

In support of civic good: a profile for the legislator

MPs spend much time talking and listening about things that affect the lives of others. The views they hold and votes that they take, are often guided by party policy. The Assisted Dying/Suicide bills going through both parliaments are not like other issues. The outcome of voting on them will affect the life and death of all citizens.

All national legislation should look after the welfare and safety of all people, without fear or favour. Citizens expect their MP to understand all facts and information, so that their vote contributes to laws that are fair and effective. People expect each MP to work for the civic good on this issue, and be able to explain to constituents how their vote will achieve this. The final record of voting on this issue will live long in the memory of constituents.

Offer to the MP as a legislator

From our experience of engagement with people, we offer MPs knowledge of constituent thinking on this issue.

Origins – civic concern

More than 3 years ago our group formed because of civic concern about the possible impact of legislation which could allow state assisted-intentional killing, described as assisted dying.

Voice of the people - civic process

For over 3 years, we have initiated conversations in communities across Scotland with people who are both for and against proposals to legislate for Assisted Dying. We have held conferences and meetings, spoken to individuals and groups, and engaged with more than three thousand citizens directly on the issue. We do not do polling, we do conversation.

Outcome – Legislation for the Common Good

Our group is not affiliated to any other but seeks alliance with those who share civic concern on this issue. We work to support a process which will deliver legislation which upholds the civic good of all.

Thoughts of the people, legal notes

Although our group has come to a position on the issue, we offer MPs knowledge of the thoughts of people, arising from grassroots dialogue. The awareness that this provides can assist them in making decisions that serve the good of all people.

When informed, most people describe the issue as sensitive, but can describe their concern in an uncomplicated fashion. The language required by the MP/legislator to examine the issue needs to be clear and objective. We will use this type of language in the next section.

Proposals to Support Law Change

*The research evidence and analysis that follows is taken from *The Reality of Assisted Dying*,*

Understanding the Issues, Open University Press 2025. We highlight a few examples from the book to draw attention to the quality it offers as a contemporary resource.

Current law prohibits the intentional killing of any person, as a way of protecting the life of every person, and to ensure the safety of all citizens, without fear or favour.

The case for change seeks a limited exception to the law. This would allow state employees to assist in the intentional killing of a small cohort of the population. This cohort would only involve those who seek assistance to die due to intolerable suffering.

The threat/risk to the safety of others, caused by this exception, is recognised by both those who support, or are against, the proposals.

In response to this risk, the Westminster bill seeks to control availability of assisted death by stating that only “adults aged 18 and over, who have mental capacity, are terminally ill and are in the final six months of their life, (are allowed) to request assistance from a doctor to end their life”. It also states that “Two doctors must assess each request, at least seven days apart, to ensure that the person has a “clear, settled and informed wish to end their own life” and that “they have reached this decision voluntarily, without coercion or pressure.....”

Baroness Butler-Sloss, former president of Family Division of High Court commented:

“Laws, like nation states, are more secure when their boundaries rest on natural frontiers.

The law that we (currently) have rests on such a frontier. It rests on the principle that we do not involve ourselves in deliberately bringing about the deaths of others. Once we start making exceptions based on arbitrary criteria like terminal illness, that frontier becomes just a line in the sand, easily crossed and hard to defend. Bingham (2013)” *Reality of assisted dying*, p. 81

International evidence of legislative change

From the above we can see the proposal and the risk. We will now consider possible consequences of making such a change.

A way of considering the effectiveness of the criteria can be done by looking at the experience of other countries who have made such a law change, with similar safeguarding promises. When we do so, patterns emerge

“In 2002, the Netherlands and Belgium restricted assisted dying for adults with terminal and incurable physical illnesses. As of 2024, both countries allow access on mental health grounds (once treatment has been exhausted) and for children.”

