* People with terminal conditions are Disabled by definition.
* Disabled people make up nearly one in four of the population and we die too. We are more likely to live in pain, to die early and to die from preventable illnesses.
* Disabled people are disproportionately reliant on public services including the NHS, social care support and mental health support services – services that are broken and which we urgently need fixed. The cost and disruption of establishing an assisted suicide service will further delay improvements in these services. Delays will cost our lives. We are also concerned that terminally ill Disabled people will apply for assistance to end their lives early due to a lack of adequate support to live.
* Disabled people are more likely to live in poverty and deprivation. 300 people die in poverty every single day in the UK. We are concerned that terminally ill Disabled people will apply for assistance to end their lives early by reason of poverty.
* The most common reasons behind assisted suicide in Oregon are not pain – pain is only cited in around one third of cases – but lack of autonomy, not being able to enjoy the same activities and feeling a burden. These are all reasons linked to disability.
* Non-terminally ill people with suicidal ideation are eligible for mental health support and treatment. We are concerned that assisted suicide will replace treatment for suicidal ideation among those who are terminally ill.
* The wording of the bill is open to inclusion of people with anorexia as occurs now in US States where assisted suicide is legalised. We already have a working definition of terminal anorexia within our mental health services here.
* Legalisation does not decrease non-assisted suicides. It does not even decrease non-assisted suicides of those with terminal illness. Data from jurisdictions where AS is legal suggest that legalisation increases non-assisted suicides. At a time when mental distress rates are rocketing, and when disability benefits cuts are being targeted specifically on claimants with suicidal ideation, we are concerned about the impact of normalising suicide within our society.
* Disabled people are at risk of medical coercion not to continue with our lives linked to quality of life judgements. We have extensive lived experience of this through pressure to agree to DNRs (by no means limited to during the pandemic) and the Liverpool Care Pathway. The unequal value placed on our lives results in unequal access to healthcare services including life saving treatment. We are concerned that doctors will suggest assisted suicide as an option to Disabled people with terminal illness based on quality of life judgements and that this will be experienced as a form of coercion whether intended or otherwise.
* Disabled people are more likely to experience coercive control. We are three times more likely to experience domestic abuse. Disabled people who are terminally ill are more at risk from inadequate safeguards in the bill.
* Once passed, the legislation will be open to expansion to cover Disabled people and those deemed to be “incurably suffering”. The courts previously ruled that they would not legalise AS before a Parliamentary decision to do so. Once legalised, a discrimination case could lead to a ruling that the law is incompatible with the European Convention on Human Rights. It would be a government decision – not a Parliamentary one – to amend the law to remove this incompatibility. Evidence from other jurisidictions shows Disabled people seeking assisted suicide without access to adequate support and treatment and for socio-economic reasons.