:46.560,0:11:54.400
is I think the best in the US in Oregon. So you

know assisted dying must in our view go hand
in

0:11:54.400,0:12:00.320
hand with the best possible palliative care
and
that is certainly something that has happened
in

0:12:00.320,0:12:05.600
Oregon. That's important. (EP): And so they
also
have the six month limit as well? (MM): Yes
they

0:12:05.600,0:12:11.360
do they do it's very very similar and it's
worked
very well and that's why we want to you
know

0:12:11.360,0:12:16.560
replicate it really here as closely as possible.
(EP): I mean the idea of a voluntary clear
settled

0:12:16.560,0:12:23.200
and informed wish, that sounds like quite a
complicated legal test potentially. (MM): I
don't

0:12:23.200,0:12:30.320
think it is actually. I think if somebody says on
a particular day "You know I can't cope with
this

0:12:30.320,0:12:35.920
anymore. I don't. I can't." A lot of people
use the term "I can't enjoy anything
anymore."

0:12:35.920,0:12:41.520
You know whether it's because they've got
terrible
pain but very often actually pain is not the

0:12:41.520,0:12:49.440
number one issue. It can be terrible relentless
nausea, feeling sick all the time and vomiting
a

0:12:49.440,0:12:55.120
lot, repeatedly day after day, week after
week.
So you know there are other experiences
that

0:12:55.120,0:13:01.760
account for the fact that very often people
say
"Iwant to die because I no longer, I know I can
no

0:13:01.760,0:13:07.840
longer enjoy anything and I'm not going to be
able
to now.". If they say that, week after week
that's

0:13:07.840,0:13:15.760
abundantly clear. It's not complicated actually
at
all. It's just a wish, "I want to die.". (EP):Now

0:13:15.760,0:13:21.520
onto the Clause 2 this side the definition of
terminal illness first of all they've got to have

0:13:21.520,0:13:27.440
an inevitably progressive condition which
cannot
be reversed and as a consequence of that
terminal

0:13:27.440,0:13:34.000
illness they've got to be reasonably expected
to die within six months. Why this very very,

0:13:34.000,0:13:41.040
you some might say very restrictive limit on
the
people who may be allowed to use assisted
dying to

0:13:41.040,0:13:47.840

only people who have no more than six
months left.
(MM): Yes it's a very interesting and
important

0:13:47.840,0:13:55.360
question and issue I would say. Again I think
it's
to reassure people who are concerned that
there

0:13:55.360,0:14:01.840
might be some sort of abuse of some sort you
know
this is very clear. Obviously doctors may get
it

0:14:01.840,0:14:08.080
wrong. They may say somebody's only got six
months
to live and they may have longer. But in
response

0:14:08.080,0:14:12.560
to that issue and that's an important issue
actually because our opponents do raise it.
All

0:14:12.560,0:14:16.960
doctors don't know how long people are going
to
live. The important point about Oregon
actually,

0:14:16.960,0:14:23.760
the experience of that of that Bill or the Act
there, is that people actually take the
medicine,

0:14:23.760,0:14:29.840
if they do, when their doctors would be
saying
"Oh they may live for another week, 10 days,

0:14:30.400,0:14:37.360
they don't take the medicine sort of four,
five,
six months ahead of their death. So by the
time

0:14:37.360,0:14:42.800
people actually ask for the prescription and
take the medicine doctors really have a very

0:14:42.800,0:14:48.960
clear idea when they're going to die. The six
months period isthe period at the beginning

0:14:48.960,0:14:55.840
of which people might start to think about it
and
start having discussions and so on. But
certainly

0:14:56.720,0:15:01.920
it is a safeguard that I think reassures a
lot of people and therefore that's why we
have

0:15:01.920,0:15:09.040
it . (EP): What about I mean, as people like AC
Grayling have argued, what about people who
have

0:15:09.840,0:15:14.400
very very long term illnesses which are never
going to get any better which caused them
some

0:15:15.120,0:15:20.000
huge suffering but they're not expected to
die anytime soon because this Bill doesn't

0:15:20.000,0:15:26.160
deal with that does it? (MM) No, it doesn't. It
is a very narrow Bill, it's a very conservative

0:15:26.160,0:15:36.000
bill in my view and I very well understand
the arguments made by many many people
that

0:15:36.000,0:15:41.200
it should be much broader, it should apply
to people who have long term unbearable

0:15:42.160,0:15:48.960
illnesses and disabilities of various sorts. But you know the disability lobby, well some of the

0:15:48.960,0:15:53.440
people who take on the role, of speaking
on behalf of disabled people, even though

0:15:53.440,0:15:58.480
the great majority of disabled people support this Bill, but they do have a few vocal people

0:15:59.920,0:16:06.640
who are against even this Bill. And they would be passionately against anything broader

0:16:06.640,0:16:13.120
where they themselves, these severely disabled
people - we have two or three couple in the Lords

0:16:13.120,0:16:19.840
who are against this Bill - severely disabled that
you know they would say "Well that applies to me,

0:16:19.840,0:16:25.120
you're telling me my life isn't worth living", you know. So it's a very very difficult

0:16:26.640,0:16:33.120
issue for severely disabled people if one thinks in terms of a much broader bill.

