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Via Email

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Dear Sussex MPs

I write to you with profound concern regarding the Assisted Dying Bill proposed by MP Kim Leadbeater. As a nation, we stand at a critical juncture, one that will define how we value and protect the dignity of human life. While the suffering of terminally ill individuals deserves our utmost compassion, this bill poses serious risks to the moral, ethical, and societal fabric of our country.

This is not simply a debate about individual choice; it is a debate about the kind of society we wish to build—whether we will champion the sanctity and equality of all human lives or allow a utilitarian calculus to diminish our shared humanity. Below, I present a detailed analysis of the multifaceted issues raised by this legislation.

The Sanctity of Life

The principle of the sanctity of life is the cornerstone of a just and humane society. Across history and cultures, it has been recognized that every human life, regardless of circumstances, possesses inherent dignity and worth. This foundational belief is not only central to religious traditions but is also echoed in secular humanist ethics.

Former Prime Minister **Gordon Brown CH** spoke movingly of this principle when he said***, "The focus should be on better end-of-life care, not on facilitating death."***[1] His reflections, grounded in personal experience of loss, underscore the value of supporting individuals in their final days rather than offering death as a solution to suffering.

This belief is further supported by philosopher **Professor Margaret Somerville**, who has written extensively on the moral and societal implications of assisted dying. She cautions**, *"When we cross the line to make some lives legally expendable, we erode the moral foundations of society."***[2] If we allow the value of life to become conditional—dependent on factors such as health, autonomy, or perceived quality of life—then no life is truly secure.

The sanctity of life is not merely an abstract principle; it is a guiding light that ensures we approach issues of life and death with the gravity and compassion they deserve. It challenges us to recognize the inherent dignity of every individual, even in the face of suffering.

Vulnerability and Coercion

The Assisted Dying Bill purports to offer choice, but for many, that choice will be an illusion. Vulnerable individuals—including the elderly, those with disabilities, and those suffering from terminal illnesses—may feel immense pressure to opt for assisted dying. This pressure may not always be explicit; it may manifest as subtle but powerful societal or familial expectations.

Baroness Tanni Grey-Thompson, a disability rights advocate, has warned, ***"If society starts suggesting that some lives are not worth living, the message to disabled people is clear: 'You***

[1] Gordon Brown, *Evening Standard*, November 2024
[2] Professor Margaret Somerville, *Ethics Journal*, 2020

are better off dead.'"[3] Her words reflect the deep concerns of the disability community, which fears that assisted dying could normalize the idea that certain lives are less valuable or less worthy of protection.

The organization **Not Dead Yet UK** has been vocal in its opposition to the bill, emphasizing that ***"true compassion lies not in facilitating death but in affirming that no one is a burden."***[4] Their research reveals a troubling pattern: many individuals who request assisted dying do so not because of physical pain, but because they feel like a burden to their families or society. This is a societal failing, not a justification for assisted dying.

Coercion does not always take the form of overt pressure. It can be embedded in the structures and attitudes of society, creating an environment where individuals feel they must choose death to spare others. This is particularly concerning for marginalized groups, who are already disproportionately affected by systemic inequities.

Inadequate Safeguards

The safeguards proposed in the Assisted Dying Bill—such as requiring the approval of two doctors and a High Court judge—may appear robust at first glance. However, experience from other jurisdictions demonstrates that such safeguards are often ineffective in practice.

Former Attorney-General **Dominic Grieve** has warned that the bill could violate Britain's human rights laws, stating that it ***"fails to offer sufficient protections and decriminalizes assisted suicide as a state service, conflicting with [European Convention on Human Rights] obligations."***[5]

Lord Carlile of Berriew, a senior barrister, has described judicial oversight in this context as a ***"tick-box exercise."***[6] He argues that judges, under pressure to expedite cases, are unlikely to provide the thorough scrutiny needed to prevent errors or abuses.

Moreover, the medical profession itself is not immune to error or bias. Doctors are human and can be influenced by their own beliefs, prejudices, or assumptions about a patient's quality of life. In some cases, they may misinterpret a patient's request for assisted dying as a genuine desire to end life, when it is actually a cry for better care or emotional support.