“... some real-world examples of unintended consequences from assisted dying legislation:

In 2022 (Canada), two individuals diagnosed with multiple chemical sensitivities (MCS) applied for MAiD. Both blamed their decision not on their illness, but on a lack of support to access affordable housing compatible with MCS. One wrote: “I’ve applied for MAiD essentially because of abject poverty.” (Wiebe and Mullin 2023)

In 2019, a 74-year old patient with dementia in the Netherlands was euthanised after being covertly sedated and restrained by relatives ..” (Miller et al. 2019; Rankin 2019)

These (and other) examplessuggest assisted dying has become a stop-gap measure effectively to “deal” with socio-economic issues, as well as being used as a replacement for underfunded mental health and end-of-life care services. The data from our eight jurisdictions (Oregon, Washington, California, Canada, Belgium, the Netherlands, Victoria and New Zealand) support this conclusion”(Reality of Assisted Dying pp 29, 30, 32)

Evidence across various jurisdictions shows safeguarding promises eroded and access widened, and increase in assisted and unassisted suicides across the populations.

Secondary impacts of change

From the above we see patterns of unintended change to the nature and current practice of care. Legislation which began as an option only for those who seek it, introduces a coercive element where it is allowed to be recommended to patients by health professionals. Many whose needs depend on state support experience vulnerability when the care offered to them could involve medically assisted death.

No institutions or groups campaigning on behalf of disabled people, support this bill.

Within this context of change in the nature of care of our most vulnerable citizens, we see issues of capacity and coercion come into focus. At the heart of such diagnosis and offer of treatment lies a judgment that some people have lives that are worth life, and others do not.

The Danish government investigated and rejected assisted dying in 2023. Its report said: “The very existence of an offer of euthanasia will decisively change our ideas about old age, the coming of death, quality of life and what it means to take others into account. If euthanasia becomes an option there is too great a risk that it will become an expectation aimed at special groups in society” Reality of Assisted Dying p. 35

Many people express deep concern about the legitimacy of such a judgment being made by an employee of the state, upon the life of any citizen. History warns against engagement with any such form of eugenics.

Thoughts of the people, concern about process

Competence

Concerns about the competence of the parliamentary process have been well documented. Private Members Bill procedures place a great deal of power in the hands of the sponsor and supporters. It is not clear that this power has resulted in the wide, fair and balanced examination promised at second reading. Width, balance and fairness are important to reaching a conclusion on matters of life and death. The common good is most likely to be achieved where the process is seen to fairly incorporate the views and concerns of all.

A sample of these concerns are :

- A sizeable majority of selected committee members are in favour
- The witness list was agreed in private, resulting in 24 in support, 6 against

- Those submitting Canadian evidence of concern were not called by the committee to balance testimony supportive of assisted dying from America and Australia.
- No witnesses with expertise of domestic abuse/coercive control against women and girls were called
- No strategic consideration was given to the role of Palliative Care in addressing the issue of intolerable suffering and terminal illness.

Political credibility and leadership of the issues

The backdrop of current public discourse highlights issues which question the credibility of planning and the assurances given to resource key elements of the legislation. Recent comments by Mr Streeting highlight concerns about the reliability of promises to resource delivery amidst the current economic climate. (ie delivery of the legislation will reduce current provision of health care).

Erratic changes to arrangements, which underpin the central assurance that the bill's safeguarding proposals are the best in the world (ie high court judge commitment etc..), raise concerns about the depth of preparation and credibility of the proposals.

These and other issues raise widespread civic concern that the quality of leadership and timing, of the legislative process is undermining its capability to engage with sufficient depth to meet the civic needs of such grave legislation. Regardless of personal viewpoint, no one with concern for the civic good wishes a legacy of regret due to flawed process.

Profiling the Expected Response of MP as Legislator

The prime function of state legislation is to protect the lives of every citizen, without exception. In their role as legislator, citizens expect their MP to:

Place responsibility and conscience as a legislator above personal experience as a citizen.

- Examine all evidence, without fear or favour
- Consider the best response for the good of all.

To address the concerns of all, it may be useful to consider answers to some interlinked questions which underpin the issue, and point to solutions which serve the common good.

- Intolerable suffering AND Consequences of Legislation?
 - Palliation for all, not legislation for some?
 - Is the process fair, and adequate to the task?
- Will the Bill produce legislation which protects the safety of all?

Constituents would expect their MP to explain how their vote delivers the best option for the good of all. They would hope that MPs who are in any way unsure, ABSTAIN or vote NO

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