0:16:33.120,0:16:40.160
So we keep it very narrow because then these
the disabled people simply don't have to worry

0:16:40.720,0:16:45.040
that we're somehow saying their lives are not worth living. We're not talking about them at all.

0:16:45.040,0:16:51.840
We're talking about dying people. So it is very very important in terms of getting this through

0:16:51.840,0:16:59.360
Parliament. It will not, it shouldn't
affect or upset anybody and it will

0:16:59.360,0:17:05.120
reduce suffering and eliminate suffering obviously
at the end of the day for a small number of people

0:17:05.120,0:17:10.560
who whose suffering is intolerable unbearable.
(EP): What do you think is likely to be your

0:17:10.560,0:17:15.840
biggest hurdle in getting your Bill passed?
(MM): Well as a Private Member's Bill the

0:17:15.840,0:17:21.920
biggest issue is actually time. Because of course
private members bills are debated on a Friday

0:17:21.920,0:17:29.840
and there aren't unlimited Fridays so what
we need really is for the Government to say

0:17:30.640,0:17:38.080
"We accept that this Bill should pass and adopt
it and then have it debated you know during other

0:17:38.640,0:17:43.440
parts of the week, Monday to Thursday
not just Friday. And you know that's

0:17:45.520,0:17:49.920

a matter for the Government and we'll see
whether we can make progress on that. (EP):

0:17:49.920,0:17:55.200
In terms of opposition, active opposition
who are your greatest opponents to this Bill?

0:17:55.200,0:18:03.040
(MM) There are one or two medics who
oppose it in
the House of Lords. There are one or two
disabled

0:18:03.040,0:18:08.160
people who opposed in the Lords/ (EP): Are
your
biggest opponent then really at the end of
the

0:18:08.160,0:18:14.880
day the religious lobbies? (MM): I was going
to say I missed out the religious, the bishops.

0:18:17.680,0:18:22.240
They, the Archbishop, I had a conversation
with
and I said " But surely Archbishop this is
about

0:18:22.240,0:18:26.320
the autonomy of the patient", and he just
said
"Well I don't know that I believe in
autonomies",

0:18:26.320,0:18:33.440
and I thought "Oh well end of conversation.".
(EP): Finally what can listeners do or what
can

0:18:33.440,0:18:37.840
members of the public do if they want to
show
their support for this Bill and help to ensure

0:18:37.840,0:18:43.920
that it gets the time it needs? (MM): Please,
please, please everybody write to your MPs.

0:18:43.920,0:18:50.480
That's the most important thing anybody can
do I
think. The Lordsm probably we've got a
majority

0:18:51.920,0:18:57.360
to support this Bill but if
anybody knows a peer in that area

0:18:58.400,0:19:04.560
do write to a Peer and say how very very
important it is for this Bill to pass.

0:19:04.560,0:19:10.640
So direct communication with
parliamentarians
is, would be just wonderful if anybody has
the

0:19:11.520,0:19:23.840
energy to do that. (EP): Molly Meacher, thank
you very much. (MM): Great pleasure thank
you.

0:19:23.840,0:19:28.000
(EP): Anthony Grayling (AG), welcome to the
podcast. (AG): It's my pleasure, nice to be

0:19:28.000,0:19:34.080
on. (EP): First of all, you were involved in
drafting an earlier bill on assisted dying
which

0:19:34.080,0:19:39.920
was introduced into the House of Lords in
2003
by Lord Joffe. How similar was was Lord
Joffe's

0:19:39.920,0:19:46.560
Bill to Lady Meacher's and why do you think it
failed in the first decade of the 2000?. (AG):

0:19:46.560,0:19:55.120
It's rather different from Baroness Meacher's

Bill, much more extensive in its provisions
than

0:19:55.120,0:20:05.120
Baroness Meacher's Bill which is very
restrictive.
And it fell because the anxieties that people
feel

0:20:05.120,0:20:14.560
about permitting assisted dying are ones that
almost any attempt to decriminalise it or

0:20:14.560,0:20:22.400
legalise it, positively, are going to fall foul of
those kinds of objections. Which is why
Baroness

0:20:22.400,0:20:29.760
Meacher's Bill is so sort of heavily padded
about with defences against arguments that

0:20:29.760,0:20:37.520
you know the right to to die could be abused
by
people who force people to accept as, you
know,

0:20:37.520,0:20:44.640
suicide and unfortunately every successive
attempt made since Lord Joffe's Bill has

