**This bill really does affect us! – our views are shared by medical professionals and legal experts**

The Terminally Ill Adults (End of Life) bill [directly affects Deaf and Disabled people](https://dpac.uk.net/?p=465111&preview=true) including those [living with mental distress](https://dpac.uk.net/2024/11/why-mental-health-is-relevant-to-the-terminally-ill-adults-end-of-life-bill/). We are nearly one in four of the population and we die too. In fact, we are more likely to die early and from preventable illnesses. Many of us live in constant pain. Members of our organisations include those with terminal conditions who are by definition Disabled. We face unequal access to healthcare.

**Deaf and Disabled people have a huge stake in this bill even without any slippery slope.**

However, there are high chances that this bill will be **expanded beyond terminal illness**.

The ruling in the Conway case that constitutionally it is for Parliament to change the law [only applied in so far as legalising assisted suicide in the first place](https://www.supremecourt.uk/docs/r-on-the-application-of-conway-v-secretary-of-state-for-justice-court-order.pdf). If Parliament passes the proposed bill and there is then a subsequent ruling by the European Court of Human Rights that restriction of existing legislation to terminally ill adults is discriminatory and incompatible with the ECHR, it would not come back to Parliament to make the amendment to remove the incompatibility (ie, expand the qualifying criteria). In such a case, [it is the responsibility of a Minister to take remedial action to remove the incompatibility.](https://www.legislation.gov.uk/ukpga/1998/42/section/10) This would not involve scrutiny by Parliament.

An expansion of assisted suicide legislation to cover disability and mental health conditions would entail a breach of our right to life under the Convention on the Rights of Disabled People. With our broken public services and growing disability poverty this would result in the human rights concerns we are seeing in other jurisdictions.

We are asking MPs to vote no because:

1. **Need for much better scrutiny before an ‘in principle’ vote on this subject**

This subject is complex and not at all straightforward. A definition of terminal illness with six months prognosis is far from clear-cut. Medicine is not an exact science and diagnoses are flexible. **Oregon now includes anorexia as a terminal illness**[. Lawyers are concerned that the definition in the bill does not preclude mental health or disability](https://www.telegraph.co.uk/politics/2024/11/27/families-cant-challenge-assisted-dying-rulings-leadbetter/). A Private Members Bill does not give adequate scope for scrutiny. [Nor does it require a statement of compatibility with human rights](As%20a%20Private%20Members’%20Bill%20the%20requirement%20under%20the%20Human%20Rights%20Act%201998%20for%20a%20minister%20to%20declare%20its%20compatibility%20with%20human%20rights%20does%20not%20apply.%20We%20also%20note%20that%20the%20bill%20is%20not%20accompanied%20by%20an%20equality%20impact%20statement.%20We%20welcome%20the%20reference%20to%20human%20rights%20law%20in%20the%20bill’s%20explanatory%20notes.%20However,%20we%20consider%20this%20to%20provide%20insufficiently%20detailed%20analysis%20of%20the%20human%20rights%20considerations%20relevant%20to%20this%20bill.). All the information coming at MPs now is linked to one side or the other side. The first step in legislating for an issue of this significance must be **comprehensive and reliable information that is robustly evidence-based** through for example a **royal commission**.

1. **Need for better safeguards**

There are a number of areas within the current bill that are concerning as they could **either lead to coercion or fail to safeguard against it.** There is a need for much **better research** into coercion in other jurisdictions where it is legal. Disabled people in the UK have experience of discrimination and neglect when accessing life-saving medical treatment. We are concerned about older and Disabled people feeling pressured into accepting assisted suicide.

1. **Fix the Foundations first**

Legalising assisted suicide at this time with our NHS still broken will result in people choosing to end their lives early not because they want to but because of inadequate support to continue to live. **In Oregon** **only one third of those granted assisted suicide have applied because of pain**. Lack of support including psychological support for those who are terminally ill play a much bigger role. In the UK we need to fix the foundations first – our health, social care, mental health and palliative care systems and also our social security system. **300 people die in poverty in the UK each day**. Mental distress levels are escalating with services unable to meet demand. **Legalising assisted suicide does not decrease non-assisted suicides**, not even of those who are terminally ill. Evidence from other jurisdictions shows an overall rise linked to normalisation of suicide. The consequences of **suicide contagion** within our under-resourced communities as they currently are need serious consideration.

**Now is not the time and not in this way.**