The Right To Die? Exploring UK's Assisted Dying Bill

(by Vedika Dadhich)

I. Introduction

The issue of assisted dying has been a debatable battleground for a long time, contending ethical and deep-rooted religious beliefs against the strong arguments for individual autonomy and the right to die and end suffering. Such a debate on the legalization of assisted dying has re-emerged in the United Kingdom, as activists, lawmakers, and medical professionals engage in a divisive debate. Now, a combination of factors such as shifting societal perspectives, progressive medical capabilities, and increased political pressure indicates that the UK may finally be on the brink of legalizing assisted dying.

A. Overview Of The Assisted Dying Bill

Assisted dying continues to be a highly controversial **moral issue**, with legal, political, religious, and ethical considerations playing an important role. The term assisted dying includes both physician-assisted dying and voluntary active euthanasia.[1] Physician-assisted dying is when a doctor prescribes patients a lethal dose of medication to be used to end their life when they are ready. According to the National Library of Medicine of the US, physician-assisted incorporates a physician intentionally helping a person at their voluntary request to terminate their life by providing drugs for self-administration.[2] Voluntary active euthanasia includes a physician (or third person) intentionally ending a person's life usually through the administration of drugs, at that person's voluntary request.

The need for the right to die or assisted dying arises due to several factors including concerns about the poor quality of life, i.e. unbearable suffering, dependency on others, identity crisis, physical pain, and fear of suffering in the future.[3] According to a qualitative study 'Unbearable suffering' from the perspectives of patients requesting assistance in dying, these patients suffer from feelings of helplessness, loss of dignity, and loss of self as their quality of life progressively diminishes, and these are important reasons to consider assisted dying.[4] Patients expressed concern about the loss of their personality or essence. According to Pearlman et al. (2005), "motivations for physician-assisted suicide often stem from a desire to maintain **dignity and autonomy** in the face of terminal illness."[5] In some cases, extreme and unbearable pain can be an influencing factor for the patients to favor assisted dying. Assisted dying provides patients with the right to choose the manner of death and retain control of their own life or death, alleviating potential suffering and preserving dignity. However, it needs to be practiced with proper safeguards as there are concerns regarding its potential misuse.

Recently, Kim Leadbeater (Labour) presented the Terminally Ill Adults (End of Life) Bill to the British Parliament on October 16, 2024.[6] The bill title states that it would "allow adults who are terminally ill, subject to safeguards and provisions, to request and be provided with assistance to end their own lives."
The broad aim of the bill is to allow adults aged 18 and above, who are terminally ill and are in the final six months of life and have the mental capacity to request assistance from a doctor to end their life.

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[1] Euthanasia and assisted dying
[2] Journal of the royal society of medicine
[3] Right to die
[4] Study on unbearable suffering
[5] Family voices
[6] House of Commons Library

II. Key Features

The assisted dying bill allows terminally ill adults, meeting strict eligibility criteria to request assistance to end their lives. The bill includes specific safeguards to ensure that it is ethically implemented. Eligible patients must be residents of England or Wales, registered with a physician for at least 12 months, and must be mentally capable of making an informed and voluntary decision to end their life. The process involves assessments, judicial approval, and self-administration of the approved substance. The bill criminalizes coercion, dishonesty, or unfair manipulation, with up to 14 years of imprisonment for violations as a penalty.

A. Provisions Of The Law And Voting Outcomes

On 29 November, the U.K. lawmakers voted in favor of assisted death for terminally ill people in England and Wales, advancing the contentious and divisive legislation to the next stage of parliamentary scrutiny.[7] The Christian Concern called it a "very Black Friday for the vulnerable in the country", contrary to what the Campaign group said.[8] The Socialist Campaign Group recognized the result as a historic step towards greater autonomy and protection for dying people. Eventually, the Bill was passed with a majority of 55 votes, with 330 members voting for it and 275 against. [9]Assisted suicide is currently illegal in Britain and can result in a prison of up to 14 years. According to the Dignity in Dying group, each year, a few UK citizens travel to Switzerland to end their lives as assisted suicide has been legal there for over 80 years.[10] The organization believes that traveling abroad for assisted dying can be physically and financially draining for people already suffering from severe pain and stress.