0:20:45.280,0:20:50.320
retreated and retreated and given up more
and
more territory to the objectives until we now
have

0:20:50.880,0:20:55.520
a Bill, Baroness Meacher's Bill, which by
the way I welcome of course because
anything

0:20:55.520,0:21:00.000
that's done in this line is welcome. It's
a step in the right direction. But it is

0:21:00.000,0:21:09.440
so you know fortified about with bureaucratic
protections that it gives an extremely limited

0:21:10.240,0:21:16.080
right to people to be helped if they are
in absolutely unsupportable suffering and

0:21:16.080,0:21:22.560
that seems to me to be a great pity. This Bill,
Baroness Meacher's Bill, unlike Lord Joffe's
Bill

0:21:23.360,0:21:31.680
is directed at people at the very very end
of a terminal illness which is irremediable.

0:21:31.680,0:21:36.080
It's going to end in death anyway. And
so the thought is that you would just

0:21:36.080,0:21:41.440
limit the amount of suffering that the person
is going to undergo and that is the restricted

0:21:41.440,0:21:50.960
objective, allowing this shortening of
suffering
to happen. But it doesn't take account at all

0:21:50.960,0:21:57.840
of something that was behind Lord Joffe's
general approach, even though Lord Joffe's

0:21:57.840,0:22:03.360
Bill itself was pretty restrictive. And that is
that there is an aspect of autonomy of choice

0:22:04.160,0:22:12.560
in people's lives about whether they continue
with
their life. So for example the great objection

0:22:12.560,0:22:20.240
that was urged at that time was against
allowing
anything that could evolve into for example

0:22:21.440,0:22:28.000

allowing a quadriplegic rugby player, age
20 you know, who was absolutely in despair

0:22:28.000,0:22:32.320
because they'd had a terrible accident on the
rugby pitch and they wanted to kill
themselves.

0:22:32.320,0:22:36.480
And the thought was, "Oh no we shouldn't,
we
shouldn't allow such a person to be helped

0:22:36.480,0:22:43.520
to die.". And so there's quite a lot of, actually
it's just slightly more complicated in the way;

0:22:43.520,0:22:47.600
it might be helpful to approach
this from the following direction.

0:22:48.720,0:22:56.400
Back in 1961 suicide, which used to be a
crime. If
you tried to commit suicide and failed you
could

0:22:56.400,0:23:00.960
be held criminally liable for doing it. (EP):
And that was for religious reasons. (AG):
Indeed,

0:23:00.960,0:23:05.680
indeed. And in fact of course those same
reasons lie behind the arguments that we're

0:23:05.680,0:23:12.080
talking about now too. But when suicide was
decriminalised - so it wasn't legalised but it

0:23:12.080,0:23:19.520
was decriminalised - what was left in place
was
a clause, Section 2 of the 1961 Act which
which

0:23:21.120,0:23:27.680
keeps it a crime to help anybody to commit
suicide so that has been a target of debate

0:23:28.400,0:23:33.600
ever since then. And efforts that have been
made by the Voluntary Euthanasia Society
and

0:23:33.600,0:23:40.160
its successive organisation Dignity in Dying
and
you know My Choice. All this has been aimed
at

0:23:40.160,0:23:46.960
asserting, getting a recognition of the
autonomy
of the individual to make a decision about
whether

0:23:46.960,0:23:53.680
or not they want to die and behind the the
arguments against this, the abuse argument,

0:23:53.680,0:23:59.920
is also well sometimes what I call it anyway
"the 'but' argument": but what happens if

0:23:59.920,0:24:04.160
the person's lived on for a bit, they might
change their mind and then they might find it
even

0:24:04.160,0:24:08.000
you know if they were disabled or something
they would still find a lot of value in life

0:24:08.000,0:24:16.000
so we shouldn't allow them to take their own
lives
now in the hope that later on they won't want
to

0:24:16.000,0:24:20.240
that kind of argument. So I call that "the
'but' argument" okay. (EP): Or the second
chance

0:24:20.240,0:24:23.760

argument perhaps if you like? (AG): Yes, they're
all the second chance argument. Indeed perhaps

0:24:23.760,0:24:33.120
that's a better name for it. So now the idea is
that somehow or other society has an interest in

0:24:33.120,0:24:39.520
what an individual seeks to do. And indeed society
does have an interest. The great question arises:

0:24:40.080,0:24:47.840
where does the autonomy of the individual end
and society's interest become overriding with

0:24:47.840,0:24:53.440
respect to the individual's autonomy? Obviously
if an individual decided to kill some other

0:24:53.440,0:24:59.600
individual then society has an overriding power
and right to stop the individual from doing it.