A group of 73 academics, including health and legal experts, signed a letter opposing the bill, describing it as ***"inadequate"*** and stating that it ***"lacks prudence...at a time of crisis for the NHS."***[7]

The British Medical Association has highlighted the challenges in predicting survival times, a key safeguard within the bill, noting that ***"current research indicates that there is no reliable method to predict whether a patient has less than six months to live."***[8]

These perspectives underscore the complexities and potential risks associated with the Assisted Dying Bill, emphasizing the need for thorough scrutiny to ensure that any legislation enacted provides robust and effective safeguards for all individuals.

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[3] Baroness Tanni Grey-Thompson, *The Guardian*, October 2024
[4] Not Dead Yet UK, *Open Letter to Parliament*, 2024
[5] Dominic Grieve, *The Times*, "Human Rights Convention Will Block Assisted Dying Bill," November 2024
[6] Lord Carlile of Berriew, *The Times*, November 2024
[7] *The Independent*, "Health and Legal Experts Oppose Assisted Dying Bill," November 2024
[8] British Medical Association, *Report on Predicting Life Expectancy in End-of-Life Care*, 2024

In Belgium and the Netherlands, where assisted dying is legal, safeguards have failed to prevent significant expansions in the scope of the law. Initially limited to terminal illnesses, these laws now permit euthanasia for non-terminal conditions and even psychiatric disorders. **The International Association for Hospice and Palliative Care** has described this trend as ***"a chilling example of the slippery slope in action."***[9]

Impact on Medical Ethics

The legalization of assisted dying poses a direct challenge to the ethical foundations of the medical profession. The Hippocratic Oath, which has guided physicians for centuries, explicitly prohibits the taking of life. Allowing doctors to participate in assisted dying risks fundamentally altering their role as healers and protectors of life.

Dr. Katherine Sleeman, a leading palliative care specialist, has argued, ***"Once you make doctors agents of death, you fundamentally change the doctor-patient relationship. Trust in the medical profession will erode."***[10] Her concerns are echoed **by the British Medical Association (BMA)**, which has warned that legalizing assisted dying could create a conflict between doctors' ethical duties and the demands of the law.[11]

The World Medical Association has maintained a firm stance against euthanasia, stating, ***"Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. It is fundamentally incompatible with the physician's role as a healer."***[12] This global perspective reinforces the idea that the introduction of assisted dying would compromise the moral framework upon which medicine is built.

Moreover, studies from jurisdictions where assisted dying is legal reveal troubling trends. In the Netherlands, some physicians have reported feeling coerced by family members or institutional policies into participating in euthanasia, even when they were personally opposed to it.[13] Such pressures highlight the risk of moral injury to medical practitioners, who may be forced to act against their conscience.

The introduction of assisted dying could also have a chilling effect on the development of palliative care. **Dr. Ira Byock**, a renowned expert in hospice care, has noted, ***"Legalizing assisted suicide undermines the impetus to improve palliative care and sends a message that some lives are not worth investing in."***[14] Resources and attention may be diverted away from improving end-of-life care, leaving patients with fewer options for managing pain and suffering.

Clause 25 of the proposed Bill states, *"Providing assistance to a person ending their own life in accordance with this Act does not give rise to any civil liability"* Dr Yuan Yi Zhu observed, ***"This clause is a total protection for people involved, even if they are negligent. Contrast with the Mental Capacity Act 2005 which has a similar indemnity provision but specifies that this does not protect someone who has been negligent. In this Bill there is no such provision."*** [15]

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[9] International Association for Hospice and Palliative Care, 2023
[10] Dr. Katherine Sleeman, *British Medical Journal*, November 2024
[11] British Medical Association, *End-of-Life Care and Physician-Assisted Dying*, 2020
[12] World Medical Association, *Declaration on Euthanasia and Physician-Assisted Suicide*, 2019
[13] Dutch Medical Association, *Survey on Physician Experiences with Euthanasia Requests*, 2022
[14] Dr. Ira Byock, *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life*, 2013
[15] *The Telegraph*, Janest Eastham "Families cannot challenge assisted dying rulings under the Bill", 27 November 2024

These considerations demonstrate that the legalization of assisted dying would not only **harm the medical profession** but also **diminish the quality of care available to patients**. Instead of transforming physicians into agents of death, we should focus on enhancing their capacity to provide compassionate, holistic care.

