

The Rt Hon David Cameron MP

10 Downing Street

14 July 2015

Dear Prime Minister,

We are hugely grateful for your stated personal opposition to legalising assisted suicide, especially in light of the forthcoming 'Marris Bill' (September 11, 2015) in the House of Commons. We are however deeply concerned about the intention to have a 'free vote' at that time. That such that a law might be passed with such consequences, especially for vulnerable and disabled people, on the strength of 'individual conscience', is very worrying indeed.

We imagine that you already know that no Disabled Person's Organisation (DPO) has favoured a change in law to permit third party intervention in any individual's end-of-life decisions. Not Dead Yet UK is the lead DPO speaking out in Britain, and for example in the US disabled colleagues have been clear in rejecting such laws, for reasons of their consequences. Legislators there have almost universally turned away from their intentions to legalise assisted suicide once they are fully informed of those consequences.

Through rigorous research, we have gathered a body of evidence that such laws are not only dangerous, leading to the deaths of disabled people, but they also fundamentally depend on the stated views of their 'architects' in other jurisdictions, that our disabled lives are 'not worth living'. This is paradigmatic disability discrimination – fatal discrimination in this instance.

Certainly some disabled individuals, like some non-disabled people, do come to seriously consider dying early, but disabled people will sometimes reflect their communities, discussions in the public domain and other factors. While we respect their views, we are at pains to distinguish a very few individual voices, supported by a wealthy pro-assisted suicide lobby, from our collective view. The effect of any law is to cover every citizen. Extension of the law's reach, once passed, is almost immediate to those supposedly never intended to be 'beneficiaries' of them.

We see the lack of universally available best palliative and social care, and critically the right kind of human support, as core to what leads many people to despair of their futures, however long or short they may be. When the only choice available to someone in despair is death, we count that as no choice at all. The rhetoric around choice an autonomy is just that – rhetoric. Choice is an illusion, and the proposed law places all the decision-making power in the hands of doctors anyway, removing it from patients.

Pain we know, and even Lord Falconer has now publicly admitted, is not the issue that leads most people to ask for an untimely death – feeling themselves 'to be burden on others' is the biggest driver (e.g. 61% in Washington State, US which has

a law very similar to the ones proposed so far). We expect no great differences in the terms of the Marris Bill, unless it attempts to subvert our opposition by pretending there can be 'safeguards'.

Additionally, Lord Falconer's own self-styled 'commission' reported clearly that 'assisted dying' is 'a compendium term' for assisted suicide and voluntary euthanasia (Demos 2012, p39)¹. So a vote for an assisted suicide Bill that mimics his, as we expect Marris's will in essence, will be a vote for assisted suicide and voluntary euthanasia. We understand that the public at large do not understand this nuance but we hope it should not be lost on your parliamentary colleagues.

We must widen understanding of the dangers of legislating in the face of media insistence in exploiting 'hard cases' which generate natural waves of public sympathy. Those people who appear have our every empathy too, from our lived experience as disabled people. But, for example, Oregon is chosen as the paragon of such a law working well. When again we have a body of evidence to demonstrate the anomalies, the abject failures of so-called 'safeguards', and what occasionally surely amounts to cruelty in implementation: a depressed patient whose GP knew him well over many years and declared him not to be a suitable candidate for Oregon's assisted suicide programme but who 'doctor-shopped' and found another doctor who knew him not at all – the patient was dead weeks later. Or the patient who had no private health insurance and who received by letter the news that the state would not fund his drugs for terminal cancer. He was informed by this same letter that he qualified for the assisted suicide programme. There are many more factors: no doctor is required to be present when the patient finally takes their final lethal dose (sometimes years later – so much for the six months to live prognosis). No investigation is permitted post-mortem, which begs the question, who could know if there was suggestion, coercion, or even murder.

Thankfully the proportion of doctors who say they would be willing to perform such acts remains very small. But that will increase dramatically should a law be passed – the act involved, providing suicide assistance will be legal – self-questioning will become redundant. The short step to people claiming they cannot do the final act themselves, challenging the by-then existing law to 'grant them their rights' too, will follow swiftly. Voluntary euthanasia will supplement what the courts already allow, non-voluntary euthanasia (typically, switching off life-support), and we will find involuntary euthanasia, the final peg, 'helping' people with Alzheimer's Disease for example, to die will arrive soon after. We will have the full panoply of a Belgium in just a few years.

We are convinced that the law in Britain as it stands provides for those who are serious in their intent to die whilst protecting all those who become vulnerable when faced with such terrible end-of-life issues. The best protection against these developments is keeping the first steps illegal.

We seek further dialogue over these pressing matters, with yourself if at all possible, with your colleagues, officials, to hear our evidence-based concerns and how they

¹ http://www.demos.co.uk/files/476_CoAD_FinalReport_158x240_I_web_single-NEW_.pdf?1328113363

are so integrally associated with this terrible desire to offer State sanction to assisted suicide.

Please accept our letter to you as another way to fulfil our aspiration to have an intelligent debate about assisted suicide/euthanasia in our country. This is about the kind of society we want to live in – disabled people more than any other group are under threat. Patient safety remains at the heart of good clinical governance in best medical practice. We too need to be safe.

On behalf of Not Dead Yet UK, we remain

Yours sincerely,

Baroness Jane Campbell
Baroness Tanni Grey-Thompson
Liz Carr

Dr Kevin Fitzpatrick, OBE
Dr Phil Friend, OBE
Sian Vasey