0:24:59.600,0:25:04.800
But the question is does society have the right
to stop an individual from taking their own lives

0:25:04.800,0:25:11.600
on whatever grounds because it's not a criminal
offence to do it. And that means that functionally

0:25:11.600,0:25:17.360
speaking you have a right to do it and so
that right is recognised by the 1961 Act in

0:25:17.360,0:25:27.040
fact. And yet the really odd thing is that the
whole debate about assisted dying was targeted

0:25:27.040,0:25:31.600
on people who want to end their lives but
can't, because they're paralysed for example.

0:25:32.400,0:25:36.400
This Bill, the Baroness Meacher's Bill doesn't
address that at all. In fact on the contrary.

0:25:37.120,0:25:42.160
If you look at the details of the
Bill where it talks about the actual,

0:25:42.160,0:25:48.240
you know administering of the help to end
the life which is in Section 4.6. of the Bill

0:25:48.800,0:25:55.840
it talks about self-medication,
self-administering of the suicide medication

0:25:56.800,0:26:03.440
and therefore doesn't address specifically the
question of somebody who is completely paralysed

0:26:03.440,0:26:09.360
and unable to do it for themselves. Which is of
course the key issue with assisted dying. (EP): So

0:26:09.360,0:26:16.640
there is a very strict limit in that case on what
the doctor can actually do to help someone? (EP):

0:26:16.640,0:26:23.040
Yes so all that this Bill does is it allows the
doctor to prescribe and to take to the patient

0:26:23.040,0:26:29.520
their medication in question. But it doesn't
give a licence to administer it, to inject it,

0:26:29.520,0:26:35.120
or to pour it down the individual's throat,
let's say. And so that misses the point about

0:26:36.080,0:26:42.880
the Section 2. of the 1961 Act because
implicitly
it seems to leave in place the possibility that

0:26:42.880,0:26:49.600
somebody could be held liable for you know
under the terms of the 1961 Act. And even
more

0:26:49.600,0:26:56.720
worryingly several sections in the Meacher's
Bill
when i can cite them but the whole of Section
8

0:26:56.720,0:27:03.360
has this effect so it was 3.8, 4.9 gives so much
discretion to the Secretary of State of the
day

0:27:04.080,0:27:10.320
about the interpretation of the Act and
about what at that time can be regarded as

0:27:11.200,0:27:17.280
the applicable code of conduct for the
doctors
in the case, and for the patients in the case

0:27:17.280,0:27:22.880
and so on, that it leaves open wide open the
possibility that the effect of the Act could be

0:27:22.880,0:27:30.640
negated. And because the Secretary of State
might
decide and has discretionary power to do this-
to

0:27:31.760,0:27:38.080
you know place further limits on how this can
proceed and what the High Court must
decide.

0:27:38.880,0:27:42.080
But none of this addresses the
great question of principle which is

0:27:42.080,0:27:49.680
that the autonomy. So now we have a a
very odd situation. After the 1961 Act

0:27:50.320,0:27:56.240
it became no longer a criminal act to
attempt or to commit suicide. Fine.

0:27:57.360,0:28:01.840
So this means that you can commit suicide.
Okay. Now we have the medical means

0:28:02.560,0:28:10.480
to make ending life easy and quick and
painless
but at the moment the situation is you can
commit

0:28:10.480,0:28:15.840
suicide but nobody's going to help you to do
it.
So there's always the risk of a botched
suicide.

0:28:17.680,0:28:22.400
And you could end up in a worse situation
than you were in before you attempted
suicide

0:28:23.200,0:28:30.000
if you botch it. And if you are disabled and
you cannot administer a means of suicide
then

0:28:30.000,0:28:34.000
you can't get help at all. That's the current
situation of the law - you either botch it or

0:28:34.000,0:28:38.880
you don't get any help at all. In fact the most

vulnerable people, the people most in need
are

0:28:38.880,0:28:44.480
those who are most distressed by being
unable to
exercise any kind of autonomy. And they're
the

0:28:44.480,0:28:50.480
ones who are precisely denied at the
moment. And
you know this Bill, the Baroness Meacher's
Bill,

0:28:50.480,0:28:55.440
given the problem with the clause that I've
mentioned, about you know self-
administering

0:28:55.440,0:29:01.600
the medication, doesn't address that. What
happens
with this Bill of of Baroness Meacher's is that

0:29:01.600,0:29:08.560
on the one hand it introduces, in order to try
to
block all the objections that are going come
from

0:29:09.280,0:29:14.400
the 'nay' lobby, the religious lobby, it
introduces a very very heavy bureaucratic

0:29:14.400,0:29:20.720
apparatus: the High Court; and two doctors;
and
14 days; and settled intention; and what have
you;

0:29:20.720,0:29:25.840
and of course the settled intention and
the time gap are good and an independent,

0:29:26.560,0:29:31.280
you know eye on this from an independent
doctor is

good. All that kind of thing is good but it
seems

0:29:31.280,0:29:35.520
to me that getting permission from the High
Court, it makes this far too cumbersome,

0:29:35.520,0:29:42.000
expensive and time consuming, especially
given that it's meant to be a six-month
window

0:29:42.000,0:29:48.160
and with the High Court, and then with the
14
days, and etc etc, it so closes that window as

0:29:48.160,0:29:55.120
to make it kind of pointless. So in all those
ways that the Bill is a very rickety edifice.