The introduction of assisted dying could also have a chilling effect on the development of palliative care. Resources and attention may be diverted away from improving end-of-life care, leaving patients with fewer options for managing pain and suffering. This would be a tragic outcome for a nation that has historically been a leader in palliative care.

Lessons from International Precedents

Canada's Medical Assistance in Dying (MAiD) program provides a stark warning of the potential consequences of legalizing assisted dying. Initially limited to terminal illnesses, the program has expanded to include individuals with non-terminal conditions, mental health issues, and even those who lack access to adequate healthcare or housing.

The Council of Canadians with Disabilities has described this system as ***"discriminatory and dangerous."***[16] In one widely publicized case, a woman with a chronic illness chose euthanasia after being unable to secure affordable housing. Such stories highlight the systemic failures that can arise when assisted dying is framed as a solution to suffering.

In Belgium, the expansion of euthanasia laws to include minors and individuals suffering from psychiatric conditions has drawn international criticism**. Professor Etienne Montero**, a Belgian legal scholar, observed***, "The Belgian experience shows how quickly exceptions can become the rule. What was initially limited to terminal illness now encompasses a wide range of conditions, including depression and non-lethal chronic illnesses."***[17]

Similarly, in the Netherlands, reports have documented cases of euthanasia being performed on patients with dementia who were deemed incapable of providing informed consent**. Dr. Theo Boer**, a former member of a Dutch regional euthanasia review committee, has stated***, "The boundaries of euthanasia are constantly shifting, and with each shift, the principle of patient autonomy becomes harder to guarantee."***[18]

Oregon's Death with Dignity Act, often cited as a model for assisted dying legislation, has also revealed troubling patterns. A study by the **New England Journal of Medicine** noted that ***"a significant proportion of patients who sought physician-assisted suicide in Oregon did so due to feelings of being a burden to others."***[19] This finding raises serious questions about whether such laws truly reflect autonomous choices.

These international examples illustrate the challenges of maintaining strict limits on assisted dying laws. Once the principle of ending life is accepted, the scope of eligibility often expands, leading to outcomes that were initially considered unthinkable. They serve as a cautionary tale for the UK, reminding us that the consequences of such legislation extend far beyond its original intent.

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[16] Council of Canadians with Disabilities, *Policy Brief on MAiD Expansion*, 2024
[17] Professor Etienne Montero, *The Belgian Euthanasia Experiment: Legal and Ethical Perspectives*, 2020
[18] Dr. Theo Boer, *The Telegraph*, "I Supported Euthanasia, But Now I Regret It," 2014
[19] *The New England Journal of Medicine*, "Oregon's Death with Dignity Act: A Critical Review," 2017

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Ethical Slippery Slope

History consistently demonstrates that laws designed to address exceptional cases often expand far beyond their original intent, creating unintended and ethically troubling consequences. **Diane Abbott, MP**, cautioned***, "What begins as a narrow exception soon becomes normalized. Incremental extension is a real and present danger."***[20] This warning reflects a pattern observed in numerous jurisdictions where assisted dying laws have progressively broadened their scope.

In Oregon, where physician-assisted suicide is legal, reports indicate that patients have been approved for assisted dying despite suffering from treatable depression.[21] A report by the ***Oregon Health Authority*** revealed that 60% of those who accessed physician-assisted suicide cited **"being a burden on others"** as a primary reason, rather than physical pain.[22] Such findings challenge the assumption that assisted dying is always a fully autonomous or medically motivated decision.

Belgium provides an even starker illustration of the slippery slope. Originally introduced to alleviate physical suffering for terminally ill adults, the law now permits euthanasia for minors and individuals suffering from non-terminal conditions, including psychiatric illnesses. **Professor Timothy Devos** of KU Leuven University has criticized this expansion, stating, ***"The Belgian model reveals how legal frameworks can shift from alleviating unbearable suffering to endorsing death as a response to subjective distress."***[23]

Further troubling examples come from Canada's Medical Assistance in Dying (MAiD) program, which has evolved far beyond its original intent. In a widely reported case, a veteran with PTSD was offered MAiD instead of adequate psychological support, sparking outrage and prompting an investigation by the Canadian Parliament.[24] **Dr. Trudo Lemmens**, a professor of health law and policy, has described Canada's MAiD program as ***"a cautionary tale of how legal permissiveness can lead to systemic abuse, neglect, and the undermining of public trust in healthcare."***[25]

In the Netherlands, the ethical slippery slope has reached an alarming stage. **Researchers at Utrecht University** found that some patients with dementia, who were deemed incapable of giving informed consent, were nevertheless euthanized under the justification of previously signed advance directives.[26] Such cases undermine the foundational principle of autonomy that originally justified assisted dying laws.

