STATES OF JERSEY

OFFICIAL REPORT

WEDNESDAY, 22nd MAY 2024

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[9:31]

The Roll was called and the Dean led the Assembly in Prayer.

PUBLIC BUSINESS – resumption

1. Assisted Dying (P.18/2024) - as amended (P.18/2024 Amd.) - resumption

The Deputy Bailiff:

We now return to the debate. I assume the Members whose lights are on wish to speak in the debate, is that right? Yes. In that case, I have the Connétable of St. Helier, then Deputy Gardiner, Deputy Catherine Curtis, the Connétable of St. Martin. Deputy Scott, I had you down next in any event to speak, do you want to speak next? Then Deputy Warr.

Deputy M.R. Scott of St. Brelade:

Sir, before I speak, was the Solicitor General to speak, to come back on questions?

The Deputy Bailiff:

Is there anything else you wish to add to the answers you gave yesterday?

Mr. M. Jowitt., H.M. Solicitor General:

Sir, no, I do not think so, thank you.

1.1 Deputy M.R. Scott:

I would like to thank the many Islanders who have shared hopes, experiences, fears and hypotheses with me in advance of this debate. I apologise I have not managed to reply to everyone and intend to cover many concerns raised in this speech. We have a caring community. Advocates on both sides of this debate say they wish to prevent abuse and suffering. Unfortunately, as States Members, we cannot prevent all abuse and suffering, but we can think about the numbers of people whom we can support in ensuring their death and/or unbearable suffering is not prolonged by the force of law. We can weigh this against the risk that a decision to die could be the result of coercion or the feeling of being a burden. We do not seek to prevent child abuse by preventing people from having children. We do not seek to prevent domestic abuse by preventing domestic relationships. We can only aspire to minimise abuse and suffering in partnership with clinicians, the police, educators and social workers. I thank Deputy Barbara Ward for volunteering a comment on my question of the Solicitor General yesterday. I note her comment on the Nurses' Code of Conduct. Just like laws, Codes of Conduct sometimes need to be changed to improve definitions, address flaws, and reflect changes in attitudes in society. The commandment "Thou shalt not kill" does not mention self-defence. We nevertheless have self-defence as a defence to murder. There is no legal duty to avoid death unless seeking death creates a danger to others. History has many examples of people deliberately allowing others to kill them. Some may call that suicide. Others may call that martyrdom. Pain can be progressive and subjective. It can spike randomly. Despite the attention of caring nurses, I have witnessed a number of family members in pain and discomfort while dosed up on morphine so that they are barely conscious at the end of their lives; such as my brother, skeletal from terminal cancer, and too drugged up to have a conversation, but still saying "ouch" when nurses moved him. A family member in her 90s in a drug-induced coma kept trying to remove her catheter. Another, near the end of his life, and suffering from Parkinson's disease and a stroke, tore the feeding tube from his throat. The "nil by mouth" sign put above his hospital bed by his professional carers to prevent him from doing it again. I do not support forced martyrdom. The soldier who is dying from severe injuries on the battle and asks his comrade to kill him is seeking mercy. Just like my 90 year-old grandmother who pleaded with my aunt to help kill her rather than being forced to continue with the deprivations of her advanced cancer away from her own home and among strangers. We all want those close to death or who are suffering to be cared for and comforted, but it is not always possible to give that

care and comfort every minute of a person's life, whether you are a professional carer or a family member. Being beside a loved one at the time of death can be an unfortunate lottery. Forcing people to die in the care of and company of strangers at the time of death or to witness another's forced suffering can also be said to be a form of abuse. Some have hypothesised about coercion. Coercion means doing something against your free will, often under the threat of violence. Most people in their lives acquire loved ones and are loved and supported by them, and those loved ones seek to protect them. On top of the safeguards on which government officers have worked so sensitively and diligently, the person seeking assisted dying under these proposals has to self-administer the substance that kills them. If that person is not acting out of free will, they would hesitate. They will not be forced to self-administer that drug. An argument has been raised that people should be protected from not wishing to be a burden on their families, notwithstanding the need to be assessed for unbearable suffering even to be anywhere near assisted dying. The older we are, the more we experience the trauma and suffering of what might be described as uncomfortable deaths of loved ones involving prolonged suffering, the more we may wish to spare our own loved ones of the same. Deprived of a means of choosing the time of our deaths can be overly demanding on both ourselves and our families. Why deprive people of full mental capacity who are suffering unbearably this final act of autonomy of love and even self-love? My father chose to sign up to fight in a world war at the age of 17. Why did he do that? To spare others from suffering. Who tried to stop him from exercising his freedom of choice in the matter? In my experience, elderly loved ones can feel pressurised to go on living because of family rather than the other way around. They are wiser, more stoic, more pragmatic about death than many. Only 2 weeks ago we celebrated the freedom of choice. It is the beating heart of democracy. A man known as Diodotus had the task of addressing the Athenian assembly in ancient Greece after it decided to support the infliction of widespread suffering of the Mytileneans who had sought their autonomy.

[9:45]

He said the good citizen ought to triumph not by frightening his opponents but by beating them fairly in argument. So many of the arguments against this proposition are founded in imagined rather than actual offence. One hypothesis raised by objectors is a concern that Government will invest less in palliative care. Each side has produced different data in support of that. If assisted dying is allowed the demand on palliative care services could reduce rather than be withdrawn, it could allow improved palliative care. Our own and excellent Jersey Hospice provides palliative care as a charity, independent from Government, with the support of this community, many of whom have appreciated the care and comfort its nurses were able to give loved ones and their families close to death. I have donated to Jersey Hospice and will continue to do so, but I still support assisted dying. As for the slippery slope; allowing abortion did not lead to widespread infanticide. The conditions in which that can occur remain restricted and safeguarded and carefully considered. The psychotherapist, Viktor Frankl, found that the quality of life is determined by the meaning one gives it. How do you create new meaning for someone whose life no longer has the meaning they choose for it, when all their energy is focused on managing unbearable pain and even then they are not succeeding? You can try, you may not succeed. In fact pain often is more manageable knowing that it will be temporary and can be brought to an end. For those who choose not to go through assisted dying, having applied for it, the permission it gives can itself be a comfort. In our native language, Jèrriais, there is a phrase for death that is described or that translates as packing up one's sails, that point when one no longer can sail freely. There is no mention in that phrase of motorboats or life support machines, just an acceptance that comes at the time to stop sailing. There are those who understandably seek a smooth passage. This may be possible through palliative care, it may not. But the journey towards assisted dying will not be completed with this vote. The legislation has yet to be drafted, it has yet to be reviewed. In the meantime, more Islanders will suffer unbearably from terminal illnesses and incurable illnesses, causing distress to loved ones and to themselves. By proving all parts of this

proposition, we can make the journey towards death less fearful and more tolerable for many. **[Approbation]**

1.1.1 Connétable A.S. Crowcroft of St. Helier:

It is been said that this is not a debate about persuasion. Members will know that we debate many things where Members have set views and are unlikely to change them in the course of a debate, and that makes one think; "Well, why am I going to speak?" I may be wrong about that. It may be that there are some Members here who are undecided but I felt I should speak because, as a senior Member, and the one with the largest mandate - if I could just slip that in - I feel I should explain to my constituents why I am voting the same way I did last time this debate took place. I have received, as other Members have, hundreds of emails - well certainly a hundred emails - and I have not replied to them all. I will try to do so. I have been moved by many of them, particularly the emails urging me to change my position and to support assisted dying. I am not going to repeat or try and come up with stories, as other Members have, of people who have died painful deaths. I have to say though I have had far more emails from people who do not want this legislation to go forward. Maybe that is because they know that I voted against last time and so they want to check that I am still on course. I have a good relationship with the Minister for Health and Social Services. Certainly when he was Minister for Infrastructure we used to meet from time to time for a beer, and I hope that will continue after this debate. However I must say that I am disappointed that he has pursued this legislation and his department has proceeded with such vigour. It is after all a matter of priorities. We all know that our health service in Jersey is under enormous pressure. Only today in the *Jersey Evening Post* there is a devastating critique of the state of our health service and so because politics is a matter of priorities I have to ask why are we spending so much of our resources on pushing through this legislation. Is it more important than the other aspects of healthcare which have been neglected and which are in disarray, and that is no fault of the professionals who are attempting to deliver them. I have been disappointed that so much resource have gone into the preparation for this debate. I am interested to know how much senior officer time has been spent in preparing us and preparing the public for this matter. If, as I suspect it will be because it was approved by 40 votes to 10 last time, it is approved how much more is going to be spent in terms of resources on preparing the legislation and answering all these difficult questions, many of which were suggested in the Minister's opening speech, how much more resources will be spent in that area? Then, assuming the legislation is approved by this Assembly, what resources then will be required to provide this service of assisted dying on top of all the other things that we need to be doing in healthcare? Now I am an enormous fan of the Minister in terms of his ability to, at last, get the hospital on track. I was up at the crematorium yesterday for a service and I was pleased to see it is all happening. Well done to the Minister for that. But I do wish that more time was being spent on getting our health service in a fit state. Now we are told that 61 per cent of Islanders support this. Well I have to say that is not an enormous percentage in favour. There have been far greater proportions of Islanders who want something done than that. As I say, I have had so many people contact me who are really concerned about the effect on our health service, asking questions. What is the rush? Why do we not get our health service in good working order before we decide we are going to offer this additional service? I am concerned about the risk here. I think even one failure is unacceptable. I wonder if the proponents of this law are so convinced that not one person will suffer a wrongful death if assisted dying legislation is available. Do not minimise coercion. The last speaker was suggesting that it is not a problem. I do have experience of how awful families behave when someone dies, in terms of legacies and wills and houses. I have seen that happen several times and it is quite shocking. I am concerned that if someone is fully *compos mentis* but nearing death there will be pressure put on them … they will feel pressure that they should exit this world to help their family. I am really concerned about that. It might only happen once but once is too often in terms of the preciousness of human life. So I am not convinced. I do not think this is a priority. I do not think it should be a priority for our Minister for Health and Social Services or for our health services. We have a fantastic hospice

who manage the process of dying really well. We have all had experience of people up at hospice who have had their final journey eased and supported by the professional care, which, astonishingly, is paid for out of donations. It is not even funded by the Government. Yet here we are thinking about funding a route out of this life. I think it is wrong. I think the priorities are wrong. I think we should vote against this. We should get our house in order in terms of our health services and then come back, if we need to, in due course. We will not be the first. Do we need to be the first jurisdiction to get this through? I do not believe we do. It is not a race. Let us get our own house in order as a deliverer of health services and then come back to the matter if we need to later. My position has not changed, I will not be supporting any parts of this proposition.

1.1.2 Deputy I. Gardiner of St. Helier North:

This is arguably the most emotive and complex subject that we can debate as States Members. It is quite literally a life-and-death debate. As everyone, I have received numerous emails, well-informed, well-reasoned from Islanders, professional and campaigners from both sides of the argument, and I am grateful for them and apologise in advance if I did not answer to all of them. I have done my best. I am also grateful to the officers who have been supportive from the first engagement to being even here yesterday after the States sitting later speaking to me and clarifying and working through my concerns. I am grateful for them as well. Even this morning, while rewriting my speech, I have considered new information which was brought to my attention, and I am sure there is more we will learn today during this debate listening carefully to each other. Reflecting on yesterday's debate, I am so grateful for Members who spoke, and I was thinking about Deputy Ferey's speech when he shared his experience and his knowledge from the Headway, which is one part of the argument, and the Connétable of St. John's very emotive speech and very touching speech about the person who is suffering from motor neurone disease; M.N.D. I will use. Where I am, I am sure that, as most of us, we have various values within us, something that is guiding us through this life. This debate actually is challenging our values, that they are not meeting really with each other. It is my general rule in life that Government should express no opinion or not have any jurisdiction over what happens in people's private lives. If it is a will of some Islanders to be able to die this way, I do not consider it to be my place to deny it. The ability of a person of sound mind to decide what they want to do with their own body is one of the fundamental rights, I think, as a human being. It is freedom to your life, your own way, includes freedom to die your own way. Palliative care, unfortunately, does not eliminate requests for the assisted dying, nor does a request for assisted dying indicate a failure of in-palliative care. Saying this, I also believe that palliative care work is extremely important and must be enhanced because the modern medicine was greatly extended when we are at the end of the life process. I am really grateful for the Scrutiny Report and I would like to congratulate Deputy Doublet, Deputy Bailhache and Deputy Curtis because their Scrutiny Report actually raised very valid questions and recommendations, which I hope will be taken seriously even though I would like to have some information today, which probably would make my choice easier. But I am sure that … I hope it will be delivered. One of the recommendations is about our ability, and this is where I am feeling connected to what the Constable of St. Helier just said, how we deliver our palliative care. Do we have a gold standard of the palliative care? We do have a strategy with long-term objectives, but it is not clear what are the plans. I would like to hear a commitment from the Minister for Health and Social Services to invest into the implementation of the current palliative and end-of-life care strategy. It has not been mentioned during the opening speech, but the opening speech was very, very helpful and good, actually proposing. But where is the palliative care standing? In my opinion, if I am speaking about the palliative care, it requires that hospice services should be fully funded, from my perspective, by the Government and not rely on volunteers, as excellent as they have been in raising funds.

[10:00]

I would also like to ask, do we have a commitment for other areas for the delivery? Would the Minister find funds to deliver a dementia strategy, a women's health strategy, suicide prevention training, neurodiversity strategy, updating mental health and other areas within H.C.S. (Health and Community Services), which are urgently required. I am happy to take what strategy out, but all services that I mentioned, and I think this is what the Constable St. Helier raised, are extremely important now. Early intervention and prevention investment is coming first for me before we are providing extra service. It is not either/or and I believe we have been almost 3 years before the previous debate and it will take time to go to the legislation what I am raising. It will be something that I will personally question if this will be adopted legislation - will come back for the debate - that these things that I mentioned in my speech will be in place and it will be a good standard. Back to assisted dying. My focus and concerns are around safeguards, which should be clear and protective. I have looked and I have read; Switzerland has seen a decrease in do-it-yourself end-of-life attempts since it introduced assisted dying 35-plus years ago. From the statistics that I have seen, I could not find any evidence that assisted dying has been normalised and adopted as a routine end-of-life care. In Switzerland, which has the most, I think, liberal progressive assisted dying practice, it has been in place for 35 years. It accounts for around 1.8 of all deaths. The speech of Deputy Scott almost brought me to tears when she mentioned the situations when people need to take the decision and to suffer; this is where the values are aligned. Where I am struggling - I do struggle with unbearable suffering - and I explain why. Paragraph 39 in the proposition contains specific examples that made me frozen for personal reasons. Where a person has life-changing injuries because of a motor vehicle accident, those injuries cause unbearable suffering, but do not necessarily shorten their life. Paragraph 258 gives a wider explanation: 5 years ago a person was involved in a serious motor vehicle accident. As a result, they suffered life-changing injuries, including paralysis from the neck down and chronic pain. The person requires 24-hour care support. The person has unbearable suffering caused by chronic pain, inability to carry out basic day-to-day tasks, difficulty speaking, loss of bodily functions, and inability to feed themselves, but their death is not reasonably anticipated. This person will be eligible for Route 2; they have a medical condition and they are mentally suffering. This is where a dilemma arises for me. Life-changing injuries from a car crash is a really wide category, and paragraphs 44 and 45 say: "The assessment process acknowledges that the tolerability of suffering is subjective and can fluctuate." This is in the proposition. Different people experience suffering in different ways and it is only the person affected who can determine if they can bear suffering. Again, this is what is from the proposition. For me, it feels like a very wide, largely undefined category, which is both objective, subjective and fluctuating. I am not sure if Route 2 will be voted down, or if it will pass today. So this is what I am asking again, Minister - and I would welcome to be corrected by other speakers - if Route 2 will not be passed today, and for example Route 1 would go forward, would the Minister bring back when he is bringing the legislation and include additional defined condition for the people with incurable diseases which will meet the condition described in paragraph 258? For example, people who have been really life-changing and cannot do anything after their car crash or people with motor neurone disease. So, would it be possible? We received this morning an email which brought to our attention that people with M.N.D. can access assisted dying. The annual report shows that 10 per cent of people who use American and Australian laws are people living with neurological disease and the majority of those people are living with M.N.D. In Victoria, Australia, whose eligibility requirements are most similar to Route 1 of our proposition, M.N.D. is the most represented disease apart from cancer in requests for assisted dying. People affected by life-changing circumstances have the potential to rediscover and reinvent themselves; they can find new ways of living, and this is why I would welcome further consideration. How can we expand Route 1 in the final legislation for incurable diseases like M.N.D.? It is, for me, a basic human right to have autonomy over our body when the body is failing us. I was reassured by the Minister that there is no power to change by order or any regulations and it will be very clear what we debated, if any change will come back to the Assembly in 18 months. I do believe it is quality of life which is most important. Also, the loss of dignity which comes with suffering and

have to bear, and then the prospect of an unnaturally long death process. I will continue to listen to the debate and to the Minister's closing speech to take my final decision for the vote.

