

## Introduction

The controversy around assisted dying is not new. John Donne's *Biathanatos* was the first work of Western literature to actively defend the idea of "self-homicide". As he declared in the Preface, "Whensoever my affliction assails me, methinks I have the keys of my prison in mine own hand".<sup>1</sup> Donne's work was not published until after his death because, no matter how ironically intended, its argument was so shockingly countercultural. Thomas More's *Utopia* also envisaged a society which approved euthanasia: "And seeing that his life is to him but a torment, that he will not be unwilling to die ... and either dispatch himself out of that painful life ... or else suffer himself to be rid out of it by another". But More's "utopia" meant "no-place", and the very idea of assisted suicide was seen as antithetical to the Judeo-Christian culture that shaped English law's moral basis.

This moral position finds modern legal expression in the Suicide Act 1961, section 2(1) which provides that it is an offence to intentionally "encourage or assist suicide or an attempt at suicide."<sup>2</sup> Accordingly, the Terminally Ill Adults (End of Life) Bill is the most radical socio-moral legislation since the Abortion Act 1967. However, as a piece of legislation it is deeply problematic: the proposed "safeguards" unworkable; the likelihood of further changes high; and, consequently, highly damaging to society's and the law's approach to death.

---

<sup>1</sup>[https://books.google.co.uk/books?id=3\\_oCAAAAQAAJ&printsec=frontcover&source=gb\\_s\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.co.uk/books?id=3_oCAAAAQAAJ&printsec=frontcover&source=gb_s_ge_summary_r&cad=0#v=onepage&q&f=false)

<sup>2</sup> <https://www.legislation.gov.uk/ukpga/Eliz2/9-10/60>

### Safeguards: inherent flaws

Defenders of the Bill point to its safeguards, which Kim Leadbeater MP has said are the strongest “anywhere in the world”<sup>3</sup> and will minimise risks of coercion. However, safeguards are only required because of the risks directly caused by the legalisation of assisted dying. Quite simply, the law does not currently create the potential for an individual to be coerced into ending their life with the assistance of the State. Therefore, even if we accept that the new proposal for a bureaucratic panel can be described as “Judge Plus”,<sup>4</sup> the framework within which cases will be reviewed has already been fundamentally changed. Where previously there was a presumption in favour of protecting life, the risk is that the new law creates a presumption in favour of death.

This becomes even more problematic when there is a chance that individuals will feel an insidious sense of being a “burden”, whether familial or societal. In Oregon, the percentage of people applying for assisted dying for this reason has increased from 13% in 1998 to at least 52% since 2017.<sup>5</sup> Not only does this demonstrate one of the fatal weaknesses in any safeguarding system, but it also highlights the impossibility of separating “private” decisions around life and death from wider societal problems and considerations.

What’s more, no amount of safeguarding can resolve the inherent uncertainty in determining the existence of terminal illness. Section 2(1) of the Bill defines a “terminal

---

<sup>3</sup> <https://www.politicshome.com/thehouse/article/assisted-dying-bill-strictest-safeguards-legislation-world>

<sup>4</sup> <https://www.theguardian.com/commentisfree/2025/feb/10/right-to-die-dignified-death-assisted-dying-bill-safeguarding>

<sup>5</sup> <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/ar-index.aspx>

illness” as irreversible, where death “can reasonably be expected within 6 months”.<sup>6</sup> Yet even this fundamental definition is undermined by the medical evidence. The Bill does not – because it cannot – account for the real prospect of mistaken diagnoses and prognoses. This is not a remote possibility. A UCL study found that clinicians regularly over-predicted the number of patients they thought would die, with 54% of individuals living longer than expected. Although more accurate when predicting which patients would survive, there was still an error rate of 16%.<sup>7</sup>

### Where next?

One of the main criticisms of the Bill is that it will inevitably come to include mental illness (as is the case in the Netherlands and will be in Canada from 2027). Section 2(3) seemingly counters this by providing that “[f]or the avoidance of doubt, a person is not to be considered to be terminally ill” by virtue of a “mental disorder” or disability.<sup>8</sup> Unfortunately, when the drafters of legislation use phrases like “for the avoidance of doubt”, it is obvious that doubts there very much are. Those doubts are well founded; Canada’s original law made no mention of mental illness, and the Dutch system has facilitated the euthanasiation of young adults euthanised on the ground of mental suffering.<sup>9</sup>

More fundamentally, the Dutch example proves that legalisation will revolutionise our conception of life and death. In a 2023 poll, 80% of respondents supported assisted death

---

<sup>6</sup> <https://publications.parliament.uk/pa/bills/cbill/59-01/0012/240012.pdf>

<sup>7</sup> <https://www.ucl.ac.uk/news/2017/aug/clinicians-intuitions-about-when-terminally-ill-patients-will-die-are-often-inaccurate>

<sup>8</sup> <https://publications.parliament.uk/pa/bills/cbill/59-01/0012/240012.pdf>

<sup>9</sup> <https://www.theguardian.com/society/article/2024/may/16/dutch-woman-euthanasia-approval-grounds-of-mental-suffering>

when a person feels they have “completed life”.<sup>10</sup> Is that view something that we are prepared to accept as law? More problematically, can we acknowledge that this is the almost inevitable result of even a limited legalisation of assisted dying?

Those in favour of taking this first – groundbreaking – step should remember Thomas More’s warning in *A Man for All Seasons*: “And when the last law was down ... where would you hide ... the laws all being flat? This country is planted thick with laws ... and if you cut them down ... d’you really think you could stand upright in the winds that would blow then?”<sup>11</sup>

## Conclusion

Proponents of reform must be honest about the broader implications for the way society treats matters of life and death. Campaigns such as My Death, My Decision focus on the private nature of assisted dying.<sup>12</sup> Such an approach emphasises the liberty and autonomy of the individual, elevating those principles above wider societal concern about the manner in which we live and die.

But ultimately, assisted dying is not solely an issue of private concern, no matter how important it is to specific individuals, and attempts to portray it as such fail to acknowledge society’s justified interest in the deaths of all in society, especially the most vulnerable. One does not have to believe in the sanctity of life to view the legalisation of assisted dying as a change that diminishes us all, even if the desire to end suffering is

---

<sup>10</sup> <https://righttolife.org.uk/news/poll-shows-dutch-support-euthanasia-for-completed-life>

<sup>11</sup> Bolt, *A Man for All Seasons* (Act I, VII)

<sup>12</sup> <https://www.mydeath-mydecision.org.uk/>

understandable. As Donne himself wrote, “No man is an island, entire of itself ... Any man’s death diminishes me, because I am involved in mankind”.<sup>13</sup>

---

<sup>13</sup> <https://allpoetry.com/No-man-is-an-island>