The UK must also heed warnings from its own history. Former Chief Justice **Baroness Hale** has pointed to the progressive erosion of boundaries in areas such as abortion law, where exceptions granted in extreme cases gradually became the norm: ***"The law's original intentions are often reshaped by cultural and professional practices over time."***[27]

These international and domestic experiences highlight the inherent challenges of maintaining strict boundaries in assisted dying legislation. Once the principle of ending life is accepted, societal

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[20] Diane Abbott, MP, *Parliamentary Debate on Assisted Dying*, October 2024
[21] *Oregon Health Authority*, "Annual Death with Dignity Report," 2022
[22] *Oregon Health Authority*, "Annual Death with Dignity Report," 2022
[23] Professor Timothy Devos, *Journal of Bioethical Inquiry*, "The Expansion of Euthanasia in Belgium: Ethical Concerns," 2019
[24] *CBC News*, "Veteran Offered Assisted Death Instead of Help Sparks Investigation," December 2022
[25] Dr. Trudo Lemmens, *Canadian Medical Association Journal*, "Assessing the Impact of MAiD Expansion on Vulnerable Populations," 2023
[26] Utrecht University, *Study on Advance Directives in Dutch Euthanasia Cases*, 2021
[27] Baroness Hale, *Address to the UK Bioethics Council on Slippery Slopes in Legislation*, March 2023

pressures and systemic biases inevitably push those boundaries outward. The slippery slope is not a theoretical risk—it is a documented and ongoing reality. The question is not whether such an erosion will occur, but how quickly and to what extent.

Religious and Philosophical Perspectives

For many faith traditions, the sanctity of life is a sacred and inviolable principle. Christianity, Judaism, Islam, and other religions teach that suffering, while painful, can be met with dignity and support—not by hastening death.

Rabbi Jonathan Romain has argued, ***"Faith calls us to provide care and compassion, not to cross the line into taking life."***[28] Similarly, **Pope Francis** has described euthanasia ***as "a false compassion,"*** calling instead for a culture of accompaniment for the sick and dying.[29]

These perspectives are not confined to religious communities. Secular philosophers, too, have expressed concerns about the ethical implications of assisted dying. **Professor John Keown** of Georgetown University has written extensively on the subject, arguing that ***"legalizing euthanasia undermines respect for the intrinsic worth of every human being."***[30]

Dr. Leon Kass, a prominent bioethicist, has warned that ***"sanctioning euthanasia legitimizes the idea that some lives are unworthy of being lived, thereby undermining the principle of equality that forms the basis of justice."***[31]

These perspectives, both religious and secular, underscore the ethical dangers inherent in legislating for assisted dying. They remind us that our response to suffering must be rooted in compassion that uplifts and affirms life rather than diminishes it.

Public Opinion and Parliamentary Process

Public opinion on assisted dying often appears supportive, but this support diminishes significantly when individuals are informed about the potential risks and ethical dilemmas. A study by the **Policy Institute at King's College London** found that while initial support for assisted dying was high, it decreased markedly when participants were presented with detailed information about its implications and potential for abuse.[32]

Polling conducted by **ComRes** showed that while 73% of respondents initially supported assisted dying, this dropped to just 43% when they were informed about the potential for coercion, the expansion of eligibility criteria in other countries, and the risk of wrongful deaths.[33] This highlights how public opinion can shift when the debate is fully informed by facts and context.

MP Fiona Bruce has pointed out***, "We must not make decisions of such gravity based on opinion polls that can shift dramatically depending on how questions are framed."***[34] Her remarks highlight the fluid nature of public opinion and the responsibility of legislators to delve deeper than surface-level statistics.

