

# Assisted Dying- an Update on the United Kingdom Moving to Legalise Physician-Assisted Suicide

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On the 29<sup>th</sup> November 2024, the United Kingdom Houses of Parliament passed the 2<sup>nd</sup> reading of the Terminally Ill Adults (End of Life) Bill (1) – a vital point in the parliamentary process (Fig. 1) to legalise Assisted Dying (Assisted Suicide) in the UK. Proponents of the bill centred emotionally laden arguments on freedom of choice, autonomy, and the relief of suffering deemed to occur despite the best palliative care possible, and reiterated the robustness of safeguards proposed in the bill. Opponents of the bill indicated an illusion of choice presented by the bill - the safeguards would be insufficient in preventing future deaths due to implicit coercion, and structural pressure due to crisis in healthcare, social care and palliative care provision – rendering it easier to access state-assisted suicide than the necessary care to improve quality of life for the dying. The inequity in access and quality of pain management and palliative care, particularly for the marginalised, poor, disabled, and ethnic minorities, was encapsulated by the powerful speech delivered by MP Florence Eshalomi where she declared “*we should be helping people to live comfortable pain-free lives on their own terms, before we think about making it easier for them to die.*”

During the lead-up to the 2<sup>nd</sup> reading, the British Islamic Medical Association advocacy group sought to raise awareness of the proposed assisted dying legislation in

UK jurisdictions. This has included developing a website (2) replete with information resources on assisted dying for Muslim healthcare professionals and Muslim communities, an updated position statement, information webinars, and surveying Muslim healthcare professionals to gather a sense of how strong opposition to assisted dying would be alongside the specific concerns of healthcare professionals. The survey findings showed a clear strong opposition to assisted dying, based on principle, and practical and ethical concerns. A social media campaign was also held in the weeks preceding the bill reading, to educate and encourage communities to engage with their parliamentary representatives on the issue.

Whilst the bill passed by a sizeable majority (330 in favour, 275 against), there was a noticeable division based on the demographic and economic profile of constituencies, with one commentator questioning whether “*assisted suicide was preferred by well-off liberal MPs who think abuse couldn’t possibly happen to them.*” The Islamic theological and jurisprudential positions on physician-assisted suicide have been stated clearly and unambiguously (3). It is a complex social phenomenon, requiring a response which addresses spiritual and ideological concerns underpinning the desire to pre-emptively terminate life, in the face of anticipated or actual end-of-life suffering.

Doubt remains as to whether there will be adequate scrutiny in the next phase of Committee stage to resolve the flaws in the bill, and render it safe for enactment. It also remains to be seen whether the recognition that palliative care must be improved in the UK will translate to increased funding and service protection. Moving forwards, more Muslim healthcare professionals must engage with assisted dying legislation, commit time to understanding the details especially the meaning of different terminology, and advocate for their patients, communities and broader society. Such legislation has far-reaching impacts for clinical practice, medical mistrust, and health inequities, and how society views the lives of the vulnerable and dying.

## References

- (1) <https://bills.parliament.uk/bills/3774>
- (2) <https://britishima.org/work/assisted-dying/>
- (3) <https://www.jbima.com/article/assisted-dying-islamic-perspective/>

## The Legislative Process

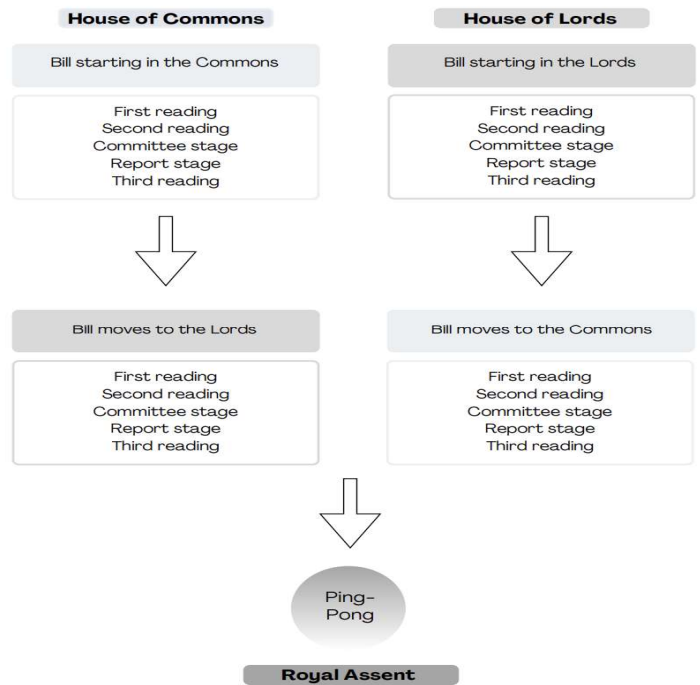


Fig 1 – adapted from <https://www.parliament.uk/about/how/laws/passage-bill/commons/coms-commons-committee-stage/>