0:29:55.120,0:30:02.240
And I understand why it is because it's trying
to block all the objections. But the
objections,

0:30:02.240,0:30:10.720
you know, should be counted firmly by
insisting
on the autonomy of the individual. (EP): :
Let's

0:30:10.720,0:30:16.560
pause there and actually consider these. So as
a
philosopher maybe you could start off by
playing

0:30:16.560,0:30:22.480
devil's advocate for a minute. What are the
main
arguments against assisted dying that are
being

0:30:22.480,0:30:28.320
advocated at the moment by the religious
lobby

and others? (AG): That people could be
persuaded

0:30:28.320,0:30:36.400
by their relatives to end their lives. That
medical professionals could want to free up
beds

0:30:37.040,0:30:43.440
in overcrowded wards. That people would be
put
under pressure to choose a assisted dying
and

0:30:44.880,0:30:52.240
because it suits somebody else. So that's the
abuse argument. Then there's also the 'but'

0:30:52.240,0:30:56.400
argument or the second chance arguments
that: if
only that you know we could help them
properly;

0:30:56.400,0:31:02.800
we've got lovely hospice care; we've got
medical
miracles; we've got you know new
treatments;

0:31:02.800,0:31:07.360
if only people would wait then maybe that
they could have a second chance of life or

0:31:07.360,0:31:10.960
suffering would be alleviated some
other way. So there's that argument.

0:31:11.840,0:31:15.440
And then you know lying right in the
background of all these arguments is:

0:31:16.560,0:31:21.680
no individual owns his or her own life; it's
given by God; you have no right to take it
away;

0:31:21.680,0:31:25.760
you've got to put up with the condition. (EP):
The sort of sanctity of life argument I think

0:31:25.760,0:31:29.920
as you put it. (AG): Yes. (EP): So those, the
arguments going to.. are they primarily being

0:31:29.920,0:31:35.600
advocated by religious people at this stage?
(AG):
I would suspect that most of the people who
are

0:31:35.600,0:31:41.280
looking for arguments against assisted dying
have
a religious motivation, but not necessarily,
not

0:31:41.280,0:31:47.440
all. Because the second chance arguments
and the
abuse arguments could be offered by anybody
who

0:31:47.440,0:31:53.520
was genuinely worried about these things.
And what
it bangs up against of course is something
that

0:31:54.240,0:31:58.080
you and I would appreciate from
particularly from the Stoic tradition,

0:31:58.080,0:32:03.200
the point that I'm going to develop about the
autonomy of the individual, is that the
Romans,

0:32:03.200,0:32:08.880
certainly in the Republican period, regarded
suicide as being the ultimate act of freedom,

0:32:08.880,0:32:14.400
the ultimate palliation against all kinds of
ills, not just the illness and pain and
suffering,

0:32:14.400,0:32:21.440
but against humiliation or defeat or being desperate about the collapse of the Republic

0:32:21.440,0:32:28.000
because the Empire is taking over, whatever. Okay
so it was regarded as a right of an individual to

0:32:28.000,0:32:34.000
decide because it is the individual's life and the individual has disposal of it. (EP): Perhaps

0:32:34.000,0:32:38.160
Seneca or someone like that would have said you know life is a form of slavery anyway.

0:32:39.360,0:32:46.560
What then in your opinion is: you said that people
who are in favour of assisted dying should really,

0:32:46.560,0:32:51.040
the Bill should take a stronger approach. How would you do that? (AG): I think any Bill should

0:32:51.040,0:32:58.000
introduce very clear and strong safeguards against abuse. So it should be absolutely

0:32:58.000,0:33:05.920
clear that it is the person's rational settled desire. It's not just of the moment or out of you

0:33:05.920,0:33:12.400
know despair over a divorce or something like
that. So we do need safeguards of that kind.

0:33:13.440,0:33:21.440
But once those safeguards have been met there is
no ground for restricting the kind of suffering

0:33:21.440,0:33:29.360
that society is going to allow people to escape.
And let other kinds of suffering be obligatory.

0:33:29.360,0:33:34.000
That society says, "Well tough you know you've got
to suffer it. You've got to suffer mental anguish.