1.1.3 Deputy C.D. Curtis of St. Helier Central:

There are issues of principle here. The traditional sanctity of life as expressed by the church versus modern autonomy; the right to control one's own life and destiny up to and including death. Allowing for assisted dying is not an easy decision to make and to make an informed decision we must look to research and experience. I have worked in a nursing home helping to care for dying people and this experience, combined with all the information gathered during the last few years, including working with fellow Deputies on the Assisted Dying Review Panel, has helped to refine my thoughts. Also, like other Deputies, I have received many emails and I thank everyone who has contacted me about this matter, both at my constituency meetings and with emails. I have tried to reply to them all, so if I have missed anyone who might be listening, please accept my apologies. I made an analysis of those emails because each one is written with heartfelt beliefs certainly; this month, there have been roughly half for assisted dying and half against. On analysis of each email, I found that those who had lost a family member, which they described in the email, were 4 times - that is 400 per cent - as likely to want assisted dying. So that helped me come to a decision. I value experience over belief, so I am pretty sure I will vote for Route 1. We have heard from many people whose family member died a painful and undignified death, and although palliative care can be wonderful in Jersey, it cannot guarantee the dignified, pain-free death that terminally ill patients hope for. The reality is assisted dying for terminally ill people is already available to those who have financial means. The Dignitas clinic in Zurich offers assisted dying to non-Swiss residents at a cost of between £7,000 to £15,000, so only those with these financial means have access to this choice. In the interest of fairness, should our own terminally ill people not have the option to die peacefully at home? For these reasons, it seems sensible to vote for Route 1. As for Route 2, I have some concerns. I will listen to the debate and will not finally make my mind up until the time comes to vote. My main concern is around the subjective nature of suffering, combined with coercion. Unfortunately, modern society is still riven with ageism and anti-disability prejudice. Many fine words are spoken, but in practice, as many older people and people with disabilities will know, when it comes to issues that concern them - around equality of access, for example - those fine words mean nothing. Proof of this failure of culture can be seen, for example, in a recent major newspaper opinion piece. The *Times* columnist Matthew Parris argued that assisted dying could help address the cost of an ageing population. In my opinion, that is disgraceful and should never have been published. That article was widely condemned, but the editors still thought it was okay to include it in their newspaper. Another example was that during the height of the pandemic in the U.K. some people with learning disabilities were given do-not-resuscitate orders without their consent. These examples demonstrate that there is still a culture of belief around those who deserve to live and those who are expendable. People do not make decisions in a vacuum; we are affected by the prevailing culture and by those around us. There is an underlying bias, conscious or otherwise. For these reasons, I am considering that while I can support Route 1, I may not be able to support Route 2, even though I believe in individual autonomy. I am pleased that we will be making this decision today. There has been a huge amount of high-quality work done by officers, both in Government and Scrutiny, and we should all be well prepared to vote either pour or contre. Let us move this forward, and my thoughts now are with those who are suffering and in poor health.

1.1.4 Connétable K. Shenton-Stone of St. Martin:

I am delighted to speak after such an eloquent speech by Deputy Curtis. This is certainly one of the most historic propositions and without a doubt the most difficult proposition I have ever had to vote on. There is no easy answer to what is before us. Regardless of the way this debate goes, we should respect the maturity at which Jersey has considered this issue, but we must also remember that this is only part of a process. If we vote for this, whether Route 1 or Route 2 or both today, primary

legislation and another debate will follow. Once the primary legislation is brought forward, we will still have the ability to change our minds. I would just like to say that, as well as Deputy Catherine Curtis, there have been so many excellent speeches and very thought-provoking from Members; one in particular this morning from Deputy Scott. Many of us in this debate have personal experiences that have played a central role in shaping our views on this issue. I certainly have, and I spoke about this in the last debate on assisted dying. I will not repeat what I said last time, as it was a difficult and very emotional speech to make. We know that we cannot cure everyone and we cannot alleviate unbearable suffering, but this is not about giving up on those who medicine cannot cure. This proposition is about letting those we love choose for themselves to go peacefully and, with the soundness of mind, should they be in a position where to continue means unbearable suffering and a continued existence devoid of any quality of life. It is natural to want a good death for yourself or for your loved ones or indeed for anyone. Indeed, those who campaigned for assisted dying or those who, because of unbearable suffering that even the best palliative care cannot control and have ultimately used assisted dying, have demonstrated incredible bravery and care for the well-being of others. I recently spoke to friends who are highly respected for their contribution to medicine, who have worked in healthcare for over 40 years and I quote what one of them has said: "I have thought long and hard about this subject and having been in a position for over 40 years to witness occasions when palliative care sadly failed to provide a good death for a patient. A good death is what we all wish for and usually death comes when it will, but for those who find themselves in a position where they will have an extremely painful and distressing last few months or weeks, then surely it is society's duty to provide compassionate support and a means to avoid such untenable pain and distress."

[10:15]

Assisted dying is - with the utmost respect to those who would or may choose it - an outcome of the last resort, where those requesting it know they will have the opportunity to leave this life with dignity and without fear in the comfort and security of those around them. It would be good to hear how the Minister will seek to prevent and safeguard Islanders from any risk of pressure. Overall, I think the key strength of this proposition is that it is not based on the systems which are already in place in places such as Canada or the Netherlands. This proposition is restrictive - as it should be - and it seeks to respect the cases where we know assisted dying may be the most peaceful option for Islanders facing terminal conditions that give rise to suffering that cannot be managed. I am very glad to see that the findings and recommendations of the Assisted Dying Review Panel have been accepted and I thank the panel for their valuable work. We need the assurances the panel are seeking and I could not have considered voting pour, had the Minister refused these. At this point I would also like to pay tribute to the sterling work of the officers who worked on this proposition so sensitively. The option of explicit personal choice is central to this proposition; a request for assisted dying must always come from the clear, expressive and considered desire of the person wanting to receive it. We need absolute assurance that this is what a person wants, that they understand what it means, and that they are making the decision in absolute security. I would like to pick up on a point raised by the Connétable of St. Helier. The Connétable mentioned hospice, which I agree is wonderful in the care that it provides. My father and other family members all drew their last breath there, but hospice is primarily for those who suffer from cancer and not everyone can be treated there. Of course, palliative care must always be available for all, and whichever way we vote on this, we would all agree that palliative care must be invested in. The concerns expressed by those with disabilities and the elderly, who are worried that this will transform them into burdens, need to be heard. They need to be heard loud and clear. They deserve the utmost respect. We need a strong regime to care for anyone at risk of being forced into this and Islanders need to feel safe to report to their G.P.s (general practitioners) or carers or anyone else if they feel they are being pressured into making this decision. I would like to make it clear that if we decide against assisted dying, then this will not have been a wasted exercise. This will have been multiple successive Governments

recognising the severe ethical complexities embedded at the very core of assisted dying and treating it with the respect it deserves, with successive States Assemblies behaving with equal maturity. What we can be proud of is the knowledge that by our debates we are continuing to set a global example for how to democratically consider this issue. We need to continue actively bringing in the concerns of the elderly and the disabled so that any primary legislation gives us the safeguards we all expect. What we vote for today is whether to take another step towards a final decision on its legalisation. As I said at the beginning of this speech, another debate will follow when the Minister presents primary legislation on this. If the Minister wants to guarantee its passage, he must continue to provide the reassurance needed to every concern raised in this debate and in its build-up. He must clearly set out in that following proposition how they will all be actively responded to. That is the very least that we can ask for. I have battled with this question in my conscience for over 2 years and I have attended briefings, read around the subject, read a multitude of emails, both pour and contre. I thank the authors of the emails and apologise that it is impossible for me to reply to all of them. I have spoken to family, friends, colleagues, people of faith and members of the medical profession. Every Member of this Assembly has thought deeply about this vote and we have shown respect for each other, however we vote. I am proud of the compassion and maturity in this Chamber. Before I close, I quote from Dignity in Dying: "We want to see a safeguarded, compassionate law enacted that gives terminally ill, mentally competent adults the option to control their final days of life and offers protection to potentially vulnerable people." I believe that as a society we have progressed to a point where it is right that an individual who is terminally ill and suffering more than medicine can alleviate can decide, within a limited scope, the time of their death. Route 1 allows the individual who is close to death to decide when the pain they are suffering is intolerable, that they are existing rather than living, and to leave this world on their own terms with compassion and dignity.

1.1.5 Deputy D.J. Warr of St. Helier South:

I rise with a degree of trepidation on a subject that, if my inbox is correct, has the potential to drive a deep schism through our society. No matter which way I vote today, there will be a number of constituents who firmly believe that my decision was the wrong one. I therefore think it is appropriate that I rise to explain how I have arrived at my decision and what I believe the next steps should be. I would also make the observation that I was not in the Assembly that brought forward the original proposition and so have no voting history that I need to defend. A couple of years ago I had not given the issue of assisted suicide much thought. I am fortunate to be a fit, healthy individual with zero medical issues. I have never broken anything, however I have twisted my ankle badly playing tennis; a sport I love. I recall the frustration of being not able to play for a couple of weeks and thinking that if, heaven forbid, something more catastrophic happened, I would probably want to end it all, as I perceived the quality of my life as I know it now would be so diminished that I would want an end to the misery. Over the last year, as momentum has built towards this day, I have become much more sensitised to the nuances of assisted suicide and what a complex topic it is. I have also been struck by the callousness of some, in particular our previous Prime Minister Boris Johnson, where he said his party felt the COVID virus was: "Nature's way of dealing with old people." When A.I.D.S. (acquired immunodeficiency syndrome) was first discovered among the L.G.B.T.Q.+ (lesbian, gay, bisexual, transgender, queer and others) community, there was real societal prejudice towards that community. If assisted suicide had been available at that time, would there have been such an urgency to find appropriate drugs that today mean those infected can now enjoy a quality of life that at the time never seemed possible? An example that the sanctity of life should always be given primacy. Over the last couple of weeks, I listened to and watched some of the most compelling arguments. Many of you may well have watched the actress Liz Carr and her programme "Better Off Dead". The title of the programme, incidentally, came from a comment made to her along the lines of, did she not feel she would be better off dead, given her disability? Therein lie some of our prejudices as a society. The line: "I do not want to be a burden" comes from that subtle coercion which I believe we have yet to deal with. Canada has been quoted extensively and is referenced in

this programme; one doctor interviewed was quite relaxed about the fact that she had helped in excess of 400 individuals to end their lives. It was the matter-of-factness that sent a chill down my spine. Then there was the daughter left behind because her mum had chosen assisted suicide. The trauma that the person you thought loved you the most found suicide more compelling than her love for her own daughter will stay with me for a long time. Then again, we all no doubt read the interview in the *J.E.P.* (*Jersey Evening Post*) of the trauma of dying a slow death and not being able to determine when the end should come. It is easy to pontificate about the subject when you are not the subject of the debilitating illness. As a society, we are always having to make decisions as to what is for the greater good. We set speed limits on our roads to avoid unnecessary deaths. We have to wear seatbelts to keep us safe. In these cases, we take a holistic view rather than give precedent to the individual. Here, we are being asked to give an individual precedence. Are we absolutely sure that the right decision will be made every time? I reference Constable Crowcroft here; what level of error rate will we tolerate? I understand that currently the average error rate in medicine is 5 per cent. That is, 5 individuals in 100 where a mistake has been made. What error rate would we tolerate when it comes to assisted suicide? Five in 100? Five in 1,000? When it came to the death penalty, we as a society determined that just one error was one too many. William Blackstone famously wrote: "The law holds that it is better that 10 guilty persons escape, than that one innocent person suffers." That is one of the problems; that if a miscarriage of justice occurs, it is too late for the victim. There is no turning back of the clock. We have to tread really carefully when we deal with individuals who find themselves at their lowest ebb. As an example, when a person is first diagnosed with cancer, the risk of suicide increases tenfold. Do we as a society simply give up on them, slow the research and development of appropriate drugs, and push the assisted suicide option as a way to deal with unbearable pain? That may sound controversial, but these are really difficult calls that need to be made. It was, though, a constituency meeting that took place last Friday and a subsequent meeting on Monday that finally made up my mind as to how I will vote. It turned out to have little to do with the rights and wrongs of assisted suicide; it was much more practical than that. The constituent asked why, when there are so many other shortfalls in our existing healthcare provision, are we looking to introduce something that is going to place further financial burden on an already under-resourced service? We have already heard from the Minister for Health and Social Services that ultimately it is about the money. The Minister for Education and Lifelong Learning often makes the observation that we confuse cost with investment. If we do not invest in existing services, are we not through providing this additional service adding a significant cost to support the few, rather than investing in the many? They went on to detail all the strategies that have been put on the back burner, but which are vital to the quality of life of many Islanders. Dementia strategy - my colleague, Deputy Gardiner, has mentioned these - neurodiversity strategy, suicide prevention, and a new mental health improvement plan. We have no consultant geriatrician in place, someone able to offer a holistic approach, thereby managing frailty well. We simply have not got our elderly healthcare right. We do not offer 24/7 palliative care. If we will not recruit and go ahead with this law, where is the incentive to improve this service? Will this law simply see the degradation of palliative care? We need to offer better choices, better palliative care, better care for older adults, better social care in our community. Too many people die of loneliness. That is the biggest problem I believe we need to solve. Let us not put the cart before the horse. I return to the opening line of the proposition to request the Minister for Health and Social Services to bring forward primary legislation that permits assisted dying in Jersey. Given what I have heard and read, the commentary from all the people I have spoken to, on balance, I cannot and will not support the bringing forward of this primary legislation.

[10:30]

1.1.6 Deputy P.M. Bailhache of St. Clement:

Like the Constable of St. Helier and, indeed, Deputy Warr, I think that the Minister for Health and Social Services has got his priorities wrong. He has spoken about a compassionate approach to this

subject and no one can disagree with that. It is one of the reasons why the Scrutiny Panel wanted to know more about the proposed enhancement of investment in palliative care. Palliative care has moved on enormously in recent years, but not everyone benefits from those advances. More nurses and carers need to be trained, and more resource needs to be put into it. The end-of-life strategy published by the department is fine, but where are the resources? Almost everyone needs palliative care at the end of the day, but not everyone needs the emergency exit of which the Constable of St. John spoke. If we are to have Route 1, about which I have grave reservations, it must not be at the expense of palliative care. The tail should not wag the dog. My reservations are partly ethical, but also centre on the nature of the process. Strangely, I can more easily accept the self-administration of a lethal concoction than I can the involvement of medics in administering the poison by injection. The latter seems to me to be difficult to reconcile with the notion of a profession dedicated to healing, as Deputy Barbara Ward indicated. For me, the significant aspect of the Route 1 proposal is not conferring a right to die, but the giving of a privilege to licenced medical people to bring the life of others to an end - or to kill people, to put it more bluntly. The privilege gives an immunity from prosecution for an action that would otherwise be homicide. Whether it is right or wrong to change the law in this way is a matter on which opinions obviously differ, but it is important to understand that we are talking about a legal privilege in that sense. It would be a licence for one human being, subject to conditions, either to help another to commit suicide or to bring another person's life to an end. Whether one is for or against it, assisted dying is a cosy euphemism which obscures the reality of the debate. Because if one is conferring upon medical people a licence of that kind, it is very important that the conditions or safeguards are crystal clear and not subject to interpretation or, indeed, subject to subjective appraisal. Only the law will tell us whether the safeguards which have been suggested will work in practice. I want to focus attention on Route 2, because I think there has been a failure to give the views expressed by the ethical review proper consideration. Indeed, I am not sure that any consideration has been given to them. The Minister was rather dismissive of their views; he told the Scrutiny Panel that when he read their biographies, he could guess straight away what their views would be. My own view is that when 3 distinguished academics whose ethical positions are different manage to sink those differences into an agreed recommendation, that is entitled to very careful consideration. I am not sure that has happened. The Council of Ministers has effectively ignored the recommendation that Route 2 is not ethically appropriate. I may have missed it, but I could not find anything in the Minister's report explaining why it was thought inappropriate to follow it. The experts suggested that it was not ethically appropriate because it reinforced a negative view about the value of the lives of people with disabilities. The first question on eligibility is: "Are you disabled in some way?" Route 2 is a special avenue for disabled people. It is not a sufficient answer to the criticism that Route 2 targets disabled people, to state that people with disabilities can make up their own minds about whether to end their lives. Almost everyone suffers at one stage or another during life from bouts of depression or unhappiness, but such disabled people - unlike the rest of us - would be able to contemplate killing themselves as a solution to their problems. There may be subtle or, indeed, sometimes not-so-subtle encouragement to do so. Single people living on their own would be particularly vulnerable to such pressure. Many disabled individuals and groups have expressed concern about Route 2 and I think that those concerns should be listened to. A few months ago I was in a Waitrose supermarket when I was approached by a man whom I did not know who asked me whether I was going to vote for assisted dying. I asked him why he thought it was a good thing. He told me: "I get up in the morning, I go to work, I come back in the evening, I have something to eat, and I go to bed. I cannot see the point of it all." We had a conversation where I tried to tell him about some of the wonders of nature and life and the beauty that was all around us, but he would have none of it. He was 42 years old. He was limping, so perhaps he had some physical disability and maybe he would have been able to persuade a medic that he was suffering unbearably. I hope not, but I do not think we should take that risk. The ups and downs of life can distort people's perceptions and once all the gateways have been passed, it may be too late to reverse. I am not sure that a tribunal adds very much. What is it going to decide? Will it

make a value judgment? And if so, how? Or is it going to do a tick box exercise to ensure that all the relevant tests have been passed? We simply do not know. Route 2 is a bridge too far. It would be a huge step into the unknown. People like the sportsman, of whom the Constable of St. John spoke, qualify under Route 1. We would open a door to too many individuals who suffer from depression which may be temporary or, as Deputy Ferey explained from his own experience, can be addressed and mitigated. I think also that the Council of Ministers should have addressed more fully the issue of competence. It is true that, generally speaking, competence can and should be presumed, but a decision to take one's own life is surely different. Some mental issues are not obvious. Ministers say that we will have a special test of competence for assisted dying, but what is it? We do not know. Who will determine it? Will it be one of the 2 doctors who will carry out the assessments? Will they have the competence to make that decision? Doctors who volunteer to be part of the assisted dying service will obviously be in favour of assisted dying. How do we know that they will not take a simplistic approach, that personal autonomy is what matters? The Minister's report - at the end of the report - contains a number of simple examples. But life, I fear, is not always that simple. Finally, I want to say that the outcome of this debate or the next one will define what kind of a society we are going to live in. I agree with the Minister for Health and Social Services that I want to live in a caring and compassionate society. But a society which tells disabled people that their lives may not be as valuable as those of able-bodied people is not, in my view, a compassionate society. It would be a community which has elevated the concept of personal autonomy beyond its reasonable limits; it would be a community that does not care enough about vulnerable people.