The bill has sharply divided lawmakers.[11] For many, choosing a side was a strenuous task. The MPs have been given a **free vote** on this issue, implying that they can support either side based on their conscience, with no political ramifications, and have been released from the restraints imposed on them by their party whips. As a result, interesting voting patterns were seen, with Prime Minister Keir Starmer and his Conservative predecessor Rishi Sunak voting in favor of the bill while the Deputy PM, Angela Rayner, and the Health Secretary, rejected it. As the bill passed a second reading on 29th November in Commons, it will now go through the Committee stage.[12] The bill has been committed to a public bill committee consisting of MPs, who will go through the bill line-by-line, scrutinizing each clause and proposing reforms.[13] The committee's chairperson will be a senior backbench MP who the speaker selects. The members of this committee are nominated by the Committee of Selection, which is composed almost entirely of government and opposition whips. Kim Leadbeater, as the initiator of the bill, will be able to submit the names of members to be considered for nomination by the Selection Committee. Given the controversial bill, the Committee of Selection will likely play a very active role. The MPs at the second reading, voted to give the bill

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[7] Approval of bill

[8] Christian Concern: a non-profit orthodox Christian organisation in the UK
Socialist Campaign Group: a UK parliamentary convention of the Labour Party, which represents a more left-wing political stance.

[9] Divisive bill

[10] Dignity in dying: is a UK based campaigning organisation which advocated to change the law to allow the option of assisted dying.

[11] Voting on the bill

[12] parliament bills UK

[13] Institute of government UK

committee the power to take evidence. The Committee is expected to focus on refining and improving the bill and not reopen arguments on the principle of assisted dying itself.

B. Eligibility Criteria

The assisted dying bill outlines specific eligibility requirements. The applicant must be a resident of either England or Wales and be registered with a general practitioner ("GP") for at least 12 months.[14] The applicants must have the mental capacity to make the choice and be considered to express a clear, settled, and informed wish to end their own life and that they have reached this decision voluntarily without any kind of pressure or coercion.[15] They must make two separate declarations, witnessed and signed by them or a proxy on their behalf, about their wish to die. Two doctors must assess each request or declaration at least seven days apart to make sure that the person meets the eligibility criteria. If both doctors state that the eligibility criteria have been met independently, the person may apply to the High Court for approval of their request. A High Court judge can question the dying person or anyone else they consider suitable, and must also hear from at least one of the doctors. If the High Court decides that the applicant has met the bill requirements, a 14-day reflection period will be given (in cases of imminent deaths, it will be shortened to 48 hours). After this time, the applicant may make a second declaration to request assistance for ending their life. If the doctor remains satisfied with the person meeting the eligibility criteria, a life-ending "approved substance" will be prescribed which will be self-administered. Under the bill, a doctor can prepare the "**approved substance**" but it must be taken by the applicant himself. The doctor would stay with the person until they had self-administered the substance and died.[16] A person who assists another under the bill would not face any criminal (or civil) liability. However, the bill states that it would be illegal if someone pressurizes, coerces, or uses dishonesty to get someone to make a declaration for dying or inducing someone to self-administer an approved substance. If any person is found guilty of any of these actions, they could face a jail sentence of up to 14 years.

III. Relevance In The Current Times

A. Influence Of Global Trends

Several key factors drive the ongoing legislation. Firstly, **shifting public opinion** towards increasing acceptance of assisted dying is one such factor. There is increased support by people for allowing assisted dying under proper safeguards, this change in public sentiment signifies an increased realization of the importance of individual autonomy and the need to address the misery of the terminally ill. The adoption of euthanasia and assisted suicide ("ESA") in some countries is likely a result of the long-term transformations, which have shaped attitudes towards suicide in general.

The level of acceptance for ESA varies from country to country, moreover, these acceptance levels are determined by **individual and contextual variables**. These contextual variables depend on the level of development of a country, religious denominations in a country, etc. For example, countries having higher life expectancy, low infant mortality rates, economic well-being, and efficiency in the healthcare system are

[14] The terminally ill adults bill
[15] Eligibilty criteria
[16] The terminally Ill Adults bill

likely to favor euthanasia and assisted dying. The acceptance levels also depend upon the existing religious denomination in a country, for example, Muslim-majority countries are less supportive of EAS, whereas those with a Protestant majority are more in favor of it.[17] In *Cultural Evolution: People's Motivations are Changing, and Reshaping the World*, Inglehart (2018) examines how shifting cultural values influence societal structures and global trends.[18] Inglehart's review suggests that individuals who favor EAS are more educated, secular, prosperous, and live in contexts where healthcare and liberal democracy function well.

