

## Assisted suicide – what are we sleepwalking into?

On Friday 29th November, Parliament will debate the legalisation of assisted suicide. MPs will vote on whether to legalise doctors prescribing life-ending drugs to those who are terminally ill. The debate is less than four weeks away and yet the text of the bill has not been published. The debate in Parliament is limited to only five hours. Is this really an appropriate amount of scrutiny for legislation which could fundamentally transform our relationship with death? We risk sleepwalking into an enormous change. This is a hugely emotive topic – but it is a fundamentally important one that we must all talk about, no matter how painful.

While I recognise that those who advocate for assisted suicide do so from a place of compassion, I still have serious concerns about what it will mean in practice, especially for the most vulnerable. How will it work for those who don't have a voice or the power to see their wishes respected? What about those individuals who will feel pushed into taking this step, unable to do so free of interference or pressure? Having heard from one of our priests who has not long returned from Canada, where assisted suicide is legal, the deeply held concerns I have about this issue have been magnified. The priest didn't think the newly introduced legislation would impact on him greatly when he arrived in his Canadian parish, but that was far from the case. In his very first week he was asked to speak with a lady facing death the next day, who said, 'I feel such a huge burden on my family.' When visiting a parishioner in hospital he was met with the question, 'They want me to kill myself, what do you think Father?'

It is immensely striking to me that the principal groups opposing the proposals being made are those who speak for those who live with disabilities and other vulnerabilities. I believe that the voices of the most vulnerable should be amplified in this debate. Proponents of assisted suicide assure us that safeguarding measures put in place will prevent the vulnerable in our society being pressured to end their lives prematurely, but I am far from reassured. The experience of Canada shows that we cannot just assume that the legislation will contain adequate safeguards. Nor can we assume that it won't be the entry to ever-wider measures that result in the deaths of people who consider themselves, or are told that they are, burdens.

Instead of introducing a law which enables doctors to prescribe life-ending medication to the terminally ill, I believe we should be working to make sure that every member of our society can die well. We should be asking 'what does excellent palliative care look like and how can we make it available to everyone?' Currently this work is chronically underfunded and under researched, largely dependent upon the generous and heroic action of those who run charity shops, such as St Margaret's Hospice here in Somerset. This is a truly sorry state of affairs and one that we should all be talking about. A dignified and compassionate response to the end of life will require the proper funding of palliative care. I believe this is the right solution for everyone in our society – both the powerful and the vulnerable alike.

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