1.1.7 Deputy M. Tadier of St. Brelade:

This is a debate, so it is not simply a chance for us to stand up, say our opinion in a void and not respond to what has been said before. As such, I have been making notes as we go along, to give some consideration to arguments that have been made yesterday and today. I think we have heard some very good speeches; I will not embarrass anyone by singling them out, but I think States Members are doing themselves proud on both sides of the debate here today. Like other Members, I would like to acknowledge the lots of lobbying that we have had on this, the lots of - correctly - engagement, if we call it neutrally, via emails. I do not think sending us emails is bad at all; I know other Members in the past have said they feel persecuted by lots of people getting in touch saying that they should vote one way or the other urgently. I think as States Members we are used to balancing those and sometimes sorting the emotion out from the facts and doing our own research too. Similarly, I would like to thank everyone that has engaged with us on this issue; that is healthy democracy. Similarly, sorry if I have not responded to everyone yet. I have put a few emails out, which generally have been fairly generic, but also I think respectful, so I know the members of the public will appreciate we are getting a lot of emails at this time. What I want to do is talk specifically about some of the red herrings that we have been getting in this debate, because essentially what we have got here is ... We are not here to decide the principle of assisted dying; that was decided 3 years ago by the previous Assembly. I fully accept the fact that there are some Members here today who were not in that Assembly and they may wish to also make their voices heard. I interestingly also was not in that debate because I was dealing with a family bereavement at the time, so it was particularly poignant for me to be going through that and also listening to the debates and considering, at the time, how I might have spoken, how I might have voted. So in that sense, this is all also my speech on that. I think we do need to recognise that there will need to be some in-principle comments here, but essentially I think what it boils down to is we are here to decide today between adopting simply whether we pursue this law … and I think it would be very strange and we would have to have compelling arguments to completely throw out all the work that has been going on internally, but also the engagement with the public. We effectively then have to decide whether we do this law properly or whether we do it partially; that is what I think. Do we do it right or do we do it partially? My stance is very much we either do this properly or we do not do it at all. We also have to remember

that the objections and the concerns that are being raised, which are completely valid, can and will and should be worked out, not simply by this Minister, because this is not just about the Minister. This is about the very good team that we have heard have been going around the Island. What we can all say is, whether we agree with assisted dying wholly, partly or not at all, is that the staff and the level of commitment, intellect and research that they brought to this subject, we know that they will not leave no stone unturned. So that if eventually we do have full legislation in Jersey, it will be the best legislation that we can get, it will be legislation that does Jersey proud, and it will be legislation that is done from a compassionate and humane point of view so that in the future it is subject to as few changes and as few legal challenges as possible. Because we are not doing this for the first time; we are following those 8 or so countries and the other jurisdictions which are currently considering this argument as well.

[10:45]

What we have seen in the last 24 hours of this debate, but previously in wider society, is essentially - the way I look at it - people say: "We cannot win this argument, so let us make the debate about something else; let us make it about something it is not and let us make it about something that we can win. Where is a good argument? Where is a good place to start? Disabled people." So disabled people here, unfortunately - and I will have to say as I find it - are being used as a political football. They are being used as a political football by some people who unfortunately - and this is not blanket - there is a religious right that exists in this debate and of course their religious beliefs, I think, are clouding their judgments. Very few of them write to us saying: "I believe in a big man in the sky" and I say this slightly cautiously because I know we have the Dean to speak, but I also know that, hopefully, we are friendly and he is able to obviously speak freely himself. So they are saying basically: "I know that assisted dying is wrong, because it goes against my beliefs. Therefore I need to find arguments that fit into that." Similarly, there might be people who say: "I fundamentally believe that assisted dying is absolutely correct. Therefore, I will make all the arguments fit my arguments." I think that is what we have been seeing. Let us look at that very carefully. We say that we want to be a caring and compassionate society, but do we mean by that we want to be a caring and compassionate society only when people agree with us? That we want to be one where people do what we tell them to do and they do what we think is best for them? Because that is not a caring and compassionate society, that is called paternalism. Other people also call it the nanny state. I think we also hear this - I am sure it has got to be a logical fallacy in terms of the arguments used - the argument: "If only one." If only one person suffers under this law because we get it wrong, then that is not worth doing, but we do not need to be looking for hypotheticals in this. There are real people out there who have been experiencing the very human experience that we will all go through, and humanity has gone through for tens of thousands of years, about what it means to face death in uncertain circumstances. Those uncertain circumstances can be long and drawn out and very painful and so it is about getting back to the nub of what makes us human. I am not a philosopher but I do have an interest in the subject matter, having an interest myself in being human. I think it can be seen in 2 different ways: humans have free will, they of course have a very high level of intelligence compared to other animals, and I am not denigrating any animals in here, I have got some very good friends who are animals. We also have free will, so we have free will and agency. What we are talking about here in this law, and this is what I find really emotive, is the fact that, especially when we come to Route 2 … or let us call it what it is. Because the Constable of St. John quite rightly reminded us, as did indeed an individual who came to the St. Brelade consultation, that we should not be using the dehumanising terms of "Route 1" and "Route 2". Let us call them what they are, let us talk about assisted dying for people who are already facing death in the last 6 months or possibly the last 12 months of their life, or people who are in unbearable pain. This is what we are talking about. This is not somebody who has twisted their ankle playing tennis, this is not somebody who has got a disability that they are coping with and they are thriving in life, we are talking about people who may or may not have a long-term disability but who have got to the point where they find

themselves in unbearable suffering, that there is no cure for it and it is only going to get worse effectively, and that is what we are talking about really in Route 2. It may well be people who have no agency whatsoever because they become so debilitated that they are lying in a bed, that they can only move their body below the neck. They have to rely on people 24 hours a day, and I have seen this, to change them, to turn them, to change the bed, to go to the toilet, to eat, and they have no dignity left. What we are saying to them if you oppose Route 2, as we might call it, or unbearable suffering, is that you have already lost your agency but now we are going to take your free will away from you as well. The 2 things that make you human - free will and agency - we are removing them for you because we have got some notion that some disabled people somewhere might be abused and that one person somewhere who somehow does not want to die but has somehow applied to die, and has been through a rigorous process where people are looking out for their best interests as medical professionals, you might somehow slip through the net, but we have already got an error rate. At the moment we have an error rate because there are people living who do not want to live anymore. They are autonomous individuals, they are intelligent individuals, and whose life is it anyway? It is their lives to decide. If we do not pass both parts of this today what we will be saying is that there will be error rates because there will be people, thousands of them, tens of thousands throughout the world, but potentially tens and hundreds in Jersey, over the years until somebody brings this law in because this law will come in. It is a human necessity and I think it is an inevitability that it is brought in. We will have people who are facing the error of being told that they have to live when they do not want to, that they have to die in an uncertain situation. I am in a slightly difficult position here because I am definitely convinced by Route 2, so I will be voting for Route 2. I am not sure about Route 1. The reason I am not sure about Route 1 is that I do not see how this Assembly can embark on a road where we do this partially and not properly. The other consideration, I am intellectually and emotionally convinced by Route 1, but it would be very bizarre if Members decided to only vote for Route 1 and not Route 2 because of course Route 1 allows somebody who is perfectly having a great life, who has absolutely no suffering and could be fully functional like you or I are fully functional, simply that they are going to die in 5 months' time, 6 months' time. They would be eligible to die whereas somebody who has got no capacity to all intents and purposes, who has got a long and settled view of wanting to die in those circumstances, we will be saying to that person: "You cannot die, you have got to carry on suffering indeterminately perhaps for 5 or 6 years." But the person who has got a great life who just wants to go out of convenience because they want to die at 2.00 in the afternoon rather than 2.00 in the morning, which is also valid, is allowed to do that because the wording of it is that it has to give rise to suffering or be current, so let us do this properly, is what I am saying. This is not some kind of moral haggling that we can engage in. We cannot say: "You know, I kind of like the principle of this but I will only vote for part 1 at the moment because that will certainly keep some people in our society happy." At least I can go back and say: "Well I did not vote for Route 2 because I do not want anybody being despatched." The coercion argument I think has to be addressed here because coercion can work both ways. Let me find my notes about coercion because we are on a limited time. Coercion can work both ways, can it not? What I would say is that if you have family and friends who are deeply religious and/or anti-assisted dying, you are much more likely to be coerced to keep on living when you do not want to carry on living than to be forced to die when you want to keep on living, are you not? It is entirely likely that if you are surrounded by your loved ones … and this extends to doctors. I have heard of people talking about being coerced by doctors but you are probably much more likely to be coerced against an abortion or against ending your own life. If your G.P. does not believe in that, he or she might direct you in other routes, so I think there are naturals and that is going to be entirely possible under this legislation. For me, this is about whether we are serious about acknowledging people's ability to make decisions for themselves. We also hear the argument about: "Well it is so subjective, people suffering, I mean, how do we know that we are choosing the right people to die?" The point is, we do not choose, that is the great thing about this. Of course it must be subjective, how can it not be subjective, because there is still that rigorous process that somebody has to go through where you say, with a board, with

people there, and you say: "Yes, it is up to me to decide, I am the one who experiences the pain and it is insufferable" and you explain that and then the medical professionals will agree with that. If for any reason they do not think you meet the criteria, you will be told that you are not allowed to die, so there will be errors made in this. The error will be people who want to die, who think they meet the criteria, but are told by the medical profession that they are not allowed to die, so, if anything, this proposition today does not go far enough. Can we seriously say, and I speak with my human rights hat on, that we are going to say that disabled people do not have the same human rights that others have because if we are saying that certain people in Route 1 - I have lapsed back into the legal speak - if we are saying they are allowed to access assisted dying but you are not allowed to access it because you are disabled and we think we know better for you, I think that is an extremely patronising position to be in. I am going to have to leave my speech there but I would simply end by saying being a burden is often used as an argument but, if you read between the lines, what people are saying is that is not the main reason that they want to have the choice in end of life, it is the fact that they want to be dignified, I think, in all aspects of their life, and life includes the way you die. Having some control over the circumstances, the timing and the conditions in which you die, potentially being there with all your family at a time when you are in a good place rather than perhaps being alone and facing death on your own, these are exactly the same arguments we are using about suicide which is a lonely thing. Let us not make death a lonely thing, let us let people choose how they want to die. **[Approbation]**

1.1.8 Deputy A. Howell of St. John, St. Lawrence and Trinity:

First, I would like to thank the Minister for Health and Social Services and his officers for all their hard work, to parishioners who have written to express their opinions. I have tried to respond but if I have not, my apologies, and thank you for getting in touch. Also to the organisations and individuals to whom I have listened to come to the opinion I have reached today. I am standing here today to defend the current laws of our Island as laid out by the Solicitor General yesterday, one which says that it is forbidden to kill anyone, and the Homicide (Jersey) Law 1986 which has a specific reference to an offence of aiding and abetting another's suicide. Palliative care, which I fully support, is not killing, it is a specialised medical care for people living with serious illness such as cancer or heart failure. We all have the utmost sympathy and compassion for anyone who is seriously and possibly terminally ill. I understand that for them the thought of being able to take control of when their life should end may bring comfort. I fully respect those States Members who say that if they were terminally ill and/or in terrible pain they might wish to end their lives and, if so, how can they deny the same right to others? I say, that while appreciating this viewpoint, I do not believe we should be altering the law. I do not believe that there are adequate safeguards and the safeguards are certainly not 100 per cent foolproof. The impact of a death on friends and loved ones can take an unimaginable toll. Families may never recover from a parent, child, brother, sister or friend choosing to die earlier than they should. They may feel for ever more that their love was not enough. For me, instead of spending £1 million to set up the service and then at least £1.4 million annually, we should be improving our healthcare on this Island for everyone. In particular, we should be enhancing the care of our elderly and our end-of-life and palliative care. There is much to be done. Dignity in Dying claim that the majority of Islanders want this. The truth is only some 3,000 people have signed to say they are in favour, and that is from across Jersey's entire adult population. One of the problems is that this proposition does not have the full backing of our healthcare professionals. They have been informed but they have not been properly consulted or listened to. Two doctors have told me they would be prepared to participate but very many more completely and vehemently oppose what is being suggested. They do not consider assisted dying should be any part of the healthcare system. It is against their vocation. Their relationships with their patients would be changed irrevocably. Eighty-four Jersey healthcare professionals have written to the Minister for Health and Social Services to express their grave concerns. They do not want this to be introduced. They are seriously alarmed about the consequences of this change in the law. Local psychiatrists have written

separately, together with the south-west region of the Royal College of Psychiatrists and the Association of Palliative Care. All oppose the changes. We cannot afford to disenfranchise our front line medical and healthcare staff at a time when we need them most, and we need them to be working in harmony without division.

[11:00]

Some doctors have threatened to leave the Island should this law come into force. We cannot afford to lose them, we cannot afford to jeopardise staff recruitment and retention. At the moment our mantra is to have the best possible care for each and every one of us. Everyone is precious. At the moment all of us can use the service of hospice - I think it has changed - and palliative care, but what will happen when an individual chooses an assisted death but hospice staff do not want to be involved and the hospice does not allow such deaths to take place on their premises? I am uncomfortable about the hospital being used as a venue for assisted deaths. I would rather not have a death room in the new hospital. I believe it sends out completely the wrong message. Indeed, I am concerned about the message that making assisted suicide lawful sends to our children and young people and to those who are doing all they can to counter suicides on this Island. Other jurisdictions where assisted suicide has been legalised have all seen significant rises in their overall suicide rates as well. There has been a 32 per cent rise in Oregon. Please think of the impact of just one suicide in our community in Jersey. There is also real fear among disabled groups that assisted death will become normalised and that there will be an expectation or duty to sign up to an assisted suicide or euthanasia. The coercive pressure will be subtle. I fear that in a prosperous Island there will always be tensions, especially where families have so much to gain in terms of property and inheritance. Liz Carr, famed for appearances in Silent Witness and her documentary "Better Off Dead" puts it succinctly: disabled groups are terrified of the prospect. Whatever reassurances are given, there will be never sufficient safeguards to protect the most vulnerable. Proponents says: "No one will force you into this, it will always be your choice" but I can well imagine a scenario where an elderly relative is made to feel a burden and it is their duty to ask for an assisted death citing unbearable suffering. I do not want our disabled Islanders to feel terrified. I do not want our poor or our elderly to feel it is their duty to die because they are a burden. No person should have to live like that. We are being asked to vote to change a law and to agree that an individual may have help to end their lives in 2 circumstances. Let me start with Route 2: unbearable suffering. I fear that unbearable suffering will be hard to define and this route will be highly susceptible to mission creep. I am also worried about the seniority and experience of doctors who are designated to be making these decisions. I think in the addendum it says they can just be qualified for one year and then they will be making these decisions. As Deputy Bailhache pointed out, 3 ethicists were engaged to assess the proposals. They all advised that we should not be pursuing Route 2. I implore Members to listen to their considered opinions and wisdom and vote with the Deputy who said we should vote against this route. Then there is Route 1: terminal illness. This would seem straightforward but is it? A while ago I met a dear friend who told me the tragic news that she had been given a month to live. I clearly remember the conversation, I was heartbroken. Fifteen years later she continues to be a devoted wife, mother and grandmother. She has done untold good for so many, she dances her way through life. There have been others. Another friend, we will call him "Ted", diagnosed with a rare terminal disease, told to stop work, put his affairs in order, some 8 months later given the all-clear. Then there is "Vera", not her real name, due to die of a cancer that had spread extensively. No hope. I visited her in hospital, they were desperately sad times. She was expected to die within weeks. Twelve years later she has welcomed 2 little grandchildren into her family and has been an inspiration to many of us. She walks, talks, swims and sings her way through life. Three examples, 3 people who could have had their lives prematurely and unnecessarily ended within 14 days had this law been in force. I urge you also to vote against Route 1. Medics do get it wrong, we cannot afford to make mistakes, human life is to be treasured. Please listen to the majority of our health professionals and Islanders. I looked it up, one of our duties as States Members is to undertake our duties with particular regard to the most

vulnerable members of our community, including the Island's children, and other people to whom the States of Jersey has a duty of care. The best protection for everyone, including disabled Islanders, the elderly and children, is the current law where it is unlawful to kill and it is an offence to aid or abet another person's suicide. Now is not the time to be bringing in this law, please vote against the proposition.

1.1.9 Connétable K.C. Lewis of St. Saviour:

I will be very brief. We have heard a lot today about coercion and persuasion but that is something that we do on a daily basis in this Assembly, that we have a view and we try and persuade our colleagues that our view is the correct one, that is what we do. But yesterday there was a small demonstration as we arrived at the Chamber and they were holding up large banners saying … are we inquorate?

The Deputy Bailiff:

I am very sorry, Connétable, we are currently inquorate. In the first instance, could you please go to the coffee room and invite Members to return to the Chamber until we are quorate? If we become inquorate again, I will suspend the sitting and will start again with the roll call. Yes, I am sorry.

The Connétable of St. Saviour:

I am not the best of speakers but I have never cleared the Chamber before. Yesterday we were greeted on entry to the States Assembly, that people were holding up large banners saying: "Do the right thing" and it is this right thing that we are struggling with today. Looking back, in 2021 I voted against the principle of assisted dying. Doing some research, our Canadian cousins over a decade ago introduced assisted dying for people with an illness that would shorten their lives to within 6 to 8 months or thereabouts. In 2019 this was challenged in their court and this challenge was upheld, stating that it was unconstitutional to favour one group of individuals against another, so this was expanded to include people with severe disabilities. It is this slippery slope that I fear happening here. Once the principle is established it would only be a matter of time before it is turned up one notch here and one notch there to include many, many people. As has been said, I think we should do all we can to increase palliative care. I have nothing but the utmost respect for people who work in hospice, looking after people in their final weeks, months of life, more so with young children whose lives are only just beginning. I have nothing but respect for them and, as I say, we should do all we can to increase palliative care, but for reasons I have explained, that it would start us on a slippery slope, and I know I am going to upset probably half of my parishioners, I will be voting against this proposition in all parts and urge Members to do likewise.

Deputy J. Renouf of St. Brelade:

Can I ask a point of clarification from the Solicitor General relevant to that speech?

The Deputy Bailiff:

You can ask a question of the Solicitor General if you wish to.

Deputy J. Renouf:

Could I ask for advice regarding the situation in Canada and its relevance to Jersey and, in particular, whether that slippery slope argument could apply here, my understanding being that the courts have supremacy in Canada, or have abilities in Canada that they do not have here. I think it might be helpful to hear what the legal position is clarified in terms of potential for if Route 1 were adopted, for Route 2 to happen, or for any other slippage in the legislation to happen without this Assembly's say-so.

The Deputy Bailiff:

Do you want to respond to that now or a bit later on?