Secondly, the increasing **political pressure** from lawmakers, activists, and advocacy groups has played a significant role in resurfacing the concern in the mainstream political arena. Continuous campaigning and global discussions on individual rights, autonomy, and medical ethics have helped to raise awareness and generate public debate. Besides, progress in healthcare innovations has led to prolonged lifespans, debating the quality versus quantity of life.

B. International Perspectives

The international acceptance of assisted dying in countries like Canada, Switzerland, and the Netherlands has a significant influence on UK policymakers. Switzerland is the only country permitting the act of assisted dying performed by a non-physician. There is a legal provision for some form of assisted dying in six European countries: The Netherlands, Belgium, Switzerland, Luxembourg, Spain, and Austria.[19] Switzerland made assisted suicide legal in 1942 and was the first country in the world to create a right to die.[20] It is one of the few countries that provides foreigners access to help through organizations like Dignitas in Zurich.[21] The Netherlands and Belgium are the only European countries to extend assisted dying law to children. Assisted dying has been legal in both countries for more than 20 years for patients suffering from an incurable illness, including mental health issues.

Physician-assisted dying is legal in California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, and Vermont. Oregon was one of the first places in the world to offer help to die for some patients, in 1997.[22] It has acted as a model referring to what other US states have made laws on assisted dying. In Oregon, assisted dying is allowed for terminally ill, mentally competent adults expected to die within six months. In Oregon as in other US states permitting assisted dying, the lethal medication needs to be self-administered. Despite the variation, it is clear that assisted dying is far more accepted and prevalent across Europe than anywhere else in the world.

The UK's decision on assisted dying will potentially have a **global influence** on legislation in other countries. The UK shares a common legal heritage with many countries. These countries may follow the UK model when drafting or modifying their existing laws if assisted death is legalized in the UK with proper safeguards. The Health and Social Care Committee noted, in its report on Assisted Dying/Assisted Suicide ("AD/AS"), that "UK citizens who pursue AD/AS tend to travel to Switzerland", with most going to

[17] Data on EAS
[18] Cultural evolution
[19] righttodie
[20] International perspectives
[21] Dignitas: a non-profit organization in Switzerland assisting with what it describes as "accompanied suicide"
[22] laws on assisted suicide

Dignitas.[23] Legalising assisted dying in the UK could reduce **'suicide tourism'** in countries like Switzerland. This shift might lead countries to consider and revisit their laws to prevent citizens from seeking assistance abroad.

IV. Arguments In Favor

A. Right To Life And Dignity And Personal Autonomy

The provision for assisted dying ensures that terminally ill people have control over their bodies. Supporters of the bill argue that patients who are about to die deserve the **right to die with dignity**. Pro-change campaigners 'Dignity in Dying' say that terminally ill people who are mentally competent adults deserve the choice to control the manner of their death, along with receiving good healthcare. Despite good palliative care, patients can still suffer intense physical or mental pain in the final stage of their life. Research by the Policy Institute and the Complex Life and Death Decisions group at King's College London suggested 63% of over 2000 adults surveyed in Wales and England want assisted dying to be legalized for terminally ill adults, while 20% of them said they do not.[24]

Supporters of the assisted dying bill believe that the right to die is an integral part of the right to **bodily autonomy,** one of the basic rights that gives human beings the freedom to exercise control over their bodies. The assisted dying law would not only give individuals a choice but also listen to those who no longer want to endure prolonged suffering, chronic distress, and fear. A human-assisted dying law, with proper safeguards, could allow terminally ill patients to die in a state of relative comfort, in the presence of their families. Moreover, assisted dying law will eliminate the threat of police suspicion, investigation, and arrest of the family members of the dying people. Archbishop Justin Welby commented that the assisted dying law would open the path to broadening it out in a way that people who are not terminally ill might ask for dying or feel pressured to do so. However, Kim Leadbeater, who introduced the bill, said that the bill is only about people who are terminally ill, and not for people with disabilities or mental health conditions. There would be strict medical and judicial safeguards for access to it.

