

THE COMMISSION ON ASSISTED DYING

Speech by Lord Falconer
30 November 2010

THE LAUNCH OF THE COMMISSION

Thank you all for coming today.

I am happy today to launch the commission on assisted dying. The purpose of the commission is to hear evidence, consider all the relevant material and then to write a report, addressing the issue of whether there needs to be a change of approach to the issue of assisted dying. And making recommendations as to what, if any, changes should be implemented.

We approach the task, each one of us, determined to come up with a report of quality which will be respected as an objective, dispassionate and authoritative analysis of the issues and as providing a reliable way forward.

The issue is one of great ethical and practical importance. For very many years helping another to die has been regarded as a serious criminal offence. Until 50 years ago it was treated as murder. The passage of the Suicide Act 1961 was intended to mitigate the harshness of the law, and it created the new crime of assisting someone to commit suicide. As time has passed society has increasingly shown it has no stomach for this comparatively recent law being enforced to the full, or indeed in the majority of cases.

In cases where a person, motivated by compassion and giving effect to the settled view of their loved one, who has the capacity to make the decision, provides assistance to their loved one to take his or her own life then the director of public prosecutions will not normally launch a prosecution.

The Dignitas cases, where a family have helped their loved one to travel to the clinic in Zurich, which has then helped him or her to take his or her life, have thrown a spotlight on whether the legal limits are in the right place.

The legislative House of Lords debated the issue in the context of an amendment to the coroners and justice bill which I and others proposed, which would have allowed assistance if certain conditions were complied with, including medical certificates, and the fact that

the right only existed for those who were terminally ill, and not for those who suffered from a significant and incurable disability.

The amendment was rejected by the Lords. The commons never debated the issue. Within weeks of the Lords rejecting the amendment, the judicial Lords, in their last case, gave judgement in the Debbie Purdy case. They said each one of us had a right to know what was permissible as to how we die. And that includes knowing whether if a loved one assisted us to commit suicide, was he or she going to be prosecuted?

In consequence of that right they ordered the DPP to set out the circumstances in which he would and would not prosecute. And he has now produced guidelines which show the factors he will take into account in determining whether to prosecute or not.

And that is where the issue rests.

Is that the right place to leave it? Do we need to change the law? If so, how?

This issue needs calm and measured work to look at the facts, about how people presently do die, about how decisions regarding the very end of life are currently made in the UK, about experience in other countries, about public opinion, about what the effect of leaving the law as it is, and about what the likely effect of changing it would be.

Are there people who should be entitled lawfully to be assisted to die?

If there are what are those categories? Is it terminally ill people? Or could it include people who suffer from severe and permanent disability?

Does opening the door to assisted suicide give rise to risks of pressure being put on people, from their own sense of being a burden on those they love?

What safeguards can be put in to prevent abuse or pressure? Should it involve medical examination and other steps to ensure that the

person who decides he or she wants to take their own life is doing so with a clear mind and without duress? Should there be some tribunal whose responsibility is to authorise whether there are categories of people who it should be lawful to assist?

The funding for the commission comes from two individuals – Terry Pratchett, and Bernard Lewis. On their behalf Dignity in Dying, an organisation which supports a change in the law, has engaged Demos, as an independent organisation, to provide the secretariat and support for the commission.

I and each one of the commissioners has only agreed to be the members of the commission if we are completely independent in the conclusions we reach. Only on that basis is the commission of value. And that approach is enthusiastically accepted by each commissioner.

The members of the commission are:

Professor Sam Ahmedzai

Professor of Palliative Medicine and head of the academic unit of supportive care at the School of Medicine and Biomedical sciences, University of Sheffield

Lord Ian Blair of Boughton

Crossbench peer and former commissioner of the Metropolitan Police

Sir Graham Catto

Chairman of the Scottish Stem Cell Network, chairman of the Better Regulation Group, Universities UK, and former president of the General Medical Council

Dr Carole Dacombe

Medical Director, St Peter's Hospice

Dr Stephen Duckworth

Founder and former Chief Executive of Disability Matters Limited and board member of the Olympic Delivery Authority

Celia Grandison-Markey

Nurse, and education and management consultant for health and social care in the public sector

Penny Mordaunt MP

Conservative Member of Parliament for Portsmouth North

Baroness Elaine Murphy of Aldgate

Independent (crossbench) life peer, secretary to the All Party Parliamentary group on mental health and a vice-president of the Alzheimer's society

Dame Denise Platt DBE

Member of the committee on standards in public life

The Rev. Canon Dr James Woodward

Anglican priest and canon of St George's Chapel, Windsor

Baroness Barbara Young of Old Scone

Life peer in the House of Lords, chancellor of Cranfield University and former Chief Executive of the Care Quality Commission

We intend to invite evidence from anyone who wants to send us any. We have published a paper which seeks to summarise the issues which we think we have to address. We want to hear those who favour change and those who think the status quo is right. We will hear oral evidence.

The sessions in which evidence is given will be public, and we will publish transcripts on the commission website. We will visit other

countries who have experience which can help us. And then we will deliberate and produce a report. And we hope our report will be regarded as a significant step in resolving this issue.

The debate is important, unresolved and of immense practical importance both to people in the last stages of their life, to those who love them and to those who care for them.

We are very keen to produce a report which is authoritative and of real practical value.

Thank you for coming. Judge us by our report.