The Solicitor General:

I am happy to deal with it now if that is convenient. I am not a Canadian constitutional lawyer so the last thing I want to do is do violence to the Canadian constitution. My understanding, my layman's understanding, is that they have a written constitution and their courts are able to declare that aspects of legislation are unconstitutional, which I understand may lead federal lawmakers there to consider they are dutybound to legislate to make good the deficit. I can speak, however, as a lawyer to the Jersey constitutional position. We of course do not have a written constitution like most British jurisdictions. This Assembly is a sovereign lawmaker, which is to say that this Assembly, and only this Assembly, can decide what laws it will make. No one can direct this Assembly in that aspect, including the judiciary. If there were to be concern that pressure would flow from, for example, the European Court of Human Rights via and through our own domestic judiciary on human rights considerations, I think that is highly unlikely. Yesterday I described the position that the Strasbourg Court takes on this area of life; it takes a very narrow view and it is primarily concerned with whether sufficient safeguards are in place to protect the Article 2 right. I do not, in any sense, foresee pressure coming through the law and through the judiciary to widen the scope of assisted dying in Jersey. If the impetus is to come from anywhere to that end, it seems to me it will be political, not judicial. I hope that is helpful.

The Connétable of St. Saviour:

May I clarify?

The Deputy Bailiff:

Well you are not being asked to clarify anything you have said in your speech, I did not think, and your speech is concluded. I do not think there is a request for clarification from Deputy Renouf. Thank you, Connétable.

1.1.10 Connétable D. Johnson of St. Mary:

I did wonder whether to contribute to this debate given the excellent speeches on both sides already made. I rise essentially to respond to one Member who inferred that one had to vote for both options or none and that it would be effectively a demonstration of acknowledging concerns on the part of the public if one only voted for Route 1 and not Route 2. I suggest there is a big distinction between the 2 and the purpose of my standing is to explain why.

[11:15]

From the beginning I have decided that there are 2 essential ingredients to this legislation. Ingredients is probably the wrong word; characteristics. One is the right to choose and the other is a free right to choose and the lack of coercion. Dealing with Route 1, it seems to me that the right to choose is clearly there and I look at the possibility of coercion in that sense. Coercion is real, as the Constable of St. Helier said, it can be dealt with quite subtly, and I have been a lawyer too long to realise that subtlety can go to extremes. But in Route 1 we are dealing with situations where the end is deemed not to be less than 6 months and I do question whether it is to anyone's advantage if they were to coerce a family member to take a decision which was not in accordance with that patient's own wish. As far as Route 1 is concerned I am relatively … relaxed is the wrong word, but I am quite comfortable that coercion is an unlikely situation. Indeed, as Deputy Tadier pointed out, coercion may well come the other way, from family urging their elderly relative not to take that course. Route 2 is a different matter. It does seem strange to me that, given the enormous strives that we have made in recent years to bring those with disabilities into the general public domain, in effect we have set them apart in this bit of legislation. They are deemed to be a special category and I could see why some of them feel that it is almost discriminatory to do so. The problem with Route 2 is that there may well be a considerable length of time before they are likely to depart this world and that gives a length of time for others to exert pressure on them in some way and not least because of the financial

burden they might place on the family. I do, as I say, appreciate the concern on the part of the vulnerable in that regard. Yes, it is the case that we have a suggestion that a tribunal look at Route 2 applications but, like Deputy Bailhache, I do have certain concerns as to the breadth of their responsibility and what they are being asked to respond. For instance, I would like to see that tribunal at least have access to people other than the medical profession, lawyers who might wish to work out how the estate goes. I am sorry to be mercenary but that might well be an influencing factor. Also to ensure that how or with whom the patient has consulted within their family before making that decision. It speaks for the case that an elderly person has one main carer or visitor if he or she is in a nursing home and we do not know whether what information that person gains is passed on to members of the family. Having seen numerous occasions where families have effectively broken up through disputes following the death of an elderly relative, I think it is incumbent upon the tribunal to ensure that all members of the family have been consulted in this, if only for the sake of the future. I think that is a leak, if I could call it that, which needs to be plugged, so I do have reservations about Route 2 for the reasons given. On a more general point, I had one email which I almost was quite dismissive about to start with, it was a one-liner which said: "Please vote against assisted dying, support palliative care instead." I did not see the 2 as mutually exclusive but clearly many residents in this Island do, that they are aware that hospice, which is a prime provider of palliative care, is not States-run. I would like to hear from the Minister in his address to give some assurance as to the amount of funding that hospice or palliative care generally will be given and that is to counter the concerns of many parishioners that assisted dying and the costs of it will not be at the expense of palliative care. Again, simply with the words of the Constable of St. Helier as to the general position of the health service at the moment and why this should particularly be a priority, that this particular aspect should be taken in the context of the whole health estate and not just simply that. Finally, and again generally recognising the respect which all sides for the argument have given to this debate, and the public and the media, I was at a Parish Assembly earlier this week and was steeling myself for questions as to which way I was going to vote. In fact, the majority simply said that it would be my decision and States Members. I think it is consoling to some of us that the public as a whole are appreciative of the decision we have to make and we must all make that decision according to our own conscience.

The Deputy Bailiff:

Connétable of St. Saviour, I think I was unnecessarily hasty when I said that you could not clarify what you wanted to clarify. I think under Standing Order 103(2)(d) you may explain any material part of your speech which you think somebody may have misunderstood but not introduce any new matters. Is that your wish, to clarify something you said?

The Connétable of St. Saviour:

Very kind, thank you. Yes, I was just illustrating the point, which obviously the Solicitor General has touched on, anything could be changed, that this Assembly cannot bind any future Assembly should they wish to take it further or should there be a challenge from a higher court, U.K. or even European in that respect.

1.1.11 Deputy H. Miles of St. Brelade:

The right to an assisted death is not just a legal or medical debate but a deeply human one that touches the core of our values, our compassion and our understanding of autonomy and dignity. This was always going to be a difficult debate and one where every Member of the Assembly, indeed every member of the public, will have a personal experience which influences their response to this proposition. In early 2020 the Minister for Health and Social Services made a commitment to commission a citizens' jury following significant community interest on assisted dying at a local level. I was selected as a member of the independent advisory panel to provide an objective voice to advise, check and challenge throughout the process. Having overseen the design of the jury process,

and having observed the delivery of the sessions, it is my view that the jury process was appropriate, balanced and robust. This view was endorsed by the Public Accounts Committee in 2022 who commended the process as a model of best practice. At the conclusion of that process, and it was indeed a 9-week process, 78 per cent of the jury members agreed that assisted dying should be permitted in Jersey and agreed that it should be possible for both routes. As a result of my involvement in the jury process, I have had the privilege to access a great deal of information and I have carefully considered competing perspectives on assisted dying from recent approaches made by different groups. Before the recent change in Government, I was a member of the Assisted Dying Ministerial Group and on behalf of the then Council of Ministers finalised outstanding matters before the lodging of the proposition. We took the decision, notwithstanding the findings of the ethical review, that Route 2 should be retained in the proposals presented to the Assembly on that basis that Route 2 was a central feature of not only the citizens' jury but also the Assembly's decision-making in 2021. For this debate, I have carefully considered the detail of the proposition, Appendix A and the accompanying report, I have paid very close attention to the recently-published Scrutiny Report of the Assisted Dying Review Panel, and particularly the subsequent Ministerial response which endorses the findings, clarifies some information and accepts all of the recommendations. Like other Members, I am grateful to everybody who has emailed me about this topic, those against and those in favour, for taking the time to share their views, all of which I have carefully considered and, like other Members, I apologise for not being able to reply to all of them. At the heart of the argument for assisted dying is the principle of autonomy, the right of individuals to make informed decisions about their own lives. In the context of terminal illness, this includes the right to choose a dignified end rather than prolonged suffering. Respecting autonomy means acknowledging that competent individuals have the capacity to make decisions about their own well-being, including the manner and timing of their death. As a humanist I believe that every adult with capacity who is intolerably suffering from an incurable physical condition, and has a clear and settled wish to die, should have the option of an assisted death. Being able to die with dignity in a manner of one's own choosing should be understood as a fundamental human right, and this position is supported by the European Court of Human Rights, outlined by several cases, but in particular the case of Debbie Purdy and Diane Pretty. Like other Members, I do not believe that it is a right that only those who can afford to travel to Switzerland are able to die at the time of their choosing. Often patients will make that journey alone, fearing criminal repercussions for family members who accompany them. We know from the Solicitor General yesterday that in the Jersey context this issue can best be described as "murky". Often they will have to go sooner than they would like in order to be fit enough to travel. For people who cannot afford to make that journey and effectively outsource their passing to Switzerland, the only legal option is to take more brutal action, and I consider that to be cruel and inhumane. The principles of justice demand that we treat individuals fairly and equally. Denying assisted dying to those who are terminally ill and suffering while others can legally refuse life-sustaining treatment creates a disparity. Palliative care has limits, it cannot give everyone the good death that they might wish for. It is unjust to force individuals to endure unbearable pain when the means exist to end their suffering peacefully and on their own terms. Compassion is the cornerstone of medical ethics and many terminally-ill patients' pain and suffering cannot be adequately managed by palliative care alone. In such cases, allowing those individuals to choose assisted dying is a compassionate response that respects their wish to avoid unnecessary suffering, it acknowledges the limits of medicine and the profound distress that can accompany the end of life. While palliative care has advanced significantly, it is not always efficient to alleviate the suffering of all terminally-ill patients. Concerns about potential abuses of assisted dying are valid and must be addressed through stringent safeguards and protocols. In jurisdictions where assisted dying is already legal, robust procedures are in place to ensure that only eligible patients, those who are terminally ill, suffering unbearably, incapable of making informed decisions, can access this option. These protocols typically include multiple assessments by independent doctors, mental health evaluation and waiting periods to ensure that the decision is always voluntary, settled and well-considered. This

proposition not only mirrors those principles, it exceeds them, including a robust appeal procedure that does not often exist elsewhere. I consider the report to be well written, thorough and measured. The safeguards in this proposition at Appendix A appear comprehensive and considered. They are clearly set out for both routes and are made stronger by the Assisted Dying Scrutiny Panel amendment around participation, which has been accepted by the Minister. I am reassured that the Assisted Dying Panel will continue in its important role until the draft Assisted Dying Law is debated in 2025. I consider the proposals to be well thought out and the safeguards satisfy my concerns about safeguarding support for the vulnerable at this point in the process. Other jurisdictions have shown that assisted dying can be implemented safely and ethically with strong safeguards in place to protect vulnerable individuals. Data from these countries indicate that fears of widespread abuse or a slippery slope have not materialised. Instead, assisted dying laws have provided relief and dignity to many who face unbearable suffering.

[11:30]

The slippery slope arguments suggest that legalising assisted dying could lead to broader unethical practices such as the euthanasia of non-consenting individuals. However, academic evidence from countries with legal assisted dying shows that with proper safeguards these concerns have not been realised. One author noted that there was no evidence to justify the grave and important concern often expressed about the potential for abuse, namely the fear that legalised physician-assisted dying will target the vulnerable or pose greater risks to people in vulnerable groups. It found that there is no current factual support for the so-called slippery slope concerns about the risk of legalisation of assisted dying, concerns that death in this way would be practised more frequently in persons in vulnerable groups. Strict eligibility criteria, rigorous oversight and transparency are shown to be effective in preventing misuse. One of the most common objections to assisted dying is belief in the sanctity of life, that life is inherently valuable and should be preserved at all costs. While I completely agree that life is indeed precious, this argument must be balanced with respect for individual autonomy and the reality of unbearable suffering. Forcing individuals to endure a painful undignified end can be seen as a violation of the sanctity of their lived experience and their right to make deeply-personal decisions about their own lives. Like other Members, I was moved by the testimony of a Jerseyman whose deeply moving account was published on Saturday in the *Jersey Evening Post*. This view was also communicated powerfully in the Jersey context by Alain du Chemin, a terminally-ill Jerseyman who presented to the citizens' jury in April 2021. Alain said: "What makes anybody think that they have the right to force me to die in a particular way that I do not want? I cannot imagine for one second why anyone would think they have that right." For me, this debate is the second step of a 3-step process. What we decide today will inform the drafting instructions that will produce a law that will be debated in this Assembly at the end of 2025. It is not the final step, there is ample time to ensure that the procedural and safeguarding concerns raised by Members are addressed in greater depth, and I have no doubt that the Assisted Dying Scrutiny Review Panel will pay particular attention to Members' concerns. For myself, I would like to understand more about the training regime for not assessing doctors for those doctors who will assess whether assisted death will be permitted, in particular, details around coercion. I do have concerns about the residency criteria; I feel it is too short. I have concerns about clinical governance which will need to be carefully addressed and I will support the proposition to enshrine the provision of gold-standard palliative care in the forthcoming Adult Safeguarding Law. We have arrived at another crossroads where we can take the path of prolonging suffering or enhancing the dignity and autonomy of terminally-ill people or those who endure unbearable suffering. I believe that we have to respect the rights of individuals to end suffering on their own terms. I too have personal stories about loved ones who have died in distressing circumstances. I have sat at bedsides for days and weeks holding the hands of the dying, hoping for a quick release from pain and suffering, willing the end to come swiftly and peacefully. Sometimes it was a good death, others it was not at all what that person would have wanted for themselves nor what our family wanted for them. I hold very specific views on how I would like my

own death to be managed. Those views are well known to my family and not all of my family agree with them. I do not share the same attitude to death and dying held by some religious believers, particularly that the manner and time of death are for a deity to decide and that interference in the course of nature is unacceptable. My support for this proposition stems from my belief that assisted dying is about embracing compassion, respecting autonomy, and recognising the limits of medicine. It is about providing a humane option for those who face terminal illness or unbearable suffering with no hope of recovery. I believe that individuals should have the right to make the same deeply-personal decisions about their own deaths as they do about their own lives, supported by rigorous safeguards and ethical medical practice. I would like to add my thanks to the Minister, present and previous, together with officers, for a comprehensive proposition, appendix and report. This does not mean that I will support the draft law unless all of the safeguards are in place but I do want to be able to decide upon a draft law in its entirety, one that includes Route 1 and Route 2. It is for that reason that today I shall be voting to supporting the proposition in its entirety. **[Approbation]**

1.1.12 Deputy R.J. Ward:

I know many Members have acknowledged the emails but I think the reason that we are all doing that is because this debate is very different, it has no party lines, it has no Council of Ministers' lines, it has no lines apart from us as individual Members, who have the privilege of making decisions for Jersey, have to make that decision. I replied to many of those emails but I would like to say to those who I have just been unable to, perhaps what I say today would simply have been my reply. So please take that as a reply, and I valued all of those views and read them thoroughly. This is without doubt the most difficult debate and decision we will be involved in in this Assembly. I would just like to roll back a little and focus on why we are here today. This is due to a previous vote in this Assembly to agree the principles, P.95/2021; a vote that I supported. Now it is about agreeing more detail and it is setting up an assisted dying service. As was just previously mentioned very, very well, this draft law will come back in November 2025 and reaffirm the eligibility criteria, for example, so there are more stages to go through. We are asked today to consider 2 routes in the primary legislation; the first is terminal illness. I cannot imagine being diagnosed with a terminal illness and what this means for an individual involved, their family and loved ones, although I have to say a recent experience has brought me a little closer than I have before. I have been lucky. I cannot dismiss my experience of not being in that position, so, therefore, I am willing to enable those who face this circumstance to make a conscious decision about their own life. I want to recognise the importance of control over decision making for people facing terminal illness. One of the first casualties for me on this on our health system can be a loss of control over decisions. To embed choice and control over those decisions at the end of life in our law will be a huge comfort to many. I note from the proposition, and I will quote from it a few times because I think we have to get back there: "During the assessment process the assessing doctor has a duty to ensure the patient is fully informed about all care and treatment options available to the person, before they can be assessed as eligible." I will make that point and emphasise "before they can be assessed as eligible". To those who do not want to make this decision for any reasons, be that religious or moral reasons, this law does not take away the choice to not consider assisted dying. I fully respect the many faiths and belief systems we enjoy in Jersey. I also believe that a faith system should respect those who do not hold similar beliefs; that is the key part of a tolerant and inclusive society. We should remember, and somebody has mentioned this but I will just re-emphasise, we always have the right to decline treatment of any form due to our own beliefs, due to the invasiveness of the treatment or side effects of that treatment. We can do that now. The legislation also states and I quote: "A person who has requested an assisted death may withdraw that request at any point up until the point of administration of the assisted dying substance." There are specific eligibility criteria built into this law and the requirement for capacity in decision-making. There are 16 provisions and safeguards built into the legislation; I am absolutely certain Members have read through, and repeatedly, like myself. That comes from the quality of the speeches that have been made and the depth of knowledge that everyone

seems to be showing and I compliment Members and thank them for that, it has been so important for us as an Assembly. However, there is an important point to point out: "The criteria only apply to physical conditions and do not include mental or psychiatric illness or disorders. Neurodegenerative conditions such as Alzheimer's disease would fall within the physical conditions criteria. However, a person with Alzheimer's would only be eligible for assisted dying if they retain their decision-making capacity." My experience of my father who had Alzheimer's at the end of his life, he would not have been able to make that decision, and I recognise that. There is also a provision for an Assisted Dying Assurance Committee. Among many responsibilities of that committee is to report on this service, and I think it is important we look at this granular detail. This includes collecting clear data on the service itself and, again, I will go back to the report: "The data included in the report will support identification of any trends or potential issues. This could, for example, potentially identify groups of people with similar characteristics who may be more or less inclined to request assisted dying and as such may indicate requirements for changes to existing support or treatment services." There is a self-regulation, a self-identification built into this process and I think it is a very important point. The early monitoring of requests for assisted dying is important to enable the development of tandem palliative care and much has been made of the role of palliative care and the expression that we must improve palliative care before we offer any form of assisted dying. I agree that we need to have this area developed in full. But even with this, I ask at which point that care becomes ineffective of removal of pain and suffering so that many, without this law, would be having to go through that pain and suffering at the end of their life when we can make a choice to enable people to end that when they want to at a point and a way they want to. What is the consequence of the agreement? I will quote again, I do tend to focus on the report because I think that is where we are coming from on this, it is what we are debating. This is quoted from the report and I am afraid, I do apologise, I have not referenced page numbers: "Assisted dying does not replace palliative care and end-of-life care services. A person approaching the end of their life or living with serious illness should be provided the care and treatment they need to maximise their quality of life and minimise any suffering or distress. Assisted dying is an additional choice that some may make because they want control over the manner and timing of their death" and that is a really important part of this legislation. It is very important to me. I do not see assisted dying as an alternative to palliative care, that goes against the very grain of everything I believe in. Indeed, the commitment to this and the incredible dedication of those involved with palliative care must be recognised by us all. By allowing assisted dying we enable those who choose to control their end of life the way that they want. I am not going to address the slippery slope, that has been debated enough, and I think we have our position on that, but I think we need to be careful before we do that. I will get back to what I have written. Perhaps the most difficult decision is around Route 2 - perhaps the most difficult decision - that of unbearable suffering. Again, it is almost impossible to understand being in this situation; I am, therefore, unable to deny those who are the right to their own choices regarding the end of their own life. But we must understand the definition of unbearable suffering; the problem being that this is something defined by the person suffering and it is unique to every person, therefore, there needs to be trust in the individuals and their experience. We all have different levels of tolerance of pain and suffering whatever form we encounter it. Again, I see checks in place, for example, again, from the report: "Where a person has an incurable physical condition, and is eligible under Route 2, unbearable suffering, the co-ordinating doctor's approval must also be subject to confirmation by a tribunal." This is not the decision of a single co-ordinating doctor alone, a very important stage in this process.