0:33:34.000,0:33:39.040
You've got to suffer despair. You've got to suffer
heartbreak because we're not going to allow you

0:33:39.040,0:33:43.680
to be helped to die. You can kill yourself if you like but you take the risk of botching it

0:33:43.680,0:33:47.760
but we're not going to help you to die.". And that seems, that seems sort of deeply unfair

0:33:47.760,0:33:53.280
and also inconsistent because if as an act
of compassion you wanted to help somebody

0:33:53.920,0:34:01.200
escape suffering, then why only in the last
six months of eternal illness? Why not for

0:34:01.200,0:34:08.480
somebody who simply cannot come to terms with
being wheelchair bound let us say? Or who is

0:34:08.480,0:34:12.720
clinically depressed and is never you know going
to be independent of medications for the rest of

0:34:12.720,0:34:19.160

their lives and so on and so on. I mean there
are all sorts of existential conditions which

0:34:19.840,0:34:25.440
bring huge amounts of suffering to
individuals.
Which is why you know I mean how many
tens of

0:34:25.440,0:34:31.360
thousands of people commit suicide every
year? And
what proportion of those just make things
worse

0:34:31.360,0:34:37.520
for everybody and for their families? And you
know society. Because it isn't done in a
clean,

0:34:38.880,0:34:45.360
quiet, helpful, sympathetic way. (EP): From
that perspective, I mean, would the idea

0:34:45.360,0:34:52.800
be then in Clause 1.2. we have this idea that
the
person who is able to get help to commit
suicide

0:34:52.800,0:34:57.040
has a voluntary, clear, settled and informed
wish to end their own life; so would you

0:34:57.040,0:35:01.680
keep that but I mean just say that they may
do
this for any reason that they wish? (AG): Yes,

0:35:01.680,0:35:07.920
yes, So I would keep Section 2.a. I would
certainly keep that and b. and c. I mean all

0:35:07.920,0:35:14.320
those things are very good. And I would keep
the
provisions where some independent
verification

0:35:14.320,0:35:20.640
that it is genuinely the person's voluntary
choice. Okay so those are the ones in Section
3,

0:35:20.640,0:35:27.680
the suitably qualified practitioners. So you
know
those are good because they provide
safeguards.

0:35:27.680,0:35:33.760
But when you get to: they must be terminally
ill; that they only have six months to live;

0:35:33.760,0:35:39.840
you know, those sorts of restrictions, exclude
so many people and so many kinds of
suffering

0:35:40.400,0:35:47.040
that the whole point of respecting the
autonomy
of people to make decisions about their lives

0:35:47.040,0:35:53.360
and their death is associated with what
should
really be compassion on our part, about the
nature

0:35:53.360,0:35:58.720
of suffering. We're more compassionate to
our
animals than we are to our fellow human
beings in

0:35:58.720,0:36:03.760
this respect. I mean I know that's a very
familiar
thing to say but it has the unfortunate merit
of

0:36:03.760,0:36:09.440
being true. (EP): The idea is that then
suffering

can take many forms and this should be
recognised

0:36:10.160,0:36:17.360
is one issue. There is one potential problem,
not necessarily from say a humanistic or
from

0:36:17.360,0:36:22.800
an individualistic point of view but from the
State's point of view. Is it almost
embarrassing

0:36:22.800,0:36:29.040
that individuals might feel that they're
suffering
so much; I don't know say for non-illness
related

0:36:29.040,0:36:34.320
reasons, that they want to commit suicide.
Do
you think that's perhaps a reason why the
State

0:36:34.320,0:36:40.560
is unlikely to allow people to just commit
suicide
if they want to under any circumstances. (AG):
No

0:36:40.560,0:36:46.240
I don't think so. I don't think that that's the
reason because after all people do commit
suicide

0:36:47.520,0:36:51.760
and so the State doesn't think, "Oh Gosh you
know well we've really slipped up there
because

0:36:51.760,0:36:56.720
we should have done whatever it takes to
have
made that person's life happier." and so on.
So

0:36:56.720,0:37:00.240
no I don't think that that's the
case although there's an interesting

0:37:02.000,0:37:09.520
sort of side bar issue to what you just said
there
which is this: if you think about social policy

0:37:10.320,0:37:20.880
on assisted dying, sex work and drugs so if
you
think of those three areas of debate in society
we

0:37:20.880,0:37:27.840
find that that repeatedly, despite the fact
that
majorities of people are in favour of
liberalising

0:37:27.840,0:37:35.440
the drug laws and in favour of assisted dying
that
politicians are incredibly afraid. It's a sort of

0:37:35.440,0:37:42.400
tabloid allergy anxiety about being seen
to be too liberal on those issues somehow.

0:37:42.400,0:37:48.400
Our political culture just doesn't allow us to
do
the sensible thing like our European partners
do.