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[28] Rabbi Jonathan Romain, *Jewish Chronicle*, November 2024
[29] Pope Francis, *Evangelium Vitae*, 2020
[30] *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation*, Cambridge University Press 2018
[31] Leon Kass, *The Case Against Assisted Suicide: For the Right to End-of-Life Care*, Johns Hopkins University Press, 1999
[32] Policy Institute, King's College London, *Survey on Assisted Dying*, 2024
[33] ComRes Polling, *Attitudes Toward Assisted Dying When Fully Informed*, November 2024
[34] Fiona Bruce, MP, *House of Commons Debate on Assisted Dying*, July 2019

Moreover, a report by the **All-Party Parliamentary Group (APPG) for Dying Well** emphasized that ***"public opinion is often influenced by misunderstandings about end-of-life care and the realities of assisted dying legislation."***[35] The APPG advocates for improved palliative care and cautions against using public opinion as the sole metric for such significant legal changes.

The Church Times has criticized the limited parliamentary debate on this issue, noting that ***"a five-hour discussion is wholly inadequate to address the complexities and moral weight of assisted dying."***[36]

These perspectives highlight the complexity of public opinion and the essential role of an informed, thorough parliamentary process in addressing such a profound ethical matter.

Conclusion

The Assisted Dying Bill is not merely a proposal for legislative reform; it is a fundamental challenge to the ethical, moral, and social principles that underpin our society. This bill, though presented as an act of compassion, carries dangerous and far-reaching implications that extend well beyond its stated purpose. It risks undermining the sanctity of life by suggesting that some lives—those marked by terminal illness, vulnerability, or disability—are less valuable and less worthy of protection. Such a message would erode the foundational principle that all human life, regardless of circumstance, is inherently dignified and sacred.

Furthermore, the bill opens the door to coercion, whether subtle or overt, for vulnerable individuals. The elderly, disabled, and terminally ill are already susceptible to societal pressures and feelings of being a burden to their families or caregivers. Legalizing assisted dying compounds this risk, creating an environment where the choice to die may feel less like autonomy and more like an obligation. No amount of legislative safeguards can fully account for the complexities of human vulnerability or the intricate dynamics of family and societal relationships.

The erosion of medical ethics is another profound concern. The role of healthcare professionals is to heal, comfort, and preserve life—not to facilitate death. Legalizing assisted dying would fundamentally alter the trust that patients place in their doctors, transforming healers into agents of death. The sanctity of the doctor-patient relationship, built on the premise of care and protection, would be irreparably harmed.

International experiences with assisted dying legislation, particularly in jurisdictions like Belgium, Canada, and the Netherlands, demonstrate the reality of the ethical slippery slope. What begins as a narrowly defined exception inevitably expands over time, encompassing cases that were once considered outside the realm of ethical acceptability. The incremental broadening of criteria in these countries has led to the normalization of euthanasia for non-terminal conditions, psychological distress, and even minors. The UK must learn from these examples and avoid embarking on a path that risks similar outcomes.

Instead of legislating for assisted dying, our collective efforts must focus on improving palliative care. Advances in medical science have made it possible to alleviate much of the physical pain and suffering associated with terminal illness. However, gaps remain in access to high-quality palliative care across the UK. Addressing these shortcomings would ensure that every individual can approach the end of life with dignity, surrounded by compassion and supported by a healthcare system that values their life to its final moments.

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[35] All-Party Parliamentary Group for Dying Well, *Report on Public Opinion and Assisted Dying*, 2021

[36] *Church Times*, Editorial on Assisted Dying, November 2024

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True compassion does not hasten death; it accompanies individuals through their suffering, offering relief, comfort, and the assurance that they are not alone. It affirms the dignity of every life, even in its most fragile state, and resists the temptation to view death as a solution to suffering. By rejecting this bill, we choose to stand in solidarity with the most vulnerable members of our society, upholding their right to life and their intrinsic worth.

I urge you, as stewards of the public good and guardians of societal values, to oppose this bill unequivocally. Let us chart a path of compassion and humanity—one that heals, supports, and uplifts, even in the face of profound suffering. Let us reaffirm our commitment to the sanctity of life and the principles of justice and care that define a truly ethical and compassionate society.

Yours faithfully,

The Most Reverend Dr J Lloyd
Titular Archbishop of Selsey