[11:45]

Further: "If the co-ordinating doctor has determined that the conditions above have been met", and paragraphs 352 to 358 sum that up, "they will sign a Route 2 approval section of the administrative review form to confirm to the person in writing that the person's request for an assisted dying has been provisionally accepted. The law will provide that a special tribunal must review the Route 2 approval decision made by the co-ordinating doctor and must either confirm or decline that

approval." There is a very important point, they will only review decisions to approve, not to decline, so there is an in-built balance there towards already approval or not given, if you like, a second chance. It may well be the wrong thing but that is where we are. We must consider the area of disability and the question of will enabling this law create pressure on those with disabilities being pressured to end their life. Our society, I will state my belief, creates disability due to lack of access and inclusion. In this context I can try to understand the concerns that this law can create but the solutions to address the poverty of understanding of disability in our society and address this in wider laws around discrimination and we can do this and enable choices around the end of life in our society. The compassionate approach to enabling people with unbearable suffering to end their life. Finally, there is the question of coercion, the pressure to make decisions to end your life. It could be said that this exists around do-not-resuscitate orders and the current end-of-life pathways, which I have read some about and concern me greatly. Paragraph 56 of the report addresses these concerns and there are 4 qualification areas that must be addressed; I will not read them. I am sure people have heard enough to conclude it is in this debate where the personal becomes the political and vice versa. I would want to be able to choose when and how I end my life should I be in the circumstances of terminal illness or unbearable suffering. I would want that choice for my family and my loved ones, regardless of how difficult it will be for me. I want that right for all members of our community for whom I hope the choice never needs to be made. For that reason, as I have stated, I will be supporting all of the proposition, including Routes 1 and 2. **[Approbation]**

1.1.13 The Very Reverend M.R. Keirle, B.A., Dean of Jersey:

I am very pleased to follow the previous 2 speakers and I think that has been an illustration of just how measured this debate and respect for this debate has been since we began it yesterday. I do want to start by thanking the Minister for the very even tone that he set at the very start. I know it is a subject that is close to his heart, as it is to many of us. I do feel I want to take my fellow accordion player, Deputy Tadier, to task, who has just walked in. I feel slightly that he is a bit of a victim of his own argument there. It is very easy to create a parody of a group that we disagree with and then attack that very parody. I think we can do better than that and I think we need to respect all sides of this argument regardless of whether it is religious or not. I am interested to see that people are very keen to talk about religion because I will not be. But Members will know that I do not often rise to speak in this Assembly and you will know that, when I do, I very much see my role as offering a mirror to Members to reflect on the decisions they are about to take. One of the things I found really quite interesting to reflect on, palliative care, for example, is that a couple of sessions ago questions were raised about palliative care with the Minister for Health and Social Services and we listened to the good news that more money would be available for palliative care. It is good news and I am pleased to see that is built into the proposition in various places. But we all knew, as we sat there, that it would be down to volunteers, professional fundraisers, and charity shops to raise the lion's share required to run much of the palliative care in this Island. No one said what a terrible scandal this is that this is not fully funded by the States, what an indictment it is on our society that our healthcare system does not fully provide for those who are in their final days, and that it is the third sector instead who deliver much of it. In the last 7 years, as I have sat here - it feels like 5 minutes - I have no recollection of anyone bringing a proposition to fund palliative care fully. Why is it we have not formed dignity groups to address this or taken surveys of the population or a petition on the government website? Why have we not had a citizens jury on this and brought in ethicists to look at the frankly utter disgrace that is our readiness to leave it to the willing and the wealthy to raise enough money to help assisted living for those who have a terminal prognosis? One might say we have not even got assisted living on track, never mind flourishing yet, and yet here we are today. I offer that as a reflection with an £18 million deficit in the Health budget, a new hospital to build, and issues recruiting medical staff, I cannot see that changing anytime soon. So you need to take note of the priorities argument that was made earlier by the Constable of St. Helier. Some may suggest it is incongruous that we will legislate for people to take their own lives or allow others to do so, with

extraordinary dispatch, really compassionate dispatch, while others wait weeks and months for procedures or operations, or for a consultation for a cancer scare. There is, incidentally, a current waiting list of 10,761 people waiting for a first outpatient appointment. But, with all the arguments that we heard, all the concerns that people have with mission creep and slippery slopes and safeguards, or whether we go Route 1 or Route 2, or concerns that there has been a foot on the scales in the process, it boils down to this, what kind of society do we want to be? That is really what I want to reflect on as you make this decision – you - and I really do not envy you that task in this debate. But I do want to say, be very careful what you wish for, because the obvious answer is we want a compassionate society, and we have heard really compelling arguments for it, and they have been very moving too. We want a society where people can make an informed choice that is right for them. Who on earth can possibly say: "Well, you cannot have that." It is compelling. But I do want to put to you that this is not just about personal ethics and personal choice. This is not just about autonomy. Frankly, we make decisions all the time in this Assembly limiting personal autonomy, often for the greater good. That, among other things, is what a legislature does. It seeks to find the balance in giving people freedom, while protecting the most vulnerable. The Solicitor General made that clear yesterday that the balance is to be had in human rights. So this is not a simple case of looking at the scales of compassion and saying: "Of course it is the right thing to do for the small minority of people whose suffering will be alleviated". This is also about us asking the question what is on the other side of that set of scales. What is the price that we pay? Deputy Miles, excellent speech by the way, talked about residency concerns and compliance issues and those other things which sit somewhere in that balance. I would add that, despite our safeguards and best of intentions, autonomy can be subject to many external pressures, many of which we have no control over, and those pressures weigh differently and heavily on different people, and they will not all be stopped by doctors and tribunals. I wish the concerns that we have were imaginary. I wish that was the case. But I do not believe it is the case. For the robust and the together, yes, this will give them choices based on their rights. For the vulnerable, the bewildered, the elderly, and the voiceless, that autonomy can become something far more sinister, to the point where people do feel a burden and there is indirect social pressure outlined by Deputy Jeune yesterday, and I absolutely support the Deputy's comments on the need for some further thinking around a strategy for the elderly, especially with our ageing population. I certainly hope that comes in before we have the next debate on this. But it would be fantastically naïve to think that people will not come under some kind of indirect societal pressure, especially under Route 2. As a priest, I have seen grooming at every level in 35 years of ministry. I have seen humanity at its absolute best in death and sadly at its absolute worst. As the old saying goes, where there is a will, there is a family. So let us not pretend that this will not impact upon those who are vulnerable or that there is a very real possibility of abuse. It is often hidden. That is the nature of it. Human nature tells us otherwise. While the Minister addressed that in his opening speech, it would take an incredibly robust set of safeguards to protect people at every level, so you need to consider that in this debate. Because I do not believe it is paternalistic or patronising to suggest that some people will not always have capacity to make the right choices, you only have to look at how many older or vulnerable people are scammed out of their life savings to see that people will always seek to exploit others for gain, even around the end of life. Route 2, in my view, particularly will open up the possibility of that much more. You have to decide whether giving some the autonomy they seek to allow them to end their lives is not happening at the expense of other issues on the other side of those scales. Yes, the argument for is being championed by people who are confident and articulate, and in the name of personal choice, there is little risk to those people. But the risks affect those least able to speak for themselves. They always do. We all know abuse is often hidden. So this is not just about personal ethics, but societal ethics. A seismic change in how we understand life, and a huge shift in our understanding of community and those who are a part of it. You need to reflect on that. This is about how we place value on human beings at different points in their lives across different sections of our community and there needs to be an ethical balance that is dispassionate. You need to be confident about that balance and take into account the

wider issues beyond personal autonomy and choice. I would say to this Assembly, as an example of that, 3 years ago COVID came along and we all gave up our personal autonomy and personal choice. Now, why did we do that? It is because we considered the most vulnerable in our midst, and those who were most at risk, and we adjusted our behaviour accordingly. That is societal ethics. I would add that this Assembly led the way in that. So really the question to reflect on there is what has changed, what have we learned from that experience and what would we do if it happened again in the light of what we are discussing today? Another area where I would like to focus your thoughts as we reflect is the impact upon medical staff. I was very surprised to learn that our doctors and nurses will not be surveyed about assisted dying until after this debate. I find myself at a slight loss as to why that is the case, and maybe the Minister will make that clear in his summing up. But surely, above all else, this Assembly would want to be informed about what medical staff right across the board think about this important ethical matter. This will set staff at odds with each other. Yes, there is an opt-out clause. This is a very small Island and what about those care homes where the managers are happy to allow it on their premises, but whose staff may object? There seems to be no protection for the private sector who, out of conscience, may object. At least I have not found that in the document. What impact will this have on current staff levels? Will medical practitioners leave the island if this proposition becomes law? These are questions you need to consider. If staffing requirements cannot be met on the Island, we are told in the risk assessment on page 165 that H.C.S. will look to engage U.K.-based staff to work on a contract basis. Just think about that for a moment. Will that include those who will test for capacity? Many of the capacity assessments for long-term restrictions of liberty are currently being undertaken by local psychiatrists in the Island, and they are paid per assessment. Just think about that for a moment. One of them recently said there is little personal investment in spending time deliberating. That should concern you, regardless of your view on this proposition. I also want to reflect on the drugs that will be used. We were told yesterday that in 3 years' time they will probably be different anyway and we cannot know about them because, if you publish that information, it would lead to unscrupulous use of them. I am sure that is true. So, to be clear, you, the States Members who are making this decision, will know nothing about the failure or complication rates of those drugs that will be approved.

[12:00]

When I asked at the briefing what happens if a person reacts badly to the substances, as everyone's biology is different, the response I received was then they will have a protracted and difficult death. This is not like putting your pets down. For those who think that it is, you might like to know that one of the highest suicide rates in any profession at the moment is in veterinary doctors. My nephew is one and asked him why and he said: "I do 10 euthanasias a week. It grinds us down." You must be careful and reflect that you do not find yourself writing an ethical or moral blank cheque in these intricate areas, especially surrounding Route 2. So I urge you to reflect on these things. So what sort of society do we want to be? In some ways you have answered that question in 2022. We debated the Children and Young People's Law, which now ensures that all children and young people in Jersey will grow up safely, will learn and achieve, live healthy lives, and be listened to. In March of this year, Jersey's Youth Parliament overwhelmingly rejected assisted dying. The vote was 9 against and 5 for, with one abstention. I think that is worth reflecting on as we have this debate. If you really do care about the voices of our young people and that we are not just being paternal and patronising. What kind of society do we want to be? Yes, of course we want to be compassionate, and that is to be applauded. I have been really impressed with the quality of the speeches on both sides of the argument. But it needs balance. We are not, for example, keeping pace with dementia care and there are a lack of resources. We are due a dementia strategy in June that will not include support for patients, families, and caregivers, but we will pay to end your life after you have lived in Jersey for a year. That is an interesting balance to reflect on. It has been said that assisted dying is like an emergency exit. You may not need it, but it is good that it is there. I thank the Minister for that comment. Well, in recent times we have seen emergency exits blow out of some aircraft because

they were not robust enough in design or inspected with the proper frequency. You must be absolutely sure, you, especially with Route 2, that you are not creating a scenario where you are discouraging the terminally ill, chronically ill, from making the most of their lives and instead seeing themselves as a burden. You must be absolutely sure, you, in your desire to be compassionate that you are not creating a system in which people with mental health issues, the elderly, all those other vulnerable people, are not subconsciously urged to end their lives by the very institution which is meant to protect them.

The Deputy Bailiff:

Your time for speaking has come to an end, Dean.

The Dean of Jersey:

Thank you. What kind of society do we want to be? **[Approbation]**

1.1.14 Deputy T.A. Coles of St. Helier South:

It is not always going to be easy to follow the Dean. This is a very personal and emotional debate for us all and I would like to thank all the officers work that they have done to leading us here and all the public for all of their emails and correspondence. Like many others, I have not been able to reply to all as the volume has been so great. I started off when knowing that this debate was coming, understanding this, I supported Route 1 in its entirety because when you get to that point at the end, there is anxiety that comes. When you have been told that you have a fixed time in which you have left to live and your end will be unknown to you, that there is a certain amount of control that we would all like to gain back. I think Route 1 very much provides this for people to help alleviate anxiety so that those last couple of months, days, hours can be as comfortable and as relaxed as possible and people have the right to choose the manner in which they leave. I must admit that when this whole debate first started, Route 2 did provide me with concerns and these concerns all came different ways. Yes, the rights of coercion reared its head, whether people are doing it for the right reasons entered my mind. In conversations with the staff, the policy officers that have put this together, for me the process that comes out of what Route 2 allows covers off where my doubt sat. It was only when a constituent came into one of our constituency surgeries and was telling us their story about an operation that they had on their spine, which had led to complications. The complications led to pain, led to suffering, and it was only by coming to speak to a Deputy that they managed to then get to speak to more people within health that then looked at their situation as a whole package of where it started, because the G.P. was not able to necessarily have full responsibility. The surgery this person had received was done within the U.K. and there was just a mix of what was going on. Now, this person said that they had intended on taking their own life, but had been stopped by the fact that their son had returned home from school 5 minutes earlier than they had expected. Then that made me start to think about there is a whole group of people on this Island who have to deal with the consequences of suicide as part of their roles. These are professionals, whether the police service, the fire service, the ambulance service, and members of the public, members of family who have to discover those who have completed suicide. These people have to deal with that trauma every day. There are many professionals who continuously suffer from P.T.S.D. (post-traumatic stress disorder) because they are the person who has to discover and deal with the situation where somebody has completed suicide. So when we talk about unbearable suffering, because this is what Route 2 targets, it is unbearable suffering, it is subjective to individuals and if somebody is suffering unbearably and they want to end their own life, they will find a way, and somebody has to find them. So, if this unbearable suffering can be approached in a different way, this individual, who Deputy Mézec and I met, not only would their case, when they had applied for an assisted death, their case would have then been reviewed, that all their medical history would been brought to one place where someone may have found alternatives which would have prevented their need to consider taking their own life. They could have found treatment. They were not going

to be cured, but they could have been provided with a way that stabilised them to enjoy the maximum of their life that was remaining. The review panel, in my opinion, I feel it is the right step to take. That somebody is then looking: "Have all these things been considered? Have other things been reviewed?" before someone gets to that point. The 90 days that is required for someone to go down Route 2 allows enough time that these factors can be considered by everybody involved in the process. I feel there is also enough within that 90 days that if people are seeing signs of coercion, seeing one person is constantly there, one person is constantly saying: "Well, you know, you did say this or you did say that", there are points where people are going to say: "Well, there is something that is making me feel uncomfortable right now about this. I will raise my concerns and people can see it." Sorry, forgetting where I was going. Unfortunately, I did not write down the speech because, like I said, I feel that this one is more emotional and I think we need to consider our own rights of choice. So we talk about being a burden. Now, I am somebody who is fiercely independent and I like my autonomy. My wife calls it stubbornness. The fact that I will not let her do things for me. I am somebody who suffers with a bad back and, when I have a flare up, standing up becomes difficult for me. But I still will not allow her to do things for me because I respect my own autonomy. I know my wife would do anything for me but, if I get to my end, I do not want to her to do the things that I do not want her to do for me and I want this to be my choice. I think that by denying anybody their right to choose when they get into that situation, that is not fair. But I also respect that there are people who will not wish to do this service. There are people who do not want this to be their choice, and I also support that. So the fact that this entire process is completely opt-in and not opt-out is where I find my balance with all this. Medical staff who do not think that this is ethical do not have to take part. Medical staff that believe this is ethical sign in to do it. Individuals who do not think that this is right for them, it is not a case that you have to turn down the service, the service will not be offered to you. If this is the service that you think that you want, you will then have to go to somebody to make the start for this process. So, for me, that is the epitome of choice, and that is what we should all respect. So I do urge all Members to vote in support of both Routes 1 and 2. **[Approbation]**

1.1.15 Deputy E. Millar of St. John, St. Lawrence and Trinity:

Firstly, like others, I would also like to start by recognising and respecting the work of the Minister, the former Minister for Health and Social Services, and all the officers who have worked so hard in developing this proposal. It is clearly a very detailed, thorough, and thoughtful piece of work, and instigated, of course, not of their volition, but by the last Assembly. I would also like to thank all constituents who have written, come to surgeries, and asked me to meet to discuss. I think the only thing that I am sure we can all agree in terms of the input we have had from constituents and from the public is that views entirely boil down to a simple matter of for or against. There is very little middle ground, in fact no middle ground to be had in this debate and this decision. Whatever we do today, very large numbers of people would be disappointed by the outcome. I came into politics to make things better. I am sure we all did. Whether that is for the Island as a whole or for some section of our community. We have all taken decisions that have affected lives, hopefully for the better. I believe I have done that both as a Minister and as a Member of this Assembly, that I have made decisions that have made lives better. But this decision, at its most basic, is about the loss of life and in reaching it today we have to decide whether we are making things better. I agree with others that have said this is no place for abstention. If you cannot vote for the proposition, then you should vote against. Equally, if you have to vote against, then you should vote against, as it is for or against, that is clear. I have been very conflicted in this for some time. I have said previously during the hustings that the election, I do not think without necessarily making commitment, but I have said that I support assisted dying in principle. But there are issues that concern me, having read some of the vast number of emails that we have all received. We have, it has to be said, heard some very extreme arguments. So, first of all, I do not believe that assisted dying in Jersey or elsewhere is part of some huge global governmental conspiracy to reduce their health budgets. That is not what people are doing. Nobody

has suggested we are doing this as a means of saving money, and I do not believe any other jurisdiction has done so either. The fact that some quite large jurisdictions have published numbers about what they think it has saved them is a fact that sheltered those jurisdictions. We also have to remember that, while there is a move towards assisted dying, those countries who permit it are still very much in the minority. Others may adopt it, but we are still in the early stages of assisted dying. Part of me, quite a large part of me, struggles with the idea that there are families out there just waiting to get rid of their older relatives. There are some 10,000 people we believe in Jersey caring for relatives. I have met some of them and I have always been impressed by their commitment and they care for their families with love and respect. They do not consider their families to be a burden. We should avoid a situation where family members think they are a burden.