0:37:48.400,0:37:53.280
If you think about how they deal with those
sorts
of social issues they have a much more
pragmatic

0:37:53.280,0:37:58.720
and open-minded approach to them.
Something in
our political culture which militates against
that

0:37:58.720,0:38:05.120

and it spills over into this debate about assisted
dying because everybody's too nervous to be

0:38:05.120,0:38:11.200
pilloried by the Daily Mail on the grounds of you
know wanting to be liberal towards people who have

0:38:11.200,0:38:19.440
a desire to die. (EP): Is there a parallel at all
between the attitude towards assisted dying and

0:38:19.440,0:38:23.440
perhaps slightly earlier attitudes
towards abortion, I mean which was,

0:38:24.080,0:38:30.560
which is not legal in some western countries
and which was, perhaps carried a lot of stigma

0:38:30.560,0:38:36.000
until fairly recently. (AG): Yes I think that's a
very good point and of course we'll have the very

0:38:36.640,0:38:42.720
similar route. Again religious objections to
abortion you know people make the point again,

0:38:42.720,0:38:48.160
it's a an often made a certain knee-jerk
kind of point, about the United States

0:38:48.160,0:38:55.440
where people who are very much against abortion
are in favour of executing criminals and and

0:38:55.440,0:39:01.520
people having guns. You know so the kind of you
know contradictions that exist in those respects

0:39:01.520,0:39:07.360
in attitudes towards the value of life. In the
abortion and indeed this is a very important

0:39:07.360,0:39:15.040
point, because in the abortion debate the
competition is between the unborn and the

0:39:16.400,0:39:22.320
mother. And so when questions of quality of life,
I mean if you think for example of a young woman

0:39:22.320,0:39:27.760
who has plans and projects and she's in the middle
of her studies or the early part of her career

0:39:27.760,0:39:33.280
or other children already or whatever it might
be, you know ongoing commitments of a variety

0:39:33.280,0:39:38.880
of kinds, and then something happens which would
be hugely disruptive of that and wasn't chosen by

0:39:38.880,0:39:44.080
her and so she decides to you know put off having
children or not to have this child or something.

0:39:45.040,0:39:52.480
There is a direct conflict of interest
between the unborn and the living adult and

0:39:52.480,0:39:57.840
it's you know it's a difficult choice but when
you weight the matter you should surely weight

0:39:57.840,0:40:04.000
it in favour of (the 'surely' there's always the

weak point in any argument) but there is a
case

0:40:04.000,0:40:10.000
for weighting it in favour of the adult human
being with current commitments and so on
okay.

0:40:10.960,0:40:17.520
Now by the same token, the same kind of
logic
applies to the case of a person who wants to
die.

0:40:18.160,0:40:25.360
You know whose life is it which is crucially at
stake for the person who has to make the
decision,

0:40:25.360,0:40:31.760
either decision about abortion or decision
to die? Whose life is crucially at stake?

0:40:32.800,0:40:40.400
What is the perspective from the inner point
of view of that individual which is
determining

0:40:40.400,0:40:45.440
about the course of action that should
follow?
Well we mentioned the Stoics. The Stoics just

0:40:45.440,0:40:50.560
took it for granted that it was the individual
himself or herself who was the sole arbiter

0:40:51.360,0:40:57.600
of what that decision should be. And that I
think
is the point of principle that underlies the
idea

0:40:57.600,0:41:02.800
that nobody has the right to stop somebody
from taking their life if they want to. So

0:41:02.800,0:41:08.720
we've acknowledged that in the 1961 Act
but now we still play dog in the manger

0:41:09.440,0:41:15.920
for people who want to be able to do it safely
and securely in a way that can't be botched
or

0:41:15.920,0:41:20.000
for people who can't do it for themselves.
And
we're still not allowing them to do it so it's

0:41:20.000,0:41:27.120
a very you know inconsistent and paradoxical
situation. (EP): Is there sort of again a fear

0:41:28.480,0:41:33.600
of being perhaps inhumane by allowing
people
to be assisted to kill themselves but is that

0:41:33.600,0:41:39.440
leading then to a greater inhumanity of not
allowing people who have made the decision

0:41:39.440,0:41:46.400
to do it. (AG): Yes I think that that's right.
It does lead to a greater inhumanity. You
know

0:41:46.400,0:41:51.920
people tend to think don't they that there's
life and there's death and there's the right

0:41:51.920,0:41:59.120
thing to do and then there's the wrong thing
to
do and the dilemmas, moral dilemmas are
typically

0:42:00.640,0:42:05.200
present whenever that there are two rights in
competition with one another, when there
are

0:42:05.200,0:42:09.920

equally you know strong arguments or
compelling
reasons on both sides and you are forced

0:42:09.920,0:42:16.080
to make some kind of decision. There's a
big argument for encouraging somebody to

0:42:16.960,0:42:20.960
take whatever help they can to live on. I
mean
the vast majority of people don't want to die

0:42:20.960,0:42:26.400
they want to live on and there's no reason
why you
shouldn't in the face of somebody wants to
commit

0:42:26.400,0:42:32.320
suicide try to dissuade them from it, on the
grounds that it would hurt people who care
about

0:42:32.320,0:42:37.200
them, or that there might be an opportunity
for
you know a cure in future or something like
that.

