On 22 May 2024, Zoraya ter Beek died with medical assistance in her partner's home. A victim of school-age bullying, she suffered from a host of psychiatric problems, including chronic depression. Against the pleas of her family, she applied to end her life under the Netherlands' assisted dying law. Although physically healthy, she was considered to meet the test of 'unbearable suffering with no prospect of improvement.' She was 29 years old. The Assisted Dying Bill currently before Parliament could soon make cases like Ms ter Beek's a reality in England. Although narrower in scope, the Bill would shift the protection afforded to life from inviolate legal principles to a system of administrative safeguards, marking a profound change in the law's approach to death. Once violated, the exceptions to the sanctity of life are virtually guaranteed to expand. As death becomes an option for the vulnerable, society is gradually relieved of its obligation to provide for them. The right to life risks being slowly supplanted by a duty to die.

English law upholds not just a right to life but a duty to protect people from harm, whether willed by others or themselves. Consent is no defence under the criminal law, not just for homicide but also for physical harm through practices like voluntary bodily mutilation. The duty to protect is also identifiable in the civil law: contracts cannot exclude liability for death or personal injury, for example. The reasons are both principled and practical. On principle, the law holds life to be sacred. Any unnatural death is a moral wrong, so it is only permissible where one life is tension with another, such as in cases of self-defence or necessity. Practically, the law recognises that it has a capacity for error, and the irreversibility of death makes it a prudence of caution to protect it without qualification. Proof involves uncertainty, particularly when engaging

issues of consent – a state of mind – or prognosis, which is little more than informed speculation. The moral gravity of error makes it unsuitable for adjudication.

Assisted dying is a profound departure from the existing law, making the protection of life the subject of administrative safeguards rather than inviolate legal principles. The consequences of this shift are grave: once the duty of protection is qualified, those qualifications are prone to shift over time, as has happened in virtually every jurisdiction which has legalised it. The Dutch euthanasia law has been on the books since 2002, but its application to cases like Ms ter Beek's is a novel development. In 2010, there were just two cases involving mental illness; in 2023, there were 138.[1] Its scope has grown in other dimensions as well: the law has expanded to include disabled infants, children over 12 and adults with dementia.[2]

Other jurisdictions have demonstrated similar mission creep. When Canada enacted its medical assistance in dying (MAiD) law in 2016, it was limited to people with a 'grievous and irremediable medical condition' and a reasonably foreseeable natural death – similar to the test proposed for England. Just two years later, a Canadian court struck down the law on the basis that it was discriminatory to restrict the 'right to die' to those with terminal illness. Subsequently, the requirement for foreseeable natural death was removed, safeguards were loosened, and, from 2027, people will be eligible for MAiD on the basis of mental illness alone. The English bill has

[1] https://www.theguardian.com/society/article/2024/may/16/dutch-woman-euthanasia-approval-grounds-of-mental-suffering
[2] https://thecritic.co.uk/against-assisted-suicide/

already shown signs of slippage: its sponsor recently tabled an amendment to replace adjudication by a High Court judge with an expert panel, citing inadequate judicial capacity.[3]

The consequence of these developments for society is profound. As dying increasingly becomes an option for the vulnerable, the right to die gradually creeps toward a duty to do so. The Canadian case demonstrates this clearly. MAiD deaths have grown thirteenfold since its enactment, rising from 1,018 in 2016 to 13,241 in 2022. It is now Canada's fifth leading cause of death. Lack of provision for the sick and vulnerable has partly fuelled this rise. Canada has among the lowest social care spending in the industrialised world, and palliative care is only accessible to a minority.[4] Waiting times in the public health system are so unbearable that the Supreme Court considered them to violate the right to life in 2005.[5]

Consequently, the expansion of the law has seen people applying for MAiD for primarily economic reasons. Although these are not a basis for MAiD in themselves, the growing availability of assisted death provides an avenue for those suffering from economic hardship to end their lives even if they are not terminally ill. One woman, who qualified for MAiD on grounds of Long Covid, said her decision was ultimately financial – a choice between a slow death in poverty or a quick one. She did not want to die, but many of her compatriots would think she should. [6] In a recent Canadian opinion poll, one-third of respondents favoured prescribing MAiD for poverty or homelessness alone.[7] Similarly, Baroness Finlay, a leading

[3] https://www.theguardian.com/society/2025/feb/14/assisted-dying-bill-critics-attack-plan-for-civil-service-tsar-to-oversee-panels
[4] https://www.spectator.co.uk/article/why-is-canada-euthanising-the-poor-/
[5] *Chaoulli v. Quebec (Attorney General)* [2005] 1 SCR 791
[6] https://www.ctvnews.ca/toronto/article/ontario-woman-enduring-effects-of-long-covid-begins-process-for-medically-assisted-death/
[7] https://nationalpost.com/news/canada/canada-maid-assisted-suicide-homeless

palliative care practitioner, has shown that jurisdictions which legalise assisted suicide invest demonstrably less in improving palliative care. As death becomes increasingly available to the vulnerable, society becomes unburdened to provide for them.

The notion that vulnerable people are undeserving of society's resources is an old and pernicious one. Historically, many societies have killed those deemed to be weak, chief among them the sick, the old and the mentally ill. The present state of English law is the historical exception, not the rule. The idea that all life is due unqualified legal protection has been the animating principle of the unique humanitarian achievements of the modern era. The accompanying belief that the lives of the vulnerable are not disposable is the moral foundation of the welfare state. The bill's proponents no doubt have noble intentions. But eroding this rule at the heart of the law risks turning back the clock to a darker time.

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