[12:15]

When I was younger, in my possibly late teens and 20s, my parents used to say to me and my brothers: "We do not want to be a burden. When we get old, we do not want to be a burden, put us in a home." They were very clear about that: "Put us in a home." My mum is going to be 88 next week and I can tell you that wild horses would not get her into a care home. She is very independent and she is not a burden by any means. She will be here in June. Please do not tell her I said that. We all respect our elders and our families and, similarly for people with disabilities, in my experience, I have known 2 families within my direct and extended families who have had a significantly disabled child, and that child has been the centre of the family. They have been loved and adored and both families have done everything they can to give that child, both of whom lived well into adulthood, the best life they possibly can. Both families were absolutely devastated when those children passed as adults. But I absolutely recognise the fear and concern which some older and disabled people view the theory of assisted dying. It is important that we ensure there are support mechanisms there for everybody who need it. We do have - Jersey does have - safety nets. We have talked a lot about healthcare, palliative care, both of which do exist to some degree or other, regardless of what our views are in funding. But we also have safety nets through long-term care and income support. Social care is as important as healthcare in this context. We need to make sure that people are provided with and continue to be provided with care, whether that is in a care home or whether it is in their own homes. We do have those mechanisms and we need to work hard to make sure that those continue. Because nobody should ever be in a situation where they are seeking assisted dying because of poverty. We also have to be alert to that and be sure the support is available. However, we cannot ignore issues around coercion. We have spoken in the last few months, in the last year, we have spoken a lot. Some people have spoken very passionately about the report into violence against women and girls and the prevalence of coercive control. Can we really be sure that that will not be an issue in the context of assisted dying? We do have to think about that very, very carefully and make sure that coercion is considered at all stages of the process. I have also encountered families who are not harmonious when it comes to the money of a relative, nor indeed to their care where that person lacks capacity. We do have to be certain that family disputes and the behaviour of families are not themselves a contributor to a decision for assisted death. One of the things that concerns me most is the test for capacity. What that test will be, how it will be assessed, and by whom. I have considerable experience of capacity in my previous role. I was involved in the preliminary work before the Capacity and Self-Determination Law came into effect in 2018 and in its post-implementation phases. I was regularly appointed as a delegate for people who did not have capacity to manage their finances. We have to be sure that people do understand questions. I have been told the story about an older woman with capacity issues who goes to the doctor, who discusses with them at length a possible eye surgery and eye care for their eyes, and they say: "Do you understand?" and the person says: "Yes, yes, I understand." They have the treatment and their eyesight is damaged beyond redemption because they did not understand. The fact that someone says: "Yes, I understand", does not mean that they have capacity and that they do understand the implications of what they are doing. This is absolutely essential that we consider this carefully. What I have seen in the context of people having

delegates appointed, where they do not have capacity, is that we have a medical opinion which says there is a medical impairment, and we have a capacity assessment. The capacity assessments in those cases are often, in fact quite regularly now, done by a social worker. It has become clear that over time, as people have become more familiar with the exercise, it has become not quite a box-ticking exercise, but that people have a toolkit of questions and exercises that they use to assess capacity. Assessing capacity to pay your bills and understand the value of money is quite different from assessing capacity to request assisted dying, and it is essential we get this right. We also have to consider very carefully the impact of pain on the balance of the mind. I had an experience in my 40s of pain, not constant, not chronic pain, but regular and excruciating pain. I know that I had thoughts at those times that I have never had at any other time in my life. Not suicidal thoughts, but thoughts of self-harm. I have never thought that ever, but that is what the pain led me to think about. We have to remember the impact of pain on a person's mental state and we have to make sure that anybody considering assisted dying is given full advice about treatments and that they understand all the options available to them. I would suggest that assisted dying should only be discussed with a patient once all other treatment options have been considered and possibly even exhausted, because of the impact of pain on the mind. It is also important that we consider the impact on families. People have said that this is not suicide. At the risk of treading on the Solicitor's toes, a coroner, in making an assessment or a decision that someone has committed suicide, has to make a finding, and I paraphrase because I have not checked the wording, they have to be satisfied that a person has taken an action, that action will or has resulted in their death, and they took that action with the intention of it resulting in their death. It is not to the criminal burden of proof anymore. But those requirements all happen with assisted dying. The impact on a family of an assisted death may be no worse or may be entirely the same of an unexpected suicide. Suicide is always unexpected, I would suggest. Families are devastated by suicide and I have found that some of the most heartbreaking stories we have heard about assisted dying in other jurisdictions is cases where families say they did not know. The first they knew that their relative was having assisted death was when they had a phone call from a clinic telling them that the relative had died. That is so appalling and we cannot allow that to happen. Families have to be involved in the process and they have to be given the opportunity to comment. Because some families may be devastated. If you know that your relative perhaps has 6 months left to live, you may want to have every minute with that relative that is existing. You may not want them to take an early death. You may want to try to help them as much as you can, and that is often what families say with suicide. If only we had known, we would have done something. It is, however, about choice. We give choice. We take choice away in many other cases. But we have to reflect that we have started a process and once we introduce assisted dying I can see no circumstance in which it will be withdrawn. It will remain and it is likely to extend, as it has done in other jurisdictions. So I suggest that by voting for Route 1 we are also voting for Route 2 because it will come, it will come. The team have clearly done a huge amount to create safeguards and make sure that people are protected as far as we can and that their decisions are fair, voluntary, and settled. But it has also, it has to be said, created a massive bureaucracy. A patient record with 15 documents and numerous assessments. How will someone who is suffering and in pain with a terminal illness cope with that? Really, how long will it take? The tribunal that will consider unbearable suffering, Route 2, has to consider that. That tribunal has to be able to sit very quickly and I cannot put words in the Deputy Bailiff's mouth, but if I was establishing that tribunal, I would need at least 9 people to be sure that it is ready to sit at all times when people need it to make decisions. I do also suspect that, over a period, as many other things with implementation reviews, we will see the process becoming more streamlined with some of the checks and balances dropping out as we become more comfortable that we know what is happening and that people are safe. I think that is almost certain to happen. But, most of all, we need to talk about death. We need to understand what people want. I knew, I have not seen anybody die in a long period of suffering. I knew what my dad wanted at end of life and I knew that made the decisions we had to make at that time easier. It is important that we know what our loved ones want. It is important that we tell them what we want. We can already make

advanced decisions to refuse treatment. We do have to get better at talking about death, being clear what people want and being sure at all stages of our life that we check with them and that they have not changed their mind. My dad always said he did not want to be kept alive by a machine and that he wanted to be cremated. As I said, that made things easier, but at the end it is never an easy decision. But knowing what he wanted makes those decisions easier. It makes it easier for the family. I am not going to encourage people to vote one way or the other, because everybody has to do what is right for them. But we do all have to make a decision.

Deputy L.M.C. Doublet of St. Saviour:

Could I seek your advice as the main respondent, my understanding is that I do not have a time limit on my speech?

The Deputy Bailiff:

That is correct, yes.

Deputy L.M.C. Doublet:

Thank you. My speech will be at least 20 minutes, I would say, so Members may wish to adjourn now and permit me to speak after the adjournment.

The Deputy Bailiff:

I think that Members seem to want to carry on.

1.1.16 Deputy L.M.C. Doublet:

I am happy to, thank you. Before I begin my speech, I wish to clarify that there will be 2 parts to it. I will begin by speaking as chair of the Assisted Dying Review Panel, and I will then give my own views as the Deputy representing the people of the Parish of St. Saviour and as a person with non-religious humanist beliefs. So I accepted the Scrutiny Liaison Committee's request to chair the review panel into assisted dying 2 months ago. I am so grateful that Deputy Catherine Curtis and Deputy Philip Bailhache agreed to form the membership with me and, as you can see from the speeches of both of these Members, between us we hold a diversity of viewpoints on the issue, which we declared at the start of the review and indeed we set those aside. We all have a willingness to engage in constructive debate. We took the task very seriously, and I am grateful to the Deputies and also to the officers, the excellent officers, who worked with us to produce the report. I also thank Members who have read the report and considered it and mentioned it in their speeches today. The Minister's decision to shorten the lodging period, and I understand this given the importance of this issue to him, did mean that as a panel we worked at an unprecedented pace, and I am really proud of the way we have given full and robust consideration to these issues and presented an evidence-based report. We took time to carefully examine the considerable existing body of evidence, including the citizens' jury materials, and I was really interested to hear about that process from Deputy Miles. We considered the in-principle proposition from the previous Assembly, the phase 2 consultation feedback report, the ethical review, and of course the proposition lodged by the current Minister, including all appendices and case studies. Our report focuses in on the key issues and decision points, including safeguards, patient dignity, eligibility criteria, training and guidance, including the detection and prevention of coercion, the ability to object or opt out or to not participate, the importance of palliative care, and other things. I really do hope that the report has aided Members in their deliberations on this issue, and so I ask Members, if they have not had a chance to look at it, it is not too late. Please look at it over the lunch break and factor it into your decision making, particularly the 4 key recommendations. We have several recommendations, but we singled out 4 of them as being particularly important. Members should not simply view the Minister's proposals in isolation. My view is that they are excellent proposals, but no policy is perfect. So some concerns that have been raised about the political leadership in this area, and particularly following the review hearing, which we carried out, which I invite Members and the public to view online and make up

their own mind, to be fair to the Minister, perhaps that was as a result of the short time since taking up office. I now understand, following further dialogue with the Minister and speeches from other Members, that he has maintained the position of the previous Minister, and I thank her also for her work and the group of Ministers who were directing policy on this.

[12:30]

This is a really good example of how, when it matters, we can progress things in the best interests of Islanders across political divides. I would like to respond to a point raised by the Minister in his opening speech around the ethical review and Route 2, and it was not simply the advice of the ethical review where they advised against Route 2, it was not simply that that caused the panel to question its inclusion, it was the inability to provide an adequate explanation in terms of political leadership and the rationale for including that. I had to present that as evidence. I had to present the evidence as I found it, and indeed as the panel saw it. It must be noted that this was one of the findings included in our report, and the Minister has since provided this rationale in his response. Again, Deputy Miles urged Members to look at that response from the Minister, because the Minister has accepted all of our recommendations. I listened to the Minister's speech yesterday and again he gave a good defence of Route 2, and I hope that he will be able to further focus in on that in his summing up. I want to point out to Members at this point that in the process of undertaking this review I decided, despite my own personal beliefs, which Members know I am a humanist, and I will come to that later, despite my personal beliefs, if the proposals that I was scrutinising did not stand up to that scrutiny and did not safeguard vulnerable Islanders and uphold the dignity of those who are suffering and dying, that I would be prepared to vote against them and I would have absolutely made that call. Scrutiny, as we know, is a process of identifying gaps, and we did identify some, one of which was the rationale behind the inclusion of unbearable suffering, or Route 2, which I have discussed. This is a normal part of the process and our recommendations within our report serve to plug those gaps. I will reiterate, the Minister has accepted all of the recommendations that the panel have made. So I feel that now the Minister's proposals, which contain the expertise of the officers who have worked tirelessly on this for I think over 2 years, and all of the consultation with the public, who we are here to represent, together with the Scrutiny review and the recommendations, I think this leaves the Assembly with something which is robust and which gives solutions to many of the big questions that I know Members shared with the panel. Some of those questions, as I said, feature in our 4 key recommendations. Those are what we felt were the most important issues. One of them was tackled by our amendment, so this focused on the ability to not participate in the provision of assisted dying. We clarified this so that any kind of participation can be declined, no one would ever be forced to participate in the provision of assisted dying. I want to thank Deputy Bailhache for raising that issue and his ability to analyse the law was where that was identified. So those with deeply held beliefs against assisted dying will be protected from having any part in it, and I thank the Minister for accepting that amendment. Another of our key recommendations was the location of assisted dying. A panel member felt that those who did opt for an assisted death should be able to access this in a location of our choice, and we were persuaded that this was extremely important. We have 2 other key recommendations, and both of these recommendations require the Minister to take some action between the debate today and the debate on any legislation that comes forward, and we have asked the Minister to take this action and to provide accompanying evidence of that action no later than 2 months before any debate on the legislation. Again, the Minister has agreed, he has committed to do this in writing in his response. So, of these final 2 key recommendations, the first focuses on palliative care. I would really like to hear more on this today, not just 2 months before the legislation, but today, please, from the Minister in his summing-up speech. He did touch on it in his opening speech, and he commended the hospice care that is available locally. I absolutely echo that. But I think it is clear this is a significant concern, so I would like to hear more on that from the Minister on how he is going to address this key recommendation and his confidence in delivering that evidence to Members before the legislation is debated. So we have asked that he should publish a plan to

evidence the quality and availability of palliative and end-of-life care in Jersey. So that will be a separate document. We will have that 2 months at least before the debate on the legislation. That gives me confidence that the Minister has accepted that. Our work will not stop. We will be scrutinising this. We will not be complacent. I have heard Members' views on this and I have heard the views of the public that this is absolutely critical, so this is something that we will be focusing on in our ongoing work. The final of these 4 key recommendations, and it is the other one whereby we have asked for information to be delivered to Members, to the Assembly, no less than 2 months before the debate on the legislation, it is around coercion. Again, I know that Members share this as a key concern. We could not see, within the documentation, details on how this would be tackled. So I looked at one of the appendices was details of the training. There was not information in there on how the identification and the prevention of coercion would be accounted for in the training. So we have asked the Minister to provide that to evidence how that is going to be accounted for in the training of anyone who is providing assisted dying. Again, the panel will follow up on this. The Minister will not be doing this work in isolation. Scrutiny will be there as a critical friend. That is our core function as part of this States Assembly. I give my commitment to continue doing that work. I would like to touch on something that I think more than one or 2 Members have said and the phrase was that there is no going back. I want to counter that by looking at the proposition. We have the main parts of the proposition and then there is an appendix, which has I think possibly 19 parts, possibly more. It is number 17. If Members can turn to that if they have it open, so number 17 gives the Jersey Care Commission absolute authority to shut the assisted dying service down in the event of any hint of any potential failings. Again, I have confidence in that body. That assurance, to me, is there that if any kind of issues are identified and at any point in the process, it is a cancel clause. The service would be stopped by the Care Commission, whether we liked it or not. That power would be within that body. So there is a way to go back there. Where there really is no going back is if somebody is suffering and they are allowed to die a horrible death. I would like to take my Scrutiny hat off now. I think it is time to do that. But, again, I would urge Members to have a look at that report, please, if you have not done so and you do have concerns, have a look at the report over the lunch hour. Because, as a Scrutiny Panel, I think it is fair to say that we have very high standards of this Minister and we have expected high standards and we will continue to expect those as we continue to scrutinise this area. So, my Scrutiny hat is now off, and I think Members are aware that the Minister and I, in terms of our political views on this, are in alignment. I thank him for continuing this work and for bringing it forward today. I am a humanist and people often ask what this means to me. My humanist beliefs mean that I have a deep concern for my fellow human beings. I strive to live a full and meaningful life and I determine my own values based on reason and empathy. It also means I am committed to helping others do the same. My humanist beliefs include each individual human being has an absolute right to live by their own personal values and the freedom to make decisions about their own life, so long as this does not result in harm to others. Humanists feel a responsibility to their fellow humans and act, not just in their own best interests, but in the interests of wider society. Humanist U.K. and the Channel Islands Humanists have been campaigning on this issue for that very reason, and I thank them for the work that they do representing non-religious Islanders. In particular I want to thank Nathan Stilwell, who has worked to represent Channel Islands Humanists and his compassion and expertise has, I know, been very welcome. But it is not just the humanists I would like to thank. Other Members have done this, but I genuinely am so grateful to see the engagement and the campaigning on both sides because it has helped me to fully understand what people think about this. In Jersey there is a level of apathy, and that is often what is missing. We do not have that campaigning and that engagement and it is so critical. With each email that has come in to my inbox, and there have been many, I have not responded with my views during the Scrutiny process because I was resolute in keeping a neutral head. But I have read those emails and in terms of my own views I have tested my thinking and I have tested my own views and my own beliefs, my deeply-held beliefs. I have weighed and measured them. I thank the members of the public that have taken the time to communicate with us so that we could give that consideration to

their views. But there is something that factors very heavily in my thinking, not just in Scrutiny, but when I am considering issues as an individual Member, and perhaps it is because of my background in psychology and my training in using statistical research methods. But I give a lot of weight to statistical evidence, and I think we all should. I have 3 main points that I would like to make, and the first of these points is statistical evidence shows that the people of Jersey overwhelmingly support both routes of assisted dying. Our inboxes are not representative. People who oppose these measures have been motivated to write in, but we must also consider the silent majority. We have a duty to represent those Islanders and to take their views into account too. The gold standard in terms of determining what our population wants can be found when statistical methods are used, which are based on representative samples of the population. So that means a group of people, whether it is for a focus group, a smaller group, or a larger sample, a dataset, where that group of people represents broadly what our population looks like, it is that kind of data that we can use to understand what the people think. There have been many U.K. polls carried out, which we are very much like the U.K. and we can give some regard to those. But we invested a lot of money into a process which was a group of people selected who were broadly representative of our population, and that is the citizens' jury. The citizens' jury, 78 per cent were in favour of both routes of assisted dying. Another figure was quoted earlier by a poll which was carried out recently. I think it was by Island Global Research. I analysed some of the demographic information which they very helpfully provided alongside it. I would have liked a bit more and I may ask them for the raw data for the Scrutiny Panel. But when you look at the demographics of the people who completed that poll, and it was a self-selecting poll, so people could opt-in to it.

