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The loophole in the assisted dying bill that no one wants to talk about

Anorexia needs to be taken more seriously by our lawmakers.

By Chelsea Roff

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Chelsea Roff is the founder of Eat Breathe Thrive, an international non-profit working to prevent and help people recover from eating disorders.

In Colorado, they called her terminal. A young woman with anorexia, starving to death. She wasn't dying of cancer. Her organs weren't failing. But she was refusing to eat, and that was enough for two doctors to judge her terminally ill and prescribe her the lethal drugs that ended her life.

Her name was Jessica. She was 36. Her anorexia began in adolescence and spiralled into an illness that stole everything she held dear. By her twenties, she was severely unwell, malnourished, in and out of hospital. Isolated and depressed, she told her mother she wished she wouldn't wake up. She bought a gun. She drove to a bridge. A few months later, she asked her doctor to help her die. Doctors told her parents that forced treatment was likely futile. Because she was refusing to eat, they estimated she had less than six months to live. Two doctors agreed she had capacity. As it turns out, having anorexia – or any mental illness – doesn't mean you lack the capacity to authorise your own death.

They knew she was suicidal. But they didn't treat it as suicide. They called it medical aid in dying. As if it were healthcare. As if it were a course of antibiotics. Jessica was given a lethal cocktail to stop her heart. Her parents held her hands as she died.

I was – and still am – haunted by her story. I came across it while conducting a study that identified at least sixty women with eating disorders who have died by assisted death abroad. A third were under 30. More than half were described as suicidal. Yet all were assessed to have capacity to end their lives.

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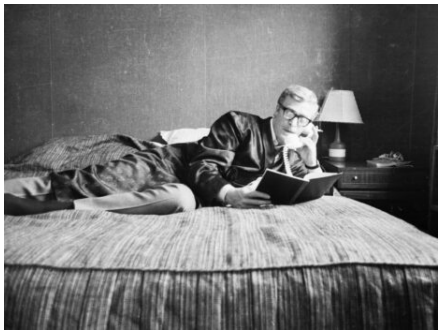

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I've spent the past year trying to get Parliament to take these cases seriously. I gave oral evidence to the Bill committee, submitted testimony with international colleagues, and joined dozens of eating disorder charities in an open letter urging MPs to amend the bill. The ask was not radical: tighten the definition of terminal illness. Make clear that a person can't become "eligible" by refusing food or standard medical treatment. Ensure people in mental health crises receive treatment, not poison.

Every amendment backed by eating disorder charities was rejected in committee. When Naz Shah MP re-tabled two further amendments for the Commons to consider at Report Stage on May 16th, I felt a flicker of hope. But the bill's sponsor, who'd voted against them in Committee, didn't sign her name in support.

In the run-up to the debate, Leadbeater moved to reassure the public. People with mental disorders like anorexia, she said, were "excluded" from the bill. She repeated the claim to her colleagues in the chamber. Unfortunately, it isn't true. The government's own impact assessment confirms that someone with a mental disorder may still be eligible for assisted death if they meet the bill's definition of terminal illness.

And therein lie the two loopholes Shah's amendments tried to close. If the definition of terminal isn't watertight, the entire premise of the bill collapses.

The first — the so-called "anorexia loophole" — is the very technicality Jessica's doctors used to deem her terminally ill. Anorexia isn't only a mental disorder; it causes physical complications such as cardiac atrophy, hepatitis and kidney failure. Without treatment, malnutrition is progressive and life-threatening. Clinically, malnutrition is treatable. But if someone refuses treatment, as is common with anorexia, and doctors choose not to impose forcible feeding, their illness may not be reversible in the real world. The same logic applies to diabetes: stop taking insulin, and a manageable illness becomes fatal. Amendment 38 sought to shut this down.

The second — the "VSED loophole" — has had less airtime, but may be more far-reaching. "Voluntarily stopping eating and drinking" is the

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clinical shorthand for refusing food and water to hasten death. In the US, right-to-die campaigners promote it as a "bridge" to assisted death, a method for those who aren't terminally ill to accelerate their decline and access lethal drugs. And it's catching on. In Oregon, a woman with early-stage dementia recently starved herself into eligibility. In Colorado, "severe protein-calorie malnutrition" has been recorded as the primary qualifying terminal illness in 30 cases over three years, 18 in the last year alone. Amendment 14 aimed to shut that door.

But with just five hours to debate dozens of amendments, neither it, nor Amendment 38, received a proper hearing.

Leadbeater opened the debate by brushing off the risks to people with eating disorders as "negligible," citing her experience working with anorexics in her former career — as a personal trainer. Then she pivoted. "To ensure there is no sort of loophole," she said, "I am happy to support this amendment today." There was a problem. The amendment she gestured at dealt with VSED, not anorexia. She seemed to think it addressed both. It didn't. VSED is a deliberate decision to stop eating to hasten death. People with anorexia stop eating because they're in the grip of a psychiatric illness. That's why Shah tabled two separate amendments.

Then came the caveat: the amendment, Leadbeater said, might need redrafting. Shah, who had submitted it weeks earlier, stood to say she'd only learned this that morning, during the debate. No revised wording had been circulated. How could she speak to an amendment she hadn't seen? Any changes would now be left to the House of Lords.

The result was confusion, smoke, mirrors, and just enough political theatre to give MPs the impression that anorexia had been dealt with, when in fact it had been deftly dodged.

It confirmed what many suspected: this isn't careful legislation. It's a patchwork of half-truths and political shortcuts. Leadbeater has shrugged off international evidence, ignored warnings from the Royal College of Psychiatrists, and repeatedly misrepresented her own bill, not just to the public, but to her colleagues. Two clear loopholes were identified. Two targeted amendments were brought forward. The House didn't find time to debate either.

The tactics are familiar: deflect, dismiss, delay. In committee, Dr Simon Opher MP advised colleagues not to "get too hung up" on anorexia. Kit Malthouse MP told them not to "labour under the illusion" that people with anorexia would "wander up and suddenly ask for an assisted death." One witness dismissed the known deaths of women with anorexia, some just 18, as a "red herring" and "just one or two girls." I wonder how she'd have felt if it were her daughter. Jessica was someone's daughter, not a

red herring. She is one of at least sixty women with eating disorders known to have died under assisted dying laws abroad. I fear she won't be the last.

And if it happens here, no MP will be able to say they weren't warned.

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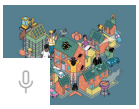

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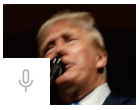

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