If the law is meant to protect life, can it also be an instrument of death? The Room Next Door, which premiered at the London Film Festival last year, explores this dilemma through the story of Martha, a woman with stage 3 cervical cancer who wishes to end her life with someone by her side in the adjacent room. However, her loved ones refuse her request—not only out of fear of legal repercussions but also due to a deeper, more existential fear of mortality itself. With the passage of the Terminally Ill Adults (End of Life) Bill, the law has now confronted mortality by attempting to regulate it. Since mortality encompasses both life and death, there is no inherent contradiction in the law overseeing both. The bill forces the law and society to recognise that, in certain cases, death may be as beneficial as life.

The Justice Secretary's criticism suggests that the bill normalises state-sanctioned death rather than protecting vulnerable people. However, safeguarding requires normalisation. The current law permits individuals to die by suicide alone but prohibits assistance or accompaniment, not to protect the vulnerable but to shield third parties from confronting mortality. To be present with someone in their final moments is not a safeguarding issue but one of human connection and dignity. While terminally ill individuals may feel like a burden, restricting their autonomy does not offer protection. Instead, addressing the societal and systemic issues that contribute to their vulnerability is essential.

The safeguards in the bill present challenges, but they are not insurmountable. The law already provides definitions for undue influence, coercion, and vulnerability, which courts have successfully applied in various contexts. In Royal Bank of Scotland v Etridge (No 2) [2001] UKHL 44, the House of Lords set clear principles on undue influence in financial transactions, requiring evidence of a relationship of trust and the exertion of pressure. These legal principles could apply to assisted dying cases, ensuring that decisions are made free from external coercion while respecting autonomy.

Another relevant case is Re T (Adult: Refusal of Treatment) [1992] EWCA Civ 18, where the court ruled that a competent adult’s decision to refuse treatment must be respected unless undue influence is proven. This case underscores that individuals have the right to make medical decisions, provided they are informed and free from coercion. Assisted dying should follow this same approach—allowing court intervention only when there is clear evidence of undue influence.

Studies also suggest that concerns over the abuse of vulnerable groups are largely unfounded. A study analysed data from Oregon and the Netherlands, finding no evidence that legalised assisted dying disproportionately affects the elderly, the disabled, or ethnic minorities. Rather, those who accessed assisted dying tended to be well-educated, insured, and of higher socioeconomic status.[1]

Medical uncertainty should not be a reason to deny individuals the right to die with dignity. Prognoses are based on medical evidence, but exceptions exist where patients live longer than expected. Research suggests that greater awareness of prognosis uncertainty helps patients make informed choices. Clear and empathetic communication about prognosis fosters accurate awareness in patients with advanced

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[1] *Battin M. P., van der Heide A., Ganzini L., van der Wal G., Onwuteaka-Philipsen B. D., 'Legal Physician-Assisted Dying in Oregon and the Netherlands: Evidence Concerning the Impact on Patients in "Vulnerable" Groups' (2007) 33 Journal of Medical Ethics 591*

cancer, ensuring they fully understand their medical situation before making end-of-life decisions.[2]

Rather than invalidating the assisted dying process, uncertainty should be transparently communicated so patients can make choices based on the best available medical evidence. The UK could mirror Oregon, where patients requesting physician-assisted dying are explicitly informed about the possibility of outliving their prognosis. This approach respects both the limitations of medical science and the patient's right to make decisions about their own body.[3]

While the Family Division of the High Court is already burdened with a backlog of cases, this does not justify avoiding legal oversight for assisted dying. The courts regularly handle complex life-and-death matters, as seen in cases involving the withdrawal of life-sustaining treatment. In Airedale NHS Trust v Bland [1993] AC 789, the House of Lords ruled that doctors could lawfully withdraw life support from a patient in a persistent vegetative state, emphasizing that courts play a critical role in end-of-life decision-making.

Similarly, in Nicklinson v Ministry of Justice [2014] UKSC 38, the Supreme Court acknowledged the importance of judicial involvement in assisted dying cases, ruling that Parliament should address the issue through legislation but recognizing the judiciary's role in protecting fundamental rights. The Carter v Canada [2015] SCC 5 decision further reinforces this, as the Canadian Supreme Court found that a blanket

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[2] *Butow P. N., Clayton J. M., Epstein R. M., 'Prognostic Awareness in Adult Oncology and Palliative Care' (2020) 38 Journal of Clinical Oncology 877*

[3] *Oregon Health Authority, 'Oregon Death with Dignity Act'*

ban on assisted dying violated constitutional rights and that courts were well-equipped to assess individual cases to ensure procedural safeguards.

Judicial oversight provides legitimacy and prevents abuses while ensuring decisions align with legal and ethical standards. The backlog in the courts is a logistical issue, not a reason to deny individuals the right to seek assisted dying. Establishing specialized tribunals or dedicated judicial panels for assisted dying cases could streamline the process without overburdening the existing system.

Martha’s story in The Room Next Door illustrates the core of this debate: the conflict between personal autonomy and society’s discomfort with mortality. The bill forces us to recognise that death, when approached with dignity and legal safeguards, is not just an end but a choice. The law has long addressed undue influence, and assisted dying should be no different—establishing clear protections rather than outright prohibition. Medical uncertainty should be met with better education and transparency, ensuring patients make informed decisions. The courts, already responsible for life-and-death rulings, have demonstrated their capacity to navigate these complexities, reinforcing that judicial oversight strengthens rather than undermines the legitimacy of assisted dying.

The passage of the bill signifies a turning point in the legal and societal approach to death. It is not about offering death as a service but recognising that, for some, choosing how and when to die is as fundamental as the right to live with dignity. The law’s role is not just to protect life but to ensure that those facing death can do so on their own terms, with legal safeguards that respect their autonomy while preventing harm. By confronting mortality rather than fearing it, society takes a step toward a more compassionate and legally sound approach to end-of-life care.