0:42:38.320,0:42:43.840
But persuading, trying to persuade somebody
and
making it illegal you have two different
things.

0:42:45.200,0:42:51.040
And that's what's at stake here. (EP): I mean I
guess perhaps the contrary position might be
that

0:42:51.760,0:42:56.800
with other decisions people perhaps should
have
more autonomy because their decisions are
less

0:42:57.680,0:43:02.800
final. Whereas this decision you might might
feel
very strongly that you wanted to commit
suicide at

0:43:02.800,0:43:08.000
one point but then perhaps a year later you
might
change your mind but if you'd done it already
then

0:43:08.000,0:43:13.440
it would be too late in a way that no other
decision is so irrevocable. Is that perhaps

0:43:13.440,0:43:20.000
a reason. (AG): Well this is certainly the
most emphatically and invariably irrevocable

0:43:20.000,0:43:24.160
but there are lots of other kinds of
irrevocable
decisions that people make all the time.

0:43:24.960,0:43:31.200
And very very often you know the the
problem in
hospitals the problem with people who are ill
is

0:43:31.200,0:43:35.680
that it's their families who don't want them
to
die, and you keep them alive and they
persuade

0:43:35.680,0:43:41.120
doctors to keep them alive and to prolong life
and to prolong suffering and we could
change

0:43:41.120,0:43:48.960
the culture on this by getting people to be
more
rational and more perceptive about suffering
and

0:43:48.960,0:43:55.600

about death and about the place of death in
life.
About the fact that dying is an act of living

0:43:56.240,0:44:02.160
which can be incredibly unpleasant for people
who
are experiencing it. And also the the sorts of

0:44:02.160,0:44:08.080
distress that are associated with certain kinds
of conditions either terminal or long
standing.

0:44:08.800,0:44:13.040
You know being doubly incontinent, having to
be
cleaned up by other people all the time and
so

0:44:13.040,0:44:18.560
on they you know the humiliation of it . And
the awful you know plight that people are in

0:44:18.560,0:44:24.080
when that's the case. All these things need to
be
understood on the grounds of compassion
and on the

0:44:24.080,0:44:28.320
grounds of the individual's right to say
whether
or not they are prepared to put up with it.

0:44:29.440,0:44:34.640
You see most people I think when you ask
people
in this country and you do polling and we see

0:44:35.280,0:44:41.280
80% and more people think that it should be
a
legal entitlement to ask for help to die. Not

0:44:41.280,0:44:45.920
because they want to die, not because
they're
going to ask for help to die, but because they

0:44:45.920,0:44:53.600
think IF I were in a really horrendous
situation
I would like to know that I could be you know

0:44:53.600,0:44:59.520
eased out of it that people want it as a kind
of backstop. And that's the real importance
of

0:44:59.520,0:45:06.240
it. It's an assurance. (EP): Anthony one final
question. Now we've talked about precedence
for

0:45:07.040,0:45:12.720
sort of making suicide acceptable in certain
circumstances that go right back to classical

0:45:12.720,0:45:19.760
antiquity, but what about specifically in our
own time in 2021 in the UK now we've gone
through

0:45:19.760,0:45:25.200
a pandemic and we're still going through one.
Is it time for us as a society to rethink our

0:45:25.200,0:45:32.880
attitude towards death altogether? (AG): Yes
I
think so. We need I think, we do need to have
a

0:45:33.840,0:45:40.720
a proper conversation and a proper re-
evaluation
and self-education about death. Because

0:45:41.360,0:45:50.160
it has become a kind of reflex, a sort of trope
in all advanced Western democracies to act
and

0:45:51.120,0:45:56.960
almost believe as if death doesn't exist and it

can be postponed. And everything to do with it,

0:45:56.960,0:46:03.280
like aging and illness, can be treated and even cured. You know a cure for aging, think of that.

0:46:04.560,0:46:08.880
In the same ways we hope to be able
to conquer cardiovascular disease and

0:46:09.600,0:46:16.400
you know cancers and so forth. To postpone death,
to hide it away. When you think of these Victorian

0:46:16.400,0:46:20.800
experiences, therefore, indeed the experience of
death in any society, in any period of history,

0:46:20.800,0:46:26.720
other than our own it was right there, it is in the bedroom in your house happened often. Children

0:46:26.720,0:46:32.400
died all the time. Infant mortality was very high.
You witnessed your parents and your grandparents

0:46:32.400,0:46:38.720
dying in your own home. Now it's all kind of sequestered away and and it's all sanitised

0:46:38.720,0:46:46.080
and it's all you know dusted under the carpet and as a result we don't face up to it in our

0:46:46.080,0:46:50.480
own lives either. (EP): Anthony Grayling, thank
you very much. (AG): Thanks, it's a pleasure.

0:46:55.440,0:46:59.920
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