

Joint Committee on Assisted Dying, 24 October 2023

Lloyd Riley is the Director of Policy and Research at Dignity in Dying, a not-for-profit membership organisation that campaigns for the legalisation of assisted dying throughout the UK. He is the co-author of the 2020 book Last Rights: The case for assisted dying.

Thank you Chair and other committee members for the invitation to today's session. I'd like to use my opening statement to share three lessons that I've learned while campaigning on this issue in the hope they will help inform your deliberations.

First, deciding if we should change the law on assisted dying should not be seen simply as a question of creating new rights for dying people.

The question is actually do we want to remove restrictions that are currently denying people the opportunity to safely control how their lives end? Do we want to make end-of-life care fit for the 21st century? Do we want to unshackle dying people from a paternalism that has been imposed on them without their consent?

In that sense this debate has much in common with other changes we have seen in society over recent decades. Those that have challenged the role of the State in decisions people want to make about their own lives. In Ireland, like elsewhere, I know you have seen this in debates around contraception, marriage, divorce and abortion.

Second, it is an error to consider a blanket ban on assisted dying as a satisfactory holding position from which we can tread water and treat any suggestions for progress with a disproportionate sense of fear.

The most dangerous thing we can do in this debate is nothing. Doing nothing will not stop dying people, whose suffering often cannot be relieved by even the very best care, from acting upon their wish for more choice and control. Doing nothing does not eradicate demand for assisted dying; instead it forces people to take matters into their hands. Whether that be by traveling overseas to a country that respects their wishes or planning a violent death at home. Doing nothing sends a social message that there is some suffering we are willing to accept as collateral damage to uphold a status quo that does not command public support.

The most extreme policy position that you will hear today is the suggestion that you as legislators you should do nothing on assisted dying.

Third, it is wrong to give equal weight to real harm and speculative harm.

It is an imperative that the voices and real experiences of the people most affected by this issue are not drowned out by theoretical discussion. Dignity in Dying does all it can to make sure those voices are heard.

Julie, whose husband was robbed of a peaceful death in Switzerland because his doctor was too scared to write the medical report he needed to get there.

Barbara, whose 89 year old father was found hanging in his garage.

Susan, traumatised by her daughter's death in a hospice when the doctors and nurses admitted they had exhausted all their options to relieve her pain.

Paul, receiving a call at work to say his dying father had ended his own life alone.

Anne, who in her time of most acute grief was confronted by a group of police officers banging on her door.

Emil, who can't get the sound of his dying mum's screams out of his mind.

The suffering of their loved ones was real.

By contrast, the picture painted by those who oppose law change invariably hinges on what ifs, hypotheticals and worse-case scenarios. I don't doubt that their concerns are well-meaning or that we shouldn't proceed with due caution. But the truth is the potential for harm they want to draw your attention to is not borne out by the reality of how assisted dying works in practice.

I believe the quality of this debate can be improved by acknowledging those three things; that this is as much about reducing excessive restrictions as it is expanding freedoms, that the circumstances we find ourselves in at present cannot be considered safe and that real suffering should carry more weight than suffering that is imagined.

Nearly thirty jurisdictions around the world encompassing over 250 million people have learned those lessons and gone on to change their laws. There is a growing body of evidence to show that those laws are safe, compassionate, popular and a catalyst for improving care across the board. None have been repealed. We have to compare that to the consequences of inaction, which props up policies that are dangerous, cruel and out of touch with the views of the people you represent.

We should all be united in trying to find a way to provide the best possible care for dying people. That cannot be achieved without legal reform.