[12:45]

It was sent to their whole database, I believe. So 61 per cent of people who completed that poll, I think it was 577 people, 61 per cent of people were in favour of assisted dying to some degree. So that is a majority of the public. But when you look at the demographics, there were nearly 60 per cent, I think 59 per cent of those who completed that poll declared themselves to have Christian beliefs. So we can deduce from that that, given that that sample was hugely over-representative of those with a religion, that it is a lot more than 61 per cent. To me, that is a majority, that is enough in itself to listen to that majority. But it is going to be a lot more than 61 per cent. I will remind Members that only 39 per cent of Islanders have any religion in our Island. That data comes from the J.O.L.S. (Jersey Opinions and Lifestyle Survey) survey, which is statistically robust, as it is based on a sample which is representative of our population. So I am convinced that our citizens want Route 1 and Route 2, and that is the evidence that has convinced me. The second point I would like to make is Route 2 is safe. I am confident of that. There are extra measures that do not exist with Route 1, additional waiting periods. There is a tribunal, a likelihood of more assessments and scrutiny. Again, in the materials that we have been given from the Minister, there were several case studies. Again, I thank him for this because I found those case studies so helpful. I read them first, I went to those and they really ironed out some of the concerns that I had. Again, if Members have not had a chance to read them, please do so over the lunch break. It is not just one or even 2 doctors who are the gatekeepers to accessing Route 2. It is a multidisciplinary team. There would be also a nurse and a social worker and any other relevant allied health professionals. Again, we have this clause that says if the Jersey Care Commission has any concerns it can be shut down. I would urge Members to err on the side of compassion, given all of these safeguards. I have been told by people who are experts on this and understand the international context that what we are doing in Jersey and what the Minister has put before us today is excellent and we should be proud of it and that it is safe. I ask, if somebody did want to take advantage of somebody vulnerable, why would they do it in a way that would get 2 doctors, a psychologist, a social worker, a nurse, and indeed the States involved? I just do not think it would happen. Thirdly, apologies, I do not usually make speeches which are this long. The last thing I would like to talk about is suffering. I think it has been mentioned in every single Member's speech today, and this is our principal concern. If we do not approve Route 2 today,

people will suffer. People in Jersey will suffer. Why should we enable somebody with terminal cancer to have a dignified end while, for example, a citizen with multiple sclerosis we would force them to suffer. Do we have such short memories? I recall the previous debate, which had a similar tone to this debate. It was respectful. It was deeply considered. But we were also informed by the prominent voice of Mr. du Chemin, whose husband had passed away, and indeed I think we should remember him today because it was around 3 years ago that he passed away. He spoke so eloquently of his husband's suffering. I think that touched on Members during the debate because it felt very real to us. We can feel that we are so removed in this Chamber from the people that we represent and what I would like to do is humanise this debate. So I spoke to a woman yesterday outside the Chamber whose husband had died in terrible pain. I could see her own pain on her face, she said there was no medication available that would alleviate his suffering. He had to endure that suffering. I feel it is akin to torture. Why would we force anybody to die like that when we have the means to prevent it? Another Islander that I have spoken to unfortunately has Parkinson's disease in their family and has been diagnosed with it themselves. Their words, their direct words, are: "As someone with a degenerative disease and having seen my father express that he was glad to get terminal cancer rather than degenerate further with Parkinson's, it is about having the choice. For me now I cannot imagine using the option, but to know it is in my back pocket, if I were to need it, is reassuring and supportive." How can we endorse a situation whereby our laws mean that one of our Islanders with a condition like Parkinson's is grateful for a terminal cancer diagnosis? It is, quite simply, inhumane. I know that it is hard for us to understand what unbearable suffering is like, and we must listen to these stories of others, but also I think we need to imagine it ourselves and we have all suffered. Suffering is a universal human experience. I think we can all recall a time when we have suffered and I would like Members to do so now, as a thought experiment, think back to your worst experience of suffering. Now imagine that suffering is at a level where it is unbearable. It might come and go, and it might be varying levels of physical pain and discomfort. It might be partly alleviated by medication. But we know that not all physical suffering can be. That suffering, I ask Members to imagine that suffering is too much for you to endure. It is beyond anything that you can tolerate. It is hard to imagine because our psychology is such that we find it difficult to imagine such suffering. But it is happening right now to some of our Islanders and we have an opportunity to act for them. We have a duty to act for them and to alleviate their suffering and to alleviate future suffering. I was moved by Deputy Coles' speech, and I would ask Members to do what Deputy Coles has done and to reflect not just on their own suffering but that potentially of their loved ones. Again, it is hard to do so, but I believe that we are making decisions for our Islanders, we must be able to confront what we would do ourselves. This morning, as many Members will have done, I woke up next to somebody who I love very, very much. As this work often occupies every waking moment, my first thought upon waking was what would I want for her if she was suffering unbearably at a level she could not tolerate. If she had capacity to explain to me what she wanted and was pleading with me to help end her suffering, if Members have not gone through these thought processes to test their thinking, as awful, as horrifying as these thoughts are, we have a duty to think at this level, because these experiences are happening to people on our Island and these are the choices they are facing. But, at the moment, there is not a choice. We are limiting their choices because our legislation does not allow for it. Currently, the people that we share this beautiful Island with do not have the option to choose when and how they die, if they are unbearably suffering. If individuals do not want an assisted death, then they should not have one. They should also not participate in the provision of the service if they do not want to. But nobody should take away my choice or the choice of anybody about their body. This is about my life, my body, my autonomy. It is about the choice of my loved ones. I am asking Members to not force others to suffer unbearably or to watch those they love suffer unbearable pain. I understand there are deeply held beliefs and the Dean and I, I think, we have more in common than we have than differences because we both have deeply held beliefs. But legislating for the beliefs of those who are against assisted dying will result in the continuation of suffering, and there is absolute certainty in that. We must listen to what the public want. They want both routes.

We need to act with compassion for those in our Island who will be suffering in a way they feel they cannot bear. A final point, which has arisen as I have listened to Members. One of the points made has been around resources and Members have asked why are we doing this when we are apparently unable to resource some of our other services for the living. Firstly, the public have given us a very clear direction to do so, but ultimately it is because people are suffering. When we are weighing up values, and Deputy Gardiner mentioned this, we are weighing up the potential of harm that might be caused if we have this legislation in place versus real suffering that people are experiencing today. Why should we do it? Because people who are suffering, people who are dying, they matter. I ask Members to please hold them in their minds when they make their decision today and support the proposition in full. **[Approbation]**

The Deputy Bailiff:

Thank you, Deputy. Is the adjournment proposed?

LUNCHEON ADJOURNMENT PROPOSED

The Deputy Bailiff:

Are Members content to adjourn until 2.15 p.m.? The Assembly stands adjourned to 2.15 p.m.

[13:00]

LUNCHEON ADJOURNMENT

[14:15]

The Deputy Bailiff:

The next speaker is Deputy Moore then Deputy Renouf.

1.1.17 Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter:

I was pleased to follow the chair of the Scrutiny Review Panel, who gave a very eloquent speech outlining the very thorough nature of their comprehensive review, which, of course, was taken in a short timeframe, given the restrictions placed upon it. Yet, I do still have some doubt. That doubt is due to a number of factors which I do not feel were considered in the report, and which I will outline. Also, alongside the polling, which I welcome, the views of our Youth Assembly also need to be taken into account today. I am grateful to the Dean, who so helpfully reminded us all of their views. Doubt can affect us and every Islander on many issues. The standard advice for anyone experiencing doubts is of course, and particularly on a serious matter, if in doubt, do not. Unlike the Constable of St. Helier, my position since 2021 has changed somewhat. I share many of the concerns that he identified in his excellent speech so I have shortened my own, you will be grateful to hear. I consider it important to place on the record my reasons for changing my stance. I understand the need for choice, but I also believe that we have to take decisions here on our own conscience. Today we have to be absolutely clear that when we have doubt to make sure that we do not hold any doubt when we move to a vote today. In 2021, I stated that I would want to be assured that appropriate safeguards would be in place. I am afraid that my concerns outweigh the arguments for moving to the next phase of introducing this legislation. Having reflected deeply, and after reading the detail of the proposition before us, plus many other related papers, and of course the many emails we have received, I consider that we have to get our own house in better order before taking this step to deliver a new and a complex service. It is important to remind Members that many of the members of the citizens' jury themselves changed their minds during that process. Dr. Alexandra Mullock, senior lecturer in healthcare law and co-director of the Centre of Social Ethics and Policy at the University of Manchester assisted the citizens' jury process. She was quoted to observe: "I was quite surprised by the outcome of the citizens' jury in Jersey. They had many hours of very balanced evidence from campaigners, religious groups, and doctors. They heard evidence about the law in lawful jurisdictions. I was very surprised that they decided they wanted to take quite a permissive liberal

approach, based on the concerns that they had heard. That is not my position. I feel quite worried about what has happened in some places like Canada and the Netherlands." Like the Constable of St. Helier, I believe it is important to consider the time it will take to draft legislation and go through that process. Time should instead be spent, in my view, ensuring that the 61 recommendations of the Mascie-Taylor report on clinical governance are met. The Dean mentioned the difficulties that some practitioners have in conflict that may arise as a result of the legislation being brought in. The Mascie-Taylor report made it quite clear that relationships between senior healthcare practitioners are already quite strained enough. There are also the findings of the Royal College of Physicians report on our Rheumatology Department and the learning that must be dealt with. Just today in reporting, the patients of our Rheumatology Department have begun to receive letters informing them of the next steps. *Bailiwick Express* quoted from the Royal College of Physicians report: "The report revealed a lack of governance, not just in rheumatology but across the healthcare organisation." Yesterday, we agreed to the Strategic Plan for the next 2 years. The refrain of the new leadership has been that they want to focus on carefully selected work that the organisation of Government is able to deliver within its current size and scale. Yet this, the next item, is to add a new service with additional cost; yet another in a string of contradictions. Just yesterday, in Oral Questions, the Minister for Health and Social Services claimed it is all about money. It is very clear that the focus should be on improving the ability of Health and Community Services to provide the best quality of care and assurance of standards for patients within our existing services. This debate is, of course, about offering choice and an alternative to suffering, but we do have to be practical in what are challenging times. As one doctor who has written to us reminds us: "Members of the public and the voluntary sector have invested time and energy in producing the suicide prevention strategy, the dementia strategy, the neurodiversity strategy, and updating the Mental Health Improvement Plan for the Island, but there is no money for this work." Last year, the previous Minister for Health and Social Services successfully negotiated an additional £56 million for the health service and began a financial recovery plan to ensure that money was spent carefully and within an accountable framework when delivering care for our services, after the turnaround team discovered what they described as "uncontrolled spending in this our biggest and highest spending department". Trust is an issue that needs, as we all know, to be built. There is considerable need to improve trust of the public, and particularly among our elder population. As Members have acknowledged, there is a theory that this proposal is an attempt to save money on care for the elderly, as our population in the over-80s grows. While I do not believe at all that that is the case, I do understand why some people feel like that. At a time when it is important to build and improve trust in public trust and confidence, supporting that proposal will cause potentially further erosion of trust. We need to continue our work to build that trust and confidence in our Island's institutions, particularly those of the older age group, who feel that this is part of a saving exercise. Canada, as many have pointed out, has openly suggested that the introduction of their assisted dying service had indeed brought down their spending on healthcare. My grandmother spent the last 10 years of her life largely bedridden after losing the use of her legs. Despite her limited life, her reliance on carers, who patiently moved her pillows and turned her on request, she was able to keep up with family events, provide sage advice, and shortly before she died she held her first great-grandchild. Although our conclusions differ, I agree with Deputy Jeune's comments about the importance of care and protection for our older generation. They are not burdens. They have wisdom to share and should live in the knowledge that we are grateful for their contributions and the way that they have formed our society. Investment is required in our existing health services and the assurance of quality of those services. Jersey should and could be a beacon of good practice, a place that creates blue zone status due to the quality and longevity of Islanders lives. That requires further time and great investment. We are, in my view, not ready to adopt the proposition today. **[Approbation]**

1.1.18 Deputy J. Renouf:

I would like to start as others have done with some thanks. I want to thank all those who have been in touch with me personally or with Members generally. It has been exceptionally informative and helpful to hear a wide range of views and be provoked to consider the questions raised by the proposition from many different angles. I want to thank the officers who have developed and guided these proposals with exceptional patience and calmness. I want to thank the Minister and previous Ministers for their work in bringing forward these proposals with great care. I want to thank everybody who has spoken in this debate, because I found it exceptionally informative and illuminating. I want to say a few words about where I stand on this. My first point is that I am satisfied that it is clear from public consultation that there is strong public support in the Island for assisted dying, in principle. Put another way, not a single survey or poll has shown majority opposition to assisted dying; not even close. That is my starting point. I make that point, notwithstanding the volume of correspondence we have had from opponents. However, even if it is right that the public at large does support assisted dying that does not get us that far. We have before us detailed proposals and while they need to be assessed in the light of public support for the principle, that does not guarantee that these particular proposals should be voted through. We still have choices to make. Let me say where I stand. My speech is on the theme of balancing risks. There are no absolutes here, in my view. There are balances of rights and risks. I believe that on the balance of risks, we should support Route 1. My reasons are that it can be tightly drawn, restrictive in scope, and clear in implementation. I take note of the moral objections passionately made, but I am of the view that they are outweighed by the case for allowing those who face an agonising end to their lives to have a way out of their own choosing. No one who is morally opposed to assisted dying need participate, either by choosing an assisted death for themselves or by assisting someone else's death. Neither do I think the so-called slippery slope argument carries much plausibility in the case of Route 1. The metaphor of a slippery slope is clear; it implies a loss of control, an accidental or unintended extension of the right to die. However, Route 2 cannot happen by accident if we adopt Route 1. It cannot happen, as we have heard from the Solicitor General, by judicial command. It cannot happen out of sight. If we are to go to Route 2 in the future, it will only be possible after a debate in the Assembly. If this debate is anything to go by, it will be proceeded by the fullest and careful consideration. There are arguments against Route 1, but this is where the question of balance comes into the equation. One argument is that health professionals are opposed. But society is divided on this. It is not surprising to me that medical staff have different views as well. I do not think that should constitute a reason for a veto. The main argument used against Route 1, it seems to me, is that safeguards might fail. There is a slippage in the arguments that are used against assisted dying in this case. To take one example, it is argued that it is possible a terminal diagnosis could be in error. Indeed, in theory it could, but the argument that a terminal diagnosis could be in error does not mean that it is a realistic possibility in cases where assisted dying is being requested or that will lead to an assisted death.

[14:30]

Remember 2 different diagnoses must be given, with the second one being given by a doctor independent of the first and without seeing the assessment of the first. These diagnoses will be written within 6 months of expected death. If there is uncertainty about whether death is more than 6 months away then assisted dying will not be possible; one year, of course, in the case of certain conditions. There are exceptionally rare circumstances in which people have been told that they have a limited life expectancy who end up outliving the projections. However, they are not likely to be relevant in the case of requests for assisted dying. Once you get within 6 months or less of death, the range of possible outcomes shrinks dramatically. The certainty of death and the accuracy of predictions about its timing become greater. Deputy Howell gave examples of people who have been wrongly diagnosed, but those cases were not diagnosed in the context of assisted dying. They were not subjected to the kind of intensive analysis that will be required under the proposition. What is

more, it is clear that people do not choose assisted dying simply because of a diagnosis. As one doctor writing in Jersey put it: "The urge to live is very strong." I am sure we all recognise that. People do not take up the option of assisted dying unless they are in great pain. That happens close to the end, when the diagnosis is all too certain. There may be a vanishingly small possibility of a mistake, but that has to be balanced against the other side of the equation, namely the pain that will be caused by denying assisted dying to those in desperate need. I know for some opponents of assisted dying there is no other side of the equation, because there is no circumstance in which choosing an assisted death is morally justifiable. I respectfully disagree. We do have to balance these 2 sides. When you do, the balance, it seems to me, lies with allowing people in desperate pain the chance to choose the time and manner of their death. However, I do have reservations about Route 2. Why not go to the next stage? It will take a lot of effort to develop the processes and procedures and organisation around Route 2. There are exceptionally complex moral and practical issues that are engaged around Route 2. I worry that it may stretch the process of designing the service. If we pass Route 2, the risk is that we find ourselves quite quickly in very complex and controversial cases. I return to my point about the balance of risks. Route 2 is more complex and the balance is much harder to weigh. There is a potential for slippage. The exercise of one person's freedom of choice could have wider implications for society, in terms of valuing lives, for example people living with severe disabilities. As Deputy Bailhache said, the ethical review is relevant and important in this context. The other issue that weighs on the scales is the issue of safeguards. Route 2 opens up potentially exceptionally complex cases. The design therefore of an assisted dying service that offers Route 2 is going to be complex, requiring considerable effort and resource and many difficult judgments. I have to say that there is an interaction here with the issues of clinical governance and clinical standards and resources that are currently affecting the department and with the Ministers response to them. I could go into that in more detail, but Members will understand the issues to which I am alluding. In summary, I would rather all the effort went into getting Route 1 right, given the issues with which the department is already struggling. Given that there are significant and well-argued risks around Route 2, I ask myself: what is the greatest risk if we do not pass Route 2? That is clear. The risk is that some people who are not yet dying but are suffering incredible pain they regard as unacceptable may find themselves unable to access assisted dying. We have all heard, and it has been referenced several times, from at least one Islander in this category in the run up to this debate. That is an agonising situation and a very difficult choice for us. I try and put myself in that position and I strongly suspect I would want a way out. But it is a balance. I have in mind that we will retain the right to amend the law. If these cases are surfaced and the cases are strong, we can revisit. It will be agonising for those who are currently in the Route 2 camp if we do not go down that route, but, again, we must weigh the risks, because this is not a decision that can be taken on its own. We have to consider that what impacts one person's freedom will have an impact on society as a whole. On one side is the view expressed most powerfully by Deputy Doublet that we have a duty to ensure that those in pain do not suffer. I note the view expressed by a practitioner of assisted dying in Australia who addressed a meeting of States Members some while ago now who said that the hardest thing she had to do was say no to someone who wanted to die because they did not meet the criteria. We have to accept that we cannot satisfy all the demands for assisted dying. Even if we pass Route 2 there are categories excluded, people who would like the choice. Even under Route 1 some people will be turned down who may feel they should be able to access assisted dying. We cannot end all suffering. As I have said, in the case of Route 1 the balance is clearly in favour. "What kind of society do I want to live in?" the Dean asked. One where terminally ill people in great pain can choose their own exit. Unbearable pain is much less clear. I note that the jurisdictions with the rules and regulations I most respect, such as different states in Australia, have assisted dying that aligns most clearly with Route 1 and do not allow Route 2. To sum up, when I was much younger, I did a bit of rock climbing. I was very bad at it, but I did learn that in climbing I found that if you took a step into the unknown, which climbing often involves, you make sure of your footing before you take the next step. Let us take the first step to Route 1 and then get our feet on firm ground, find

a secure footing. We can always move forward again. The balance of risks suggests that Route 1 is clear, but Route 2 has too much uncertainty.