According to the British Medical Association's Report ("BMA"), those who support assisted dying believe that forcing ill and dying people to suffer against their will conflicts with 21st-century medicinal values.[25] Many people from the UK travel to Switzerland to non-profit organizations like Dignitas, to pursue assisted dying, but this option is only available to those who are financially well-off. These people need to be well enough to travel, which often leads to people ending their lives sooner than they would have wished. The legislation allowing assisted dying brings a sense of relief and reassurance for many people suffering from terminal illness and their loved ones. The BMA however took a neutral stance on physician-assisted dying as it consists of doctors with a wide range of views on physician-assisted dying; therefore a neutral stance reflects diversity and this is an issue not just for the doctors but for the society as a whole. However, critics argue that the position of neutrality by the BMA would be interpreted as its implicit acceptance of a change in the law. The BMA is also criticized for the fact that it cannot be neutral on an issue that will have a major

[23] Report on AD/AS
[24] Research by KCL
[25] BMA's report on the bill

impact on the clinical practices of doctors and could put vulnerable patients at risk and that it should take a clear stance on significant public policy issues affecting doctors and patients.

V. Counter Arguments

A. Ethical Concerns, Risks Of Misuse, And The Slippery Slope Argument

Palliative care organizations argue that there is a need for better palliative care and service development instead of assisted dying. They say that assisted dying will not be needed if **proper palliative care** is provided at the end of life.[26] Critics question the extent to which patient autonomy can be exercised in modern times and believe that patient autonomy needs to be balanced against a reverence for human dignity and respect for life. Supporters of assisted suicide often use the factor of unbearable pain as an argument to justify its legalization as they view death as the ultimate solution to end suffering. However, with advancements in pain management, effective pain relief is almost always possible in today's medical care system. This partly explains why so many requests for assisted suicide today are not due to unbearable pain itself but to the fear of experiencing such pain.

Most palliative care associations oppose assisted dying and are often outspoken in their opposition. A study of 104 assisted dying and palliative care declarations from all over the world showed that assisted dying was not defined by palliative care but was mostly campaigned against.[27] 'The United States Conference of Catholic Bishops' highlights the ethical and medical distinctions between palliative care and assisted suicide.[28] It advises to **eliminate the problem, not the patient**. Palliative care addresses not only the physical but also psychological and emotional issues, these are not discussed by assisted suicide. There is an inverse relation between progress in assisted dying with stagnation in palliative care practices.[29] For instance, in Oregon, legalization was followed by an increase in severe untreated pain among patients. In contrast, when the state prohibits assisted suicide and promotes the use of pain-relief drugs like morphine, the adoption of palliative care and pain management medications increases, reflecting advancements in pain management practices.

There are also concerns about abuse if assisted dying is legalized. A major concern is whether the legalization of assisted dying could lead to abuse or coercion, described as a **'slippery slope'**. The term 'slippery slope' refers to the concern that legalizing assisted dying could set a precedent, gradually leading to wider unethical applications of the law, where initial safeguards might weaken, resulting in unintended consequences. There is a possibility that people might request assisted dying to help their family members or caretakers rather than themselves because they feel that they are a burden on their family. [30] The "slippery slope" argument is used by opponents who propose that inevitable and unwanted expansion will take place once euthanasia and/or physician-assisted dying are legalized as a result of which the rights of vulnerable populations will be abused and infringed.[31] It is feared that once the principle of assisted dying is accepted, it will become

[26] Report by palliative care associations
[27] declarations
[28] USconference
[29] Decline in palliative care
[30] righttodie
[31] Slippery slope argument

normalized and hence it will become easier for people to adopt wider eligibility criteria such as allowing individuals with non-terminal illness, or mental health issues to seek assisted dying.

