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Today is the debate and vote on the Assisted Dying Bill. It is a hugely important piece of legislation which, if passed, would allow terminally ill adults of sound mind and settled conviction with less than six months life expectancy access to a lethal process and assistance in applying it.

I started this process wanting to support the Bill. I well remember an old gentleman coming to my surgery in tears to tell me of the distressing death of his wife the week before, and his sense of helplessness in not being able to help her to die. I have spoken to multiple sufferers of Motor Neurone Disease (MND) who also wanted to have the reassurance of agency over the manner and timing of their own deaths as they faced up to their condition.

But the more I think about this Bill I realise that I cannot support it.

This is not because I fear that this Bill would be the thin end of a wedge; It will be up to parliament to decide any further relaxation, and, whilst there are concerning international examples of mission creep, such as Canada, the Netherlands and Belgium, there are other jurisdictions, such as Oregon, that have not extended their parameters. It would be up to us.

My biggest concern is that the pathway to the end of life can be very expensive. I have always been concerned about the risk of unfair pressure being applied to vulnerable people to “choose” to end their lives. I used to think of family members applying this pressure. But, the more I think about it, I realise that the most likely pressure is going to be applied by the patient themselves. If we change this law then every day that a patient chooses *not* to ask for suicide will itself become a choice. A choice that may take money from the next generation, that may extend a period of family concern, that may hold back loved ones, through caring responsibilities, from getting on with their own lives. Too often old people already feel that they are a waste of space, that they are a burden to society with nothing to offer. It would be a tragedy if we then created an expectation that they “do the right thing” for the next generation. I cannot think of a “safeguard” that could protect the elderly from their own loyalty, so I don’t think we should put them in that invidious position.

Last week I spoke to my neighbour, who suffered the tragedy of losing her daughter to suicide a few years ago. She made this point to me: we spend so much time trying to persuade the young that suicide is not the answer to feelings of despair; what message will we be giving them if we pass this Bill? I found myself unable to answer her.

Given that mental health is expressly excluded from the scope of this Bill, much of the demand for suicide as an option for end of life is the fear of a painful and distressing death. Is not the first answer to this an improvement in palliative care? Done well, as it was with the death of my own father, this period remains an intensely emotional and distressing experience, but also an amazingly powerful and loving exchange. As palliative care treatments improve, the arguments for assisted suicide should be diminishing year on year, and yet they are increasing. Why?



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And then there are the specific concerns that I have about this Bill, and the way in which we are considering it:

- The definition of “medical practitioners”, the people entrusted to guide the patient through the consent process and provide evidence to the High Court Judge, are not defined as qualified doctors. So who are they?
- I am concerned that there is nothing in the Bill to prevent specialist clinics springing up to process suicide applications, where the safeguarding process of the two “medical practitioners” will become a rubber-stamping process, with just a few days gap between the first and second interview.
- The consent of the patient can be supplied by a proxy if the patient cannot sign a consent form, “or for any other reason”. So a person can assert that they are a Proxy without written authority, since the patient cannot sign, and then can assume all the rights of the patient in the consent process. Perhaps this can be improved, but the short debate (see below) will prevent me from even raising this.
- I am concerned that the use of a High Court Judge to consider the application is an odd and inappropriate use of the Court. Judges are there to adjudicate in a dispute, not to conduct an administrative exercise to see that the paperwork is in order. Will this adjudication be in public? If so, every patient will have to expose their medical history to the public gaze. If they are in private, then what confidence will we have that they are anything other than a final rubber stamp borrowing the status of the High Court but without the scrutiny. Those supporting the Bill cite Oregon as the most appropriate international comparator. I have researched the suicide rate in Oregon, a State with a population of 4 million, and extrapolated the numbers to the rough population of England and Wales. This suggests that the High Court would be assessing c6,500 suicide applications every year. How is that not going to become just an administrative exercise?
- The bill is untested and is being given a maximum of just five hours of debate. More than 150 MPs had already asked to speak in the debate when I joined the list. This means that the vast majority, including me, will not be able to take part. Perhaps there are good answers to my concerns but I won’t be able to get them as part of the debate. The Prime Minister was asked to give two days of government time to allow for proper analysis. He refused. Instead, we have had a series of general debates in government time on topics such as the performance of UK athletes in the recent Olympics. This bill was first published two weeks ago and now we are supposed to nod it through without proper debate. No.

Finally, I want to acknowledge the many constituents who have contacted me to argue, passionately, both for and against this Bill. As of this morning, I have received 260 emails in favour and 358 against. Whilst I am grateful for their views, and have taken them into account, I am not a delegate but a representative. This means that I have been entrusted to use my skills, experience and intellect to take the best decision I can on this issue. I recognise that my decision to vote against this Bill will be disagreed with by many of my constituents, but I hope that they will acknowledge that I have discharged my duty as best I can.