Opposition campaigners like the Catholic Church in the UK have raised fears of a slippery slope leading to wider legislation. They argue that legalizing physician-assisted suicide will lead to other things to follow, with the end being the legalization of euthanasia and assisted suicide for anyone for any reason.[32] For instance, the Netherlands provides an example of a slippery slope on which the legalization of assisted dying puts people. The 1991 Remmelink Report, commissioned by the Dutch government, studied euthanasia practices. The report revealed that by the 1990s, more than 50% of euthanasia cases were not carried out voluntarily.[33] In 2001, euthanasia was made legal and in 2004 it was extended to children under the age of 12 if doctors believed that their suffering was intolerable or in case of an incurable illness. [34]The Netherlands also provides an example of the irregularities in reporting the cases. For example, euthanasia and assisted suicide cases are underreported by physicians despite the legal requirement to do so which seems to be related to a lack of proper consultation with a second doctor.

Another argument put forward by the opponents is that of **disrespect to physician's integrity.**[35] Involving a physician in physician-assisted suicide not only undermines his integrity but creates a contradiction as his noble profession is characterized by that of compassionate service to the patient who is sick, ill, vulnerable, or wounded, and to expect a physician to get involved in the destructive act of suicide violates both personal and professional integrity of the physician, and created an ethical confusion among both the patient and doctor about what is right and wrong.

Critics also put forward the concern for vulnerable groups and the potential for **discrimination** against them. They express a concern that the legalization of assisted dying bills can cause harm to vulnerable sections by offering them limited options for life-sustaining treatment. They might be forced to end their life early. 'Care Not Killing', an organization opposing assisted dying in the UK states that legalizing assisted dying can create fear in vulnerable people like the disabled, elderly, or sick, that they are a burden on others and this might pressure them to end their lives.[36] According to the opponents, the so-called 'safeguards' are mere rules of what ought to happen in an ideal world and do not represent the real-world problems of clinical practice and chronic illness. It is not always possible to ensure that coercion is absent in such decisions and that they are truly voluntary. [37]

VI. Way Forward

A. The potential legalization of assisted dying in the UK signifies an important moment in the nation's history. It is a debate apprehensive with ethical, moral, and practical intricacies. Patients' needs, attitudes, and beliefs

[32] Non-religious arguments against assisted dying
[33] Netherlands report
[34] Dutch experience of monitoring euthanasia
[35] Disrespect to physician's integrity
[36] Arguments by parliamentarians
[37] Arguments by BMA

must be a priority in decision-making. Patients' autonomy should be balanced with the right to life, and society must decide where this balance lies, directed by religious, cultural, and ethical perspectives.

B. Both proponents and opposers of assisted death support their argument through the principles of fundamental **bioethics**. The medical profession and society, in general, remain divided as to whether physician-assisted death should be legalized in the UK. With the passing of the assisted dying bill in the House of Commons in the UK, the proposal is now set for the Public Bill Committee which will scrutinise and suggest amendments to its various clauses, before returning the draft to Parliament for an ultimate sanction. The bill was passed with a majority of 55 votes, with 330 members voting for it and 275 against. The passing of the bill portrays a milestone, a win for the supporters of the right to die.

C. The debated and divergent views expressed among parliamentarians in the UK represent the complexity of this issue and give the world a chance to decide how best to allow people to both lead and end their lives with honor and compassion. Debates among Britain's lawmakers have depicted that making laws concerning assisted dying is a challenging process. However, the mere possibility of a slippery slope or the potential of abuse cannot be used as an excuse to divert from the fact that people's autonomy over their bodies is fundamental to human existence. There can be arguments about the provisions or amendments of the law, but it can not be denied that such legislation is based on the principles and values fundamental to human existence, i.e. freedom to lead and end life with dignity and the right to privacy and autonomy.

D. As the debate over assisted dying law continues to unfold, it leads us to ponder upon the deeper philosophical questions surrounding life and death. What does it truly mean to live a meaningful life and at what point does suffering exceed the value of existence? These questions prompt us to reflect on the relationship between personal agency and moral duty and the role played by society in shaping life's boundaries. While the assisted dying law may offer a legal framework for decision-making, it also encourages us to encounter our beliefs about suffering, death, and the right to choose our destiny. As the law advances, it leaves us questioning whether the right to die is a necessary expression of freedom, or does it threaten the sanctity of life. The answers may be uncertain and varying but the debate is essential for society as it navigates the complexities of ethics, autonomy, and human life.

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