1.1.19 Deputy A.F. Curtis of St. Clement:

It is hard to follow many of the speakers today who have given so much time in understanding the area, as all of us hopefully have. I will start, like other Members, by thanking those who have contacted us sharing their wide range of perspectives. Standing Order 104 does mean we should not be repeating ourselves. It is hard in particular to follow the clear points made by many speakers on both sides, especially hard to follow Deputy Renouf with his clear description of the balances of risks of what is before us. For me, this is a brief period to put my comments and perspectives on paper for those who have contacted me, who want to see where I have evaluated those risks versus those rights. I do not approach this completely afresh, despite not sitting in the Assembly last time. I provide weight to previous States Assembly in-principle decisions, which were made with a body of evidence behind them, including the citizens' jury. That is not to say we should support a blanket approval, but it does carry weight. I also thank Deputy Tadier for reminding us that this is a debate. This is not necessarily a chance to just rehearse our points. I do think it is right to touch on comments around the priorities of Government and funding within this. Some Members have commented that the state of palliative care funding, the challenges within the Health budget itself, are reasons not to pursue even legislative drafting. Some have commented why even officer time in drafting what we have has been undertaken. It is clear that the Assembly took an in-principle decision to pursue this work, so now is not the time to consider in retrospect whether the work undertaken to date was valid. In my view, it was. Secondly, to those seeking greater funding instead for palliative care or end of life, and the Dean has made clear points about the reliance on the third sector for palliative care and the great work hospice and other charities do. I heard this perspective often from parishioners and Islanders, but we have to remind ourselves that no amount of palliative care will address a torturous end of life that some go through. Duty has been a clear topic and often a divider between those who can support Route 1 only or Route 1 and Route 2. Again, it has been questioned whether it is a fundamental change in society's beliefs we are taking, although I do not entirely agree. The Minister for Health and Social Services was clear that the ambition is to be a society that cares for the rights and pains of our Islanders. I do think, and it was summed up clearly by Deputy Renouf, that the balance of risk is far clearer to Route 1 than Route 2 and that the duty on those who have an indefinite life expectancy to be here or may feel a burden is still not clear enough. I do want to pick up, in the fashion of this being a debate and a chance to respond to each other, one example Deputy Warr gave of a bereaving family member feeling how could their parent choose this path. I do want to highlight, without any place of opinion really about that Member, that in that case, again, that is a duty the family member expected on the person who wished to pursue their choice of end of life. They felt it was a duty to live, not a duty to die. It can be viewed from all sides of relationships. I will make it clear that while considering strongly the ethics within this, I do not consider religion or belief should be taken in making this matter. The secular nature of this Assembly should be clear and I am comfortable with the safeguards provided, including through the amendment provided, that those who do not wish to take part in the provision, whether clinical or administrative, of the service will not be compelled to. Touching further on safeguards, many correspondents have highlighted they do not ever believe safeguards could exist. While I respect this position, we have heard potentially the comparison to capital punishment. Just a clear comparison between those who are clearly perhaps saying they do not want capital punishment against themselves versus those who have gone through the rigorous process outlined in the proposition of 2 independent assessments, appeals on either side to the Royal Court, does not make that, to me, an equal comparison to make. I am reassured that any legislation brought forward will not include regulation or order-making power and that our primacy of the Assembly is far different to those in other jurisdictions, such as the example made about Canada. The slippery slope has also been addressed and, to me, we have to judge what we are voting on today. Any change will be addressed by this Assembly and not by one person. It will always be for elected

Members to make that decision and then be held accountable for it. On the right to choose, many who have written to me support the right to choose. This is hard to disagree with in some circumstances. Many write about the right to choose in far wider ranging circumstances that even we are debating across Route 1 and Route 2 today. We also hear from those who describe how perhaps their loved ones have gone through what one might call an ideal end of life condition. So they question the need. We know that not everyone is so fortunate in their end-of-life journey. What choice do they have to have family around them, to have some limited use of their body or their dignity? Finally, I would like to thank again those who have been in touch and, in particular, without naming a parishioner, who invited me into their home only the week after they withdrew from medication of a terminal illness. While talking to her, she clearly provided many arguments and often candidly expressed experience of her diagnosis and that what she wanted to do was maximise her end-of-life quality. She wished the route was available as she highlighted that knowing the pathway was there would bring further comfort. I was very sad to read that she shared her news with ITV news, who reported she passed away last week. My thoughts are with her family. **[Approbation]**

[14:45]

1.1.20 Deputy R.S. Kovacs of St. Saviour:

First and foremost, like others, I extend my heartfelt congratulations to all who contributed to that comprehensive report on assisted dying. This report is testament to the collective effort of numerous individuals, including the public, who actively participated in the process through emails, meetings, representations, expressing their views, both in favour and against the proposition. I did not get the chance to reply to all the large numbers of emails coming in either, but they have been appreciated and their content has been noted, helping balance on my decision today. The report on assisted dying is comprehensive and emotionally charged. The topic of life and death is deeply personal and affects us all. The citizens' jury's involvement, the Minister for Health and Social Services and previous Ministers and departments contributions are noteworthy. The report also sought input from various clinical professional organisations and considered international perspectives. Substantial research has been conducted to inform the Assembly's decision. Given that there are a number of new Assembly Members since the last debate, it seems appropriate to revisit and to redebate this issue, which I am glad to see we do. It is crucial to consider all aspects carefully, including protecting the vulnerable and the value of caregivers in our community, along with alleviating the suffering for many at their end of life or in agony. In one way or another, we have all experienced the death of loved ones, some in more peaceful circumstances and others in more distressing situations. Personally, I have had close relatives who passed away after suffering from multiple strokes or cancer at different stages. Throughout it all, our family recognised the value and importance of their continued presence in our lives for as long as possible. We strived to help them see the worth of life surrounded by love and all the support possible, even during their most challenging moments. Aside from alleviating the prolonged suffering this proposition would bring for a few of those suffering, whom I deeply empathise with, we also need to consider the potential issue that may arise if such a service is introduced. Therefore, I will try to highlight a few. Firstly, during COVID-19, we rightly prioritised protecting the vulnerable and the elderly to ensure their health and safety. Secondly, many people have dedicated their professional lives to giving care and comfort as well as caregivers who, whether paid or unpaid, provide 24/7 support for many in our community who are increasingly reliant upon them. The emotional attachment and value that caregivers contribute on a day-in day-out basis is not always appreciated and valued enough. It is not a measurable outcome for accountants or someone who can get figures. In Deputy Ferey's speech, we heard a clear example of how valuable Headway support was for many vulnerable Islanders in great suffering and how they managed to turn the situation around and make it more bearable for so many; and like this are other organisations. I believe in the gift and value of life. We are all aware that some will go through the journey to the other end with a smoother passage than others. We do not choose when and whether to be born, even

though some will come to exist into a life of ongoing terrible suffering in different ways, not just health-wise; a life that they have not chosen nor can they always change. These people can develop depression or mental health issues or not. Some of those end up wanting to commit suicide to which then, as one of the responses, we come up with a suicide prevention strategy and see how we can help them to see their life worth. On the other hand, then we come to a very sensitive and emotional situation when one may have a severe illness and may want to die, so assisted dying is offered. As some public members exemplified in emails, if you see the same person wanting to jump off a bridge, you would instinctively try to stop them and see how you can help them avoid that happening. Are not what these 2 services offering contradicting each other? Sometimes the decision to use assisted dying would come under consideration that they might develop great suffering or die very soon, without knowing for sure if that is exactly how it will happen in their case or if it might take much longer to deteriorate. They could still be helped to improve how they feel in different ways and find life worthy. In such cases, would that not be a wrong death if going ahead with the initial decision? How do we differentiate between the 2 situations? I understand the concerns about prolonging the suffering to the terminally ill. However, it is essential to consider the potential risk and ethical implications of assisted dying, especially in terms of safeguarding vulnerable individuals. The concerns about the impact on people with disabilities, the elderly and those who may feel pressure to end their lives are valid. The Minister has admitted you cannot change human nature. Cases of coercion with awareness or not, even to the parties involved, are very possible with all the safeguards in place, when it could be tough to define or identify what level of great suffering is unbearable to qualify for such service, especially when talking about Route 2. Many keep referring to what happens if widening the service, as in other jurisdictions where it is offered, with the promises they will not be extended as invalid. I would say that is very valid because once it is on and proves the possibility to extend the criteria is there, there is a precedent. Only the Assembly could make such changes in Jersey with different compositions of the Assembly at different times. I kept on seeing similar examples with other propositions, both from Jersey and other places, with the assurance that things will not change. And guess what? They did change. So there is the precedent and that is enough not to trust that this does not raise concerns that it cannot happen here in the future. I recently saw in the news that a 29 year-old Dutch woman, who was physically healthy, but suffering from depression and autism was approved for assisted dying. Her case raised concerns because assisted dying for people with mental health conditions is not the usual practice there, but they say that now cases like this are rising and there is a precedent. Then there are concerns around the medical practitioners and third party involved for 2 aspects. One, because of the low level of experience required being sufficient - one year post-registration - to assess and improve a case. In all their medical practice, a doctor will not even be able to do a DNA without much more practice than one year. How is this showing sufficient safeguarding cases will be assessed correctly? Second, because of the trauma that cannot be left behind, both the practitioners and the ones decided to assist, even if voluntarily stepped in, without mentioning the ones that do not necessarily have a choice to be involved in such process, like the pharmacists, auxiliary staff, et cetera. I want to share an example of how assisting in a similar different situation like this can deeply impact someone. A friend went through a tough time when her mother fell seriously ill. Her mother spent a long time in the hospital, sometimes getting better, sometimes getting worse and needing machines to help her survive. At one point her mother expressed that she did not want to continue living if she did not improve soon, but she also asked for more time to spend with her daughter during the periods when she felt a little better. So although she wanted to die, she also wanted to live. Eventually her mother had to be put in a coma and rely on machines to keep her alive while they explored some treatment options. Soon after, the hospital staff recommended stopping the treatment saying that it would not help and it was best to disconnect her from the machines. Struggling the decision, my friend agreed, but she was left feeling consumed by guilt and constantly wondering if more could have been done to keep her mother alive longer. Despite believing she was doing what her mother would have wanted, the guilt took a heavy toll on her. She fell into a deep state of trauma and depression. It affected every aspect of her

life, leading to the loss of her job and her relationship and a sense of herself for years. Not being able to attach to someone ever since as she keeps on asking herself: "What if?" Therefore, what strong enough safeguards are in place to avoid situations like this in the past assisting directly in the process? The trust in the health system is broken, because we often hear about misdiagnosis or misinterpretation of symptoms for different patients. How can we be sure that such cases can be properly assessed and identified if the people assessing them have such low levels of experience? It is important to consider trust in the healthcare system. There are instances where, due to lack of available beds or high cost of treatments, medical staff may be reluctant to communicate openly with patients or may even try to convince them that certain treatments are necessary. We have seen that in current days. In such situations, it is easy to assume that this lack of transparency could also extend to persuading patients to consider assisted dying, especially in cases where long-term care is deemed too difficult and costly. How confident would severely ill people be in receiving proper treatment if they were to walk in a hospital unit knowing that assisted dying is also offered there? The same question applies to care homes, where many elderly individuals and care home leaders share similar concerns. We have heard about serious incidents happening in the General Hospital that show we are not even having basic care rightly done and resourced. The clinical governance needs a lot to be desired and the healthcare system, especially at this time, with the lack of proper investment is definitely not a safe environment to introduce an assisted dying law with so few safeguards. Medical staff function under the Hippocratic oath, with the basis to save lives. Many practitioners are worried about having assisted dying included in the health system and having medics assist in taking lives, as this goes against their code of practice and the reason they became doctors in the first place. Would this put off more doctors from entering our health system? We, of course, consider the emotional aspect, which is significant in this proposition. However, as Members of the States, we are responsible for the budget constraints we are also having. We must also be pragmatic and prioritise where the available funds are most urgently needed, especially considering the rapid depletion of States resources we could see in the near future. With that in mind, I will touch on a few points mentioned by a few other Members. Even if it might be repetition at points, I find it very valid. It is important to remember that members of the public in the third sector have put a lot of time and effort into developing strategies for suicide prevention, dementia, and neurodiversity and updating the Mental Health Improvement Plan for the Island. However, there is currently no funding for this work. No mandatory training on suicide prevention or capacity assessments. A significant need for 24/7 funded palliative care and very high waiting list in many departments and the list can go on. There is also a lack of sufficient specialists or equipment and healthcare professionals are resigning or finding it very hard to hire replacements. If assisted dying is introduced in healthcare, there is a risk of losing more professionals, which would worsen the situation. A recent report from Scrutiny revealed that the Minister for Treasury and Resources warned of a potential £80 million shortfall in this year's Health budget and indicated that some hard decisions would need to be made to address it. We still do not have a proper hospital. It is not clear how many hundreds of millions of pounds are still needed to make that a reality. On the other hand, the proposed assisted dying initiative would require an initial investment of £1 million plus an additional £1 million annually. This substantial investment is for a service that might only cater for 10 people per year or even fewer, based on the percentage of users in other jurisdictions compared to our population. In contrast, a proposition from free G.P. for children, which was estimated to cost about £800,000 per year, to cater for about 17,500 children was voted against by 22 Members. They argued that there is no budget for it, there were other priorities. Interestingly, many of those Members are now supporting the allocation of about £2 million to cater for about 10 people through assisted dying, even though alternative options could still be explored in some of those cases maybe to alleviate suffering, improve their lives and give them purpose, which having more urgent priorities in saving lives first. This seems contradictory. The £2 million allocated for assisted dying could be used to make significant improvements to healthcare services and improve the lives of many, even in terminal stages. Let us do this part of health right first. Let us find the money so needed for fixing our health system and deliver a hospital

and then we can look at other options. With that being said, I will not be supporting this proposition. **[Approbation]**

1.1.21 Deputy I.J. Gorst of St. Mary, St. Ouen and St. Peter:

We spend most of our time in this Assembly seeking to ensure that Islanders and parishioners live well, seeking to debate how we can improve Islanders' lives. That is right and proper. That is what we come into politics for, to improve the lives of Islanders and to make long-term decisions for the benefit of all Islanders. Members will know my voting record on this matter and I have thought at length, as it is right that Members should, about the questions that come into play when we are debating this today. We have heard a lot of those good questions rehearsed in, whatever side of the debate one is on, what can only be described as excellent, informed speeches.

[15:00]

There are a lot of good questions and I want to spend some moments exploring those now. As we think about those good questions on both sides of the debate, I have come to the conclusion that there are not necessarily always good answers. We have heard Members presenting answers to those questions. I was minded to think in this regard from a question that was put by a Member at a briefing last Friday afternoon that I was able to attend. It was a question about control and autonomy. It was a question that ran along the lines of: the Member had a friend with a terminal condition, they did not say how long that friend had left to live, but with a terminal condition, and I can only surmise from the question, coming to the end of their life, and that friend wished to control the timing of their death so that they could be surrounded by their family, could be in a way celebrating the individual's life. I am not sure that there was a good answer to that question provided at that briefing, because I am not sure if one is not in favour of assisted dying that there is necessarily a good individual answer to that individual. I was then, having attended that briefing … one thing is for certain, we have never had so many parishioners at our surgery as we had on Monday afternoon. They were almost queuing out of the door. I left the Chief Minister, having spoken to a few of them seeking to speak to him as well. This has engaged Islanders in the democratic process in a very positive way. I mention that now, because we had attending upon us a lovely gentleman who we had together what I hope was a sensitive conversation. I could tell from the look on his face that when he asked me the question I did not provide the answer that he was looking for. We discussed his experience. The experience that he talked to me about, which was one of his wife who has passed away. I did not have a good answer for him, because this gentleman's wife had been diagnosed with an incurable illness, with a terminal illness, but she had lived far longer than the initial diagnosis by several months, until the end of her life happened quite quickly in hospital. Those Members that have had family members pass away in hospital will know that I do not think that any one of us 49 Members can say we would be happy with a family member passing away in a 7 or 8-bedded ward with curtains, the end of life being clear to all the other people in that particular bay. I could do nothing but say that is not appropriate in our age that people are passing away in those circumstances. But there was not time for his wife to get to hospice. There is only a difficult answer to that question. There are other good questions that there are also only difficult answers to. We have heard some of them today. That is about how we, in our community, protect vulnerable members of our community. We have heard something which perhaps are on the side of being distasteful around those disabled members of our community, but we in Jersey have made great strides in the legislation and the protection and the understanding and the needs of those members of our community who find themselves disabled. The same when it comes to understanding mental health conditions. We have made great strides. We are not there on either of those policy issues, but by agreeing to assisted dying that does leave open the question of how we protect vulnerable individuals. Despite all of the good work of the officials and the things that the Minister said and others have said, for my part, I do not think we yet have good answers about how, if we agree this today, we will properly protect the most vulnerable members of our community. The question of coercion is not a straightforward question where family members

say to loved ones: "Oh, we think you have got too old, we think you should go into a care home." They are much more subtle. They are very indirect. They are about how we, as a community, value everyone's life and what value we put on everyone's life. Another Member talked about, yes, autonomy, but also agency. There are many members who are vulnerable in our community who do not have the agency that we, as Members of this Assembly, have. It happens subtly. As the Dean reminded us: where there is a will, there is a family. I do not want to send any message from this Assembly today that we do not value every life in our community and that we do not have in place appropriate protections for the vulnerable and to ensure that there is not coercion. We can do training, I appreciate the work that the Scrutiny review has done, which will suggest that they think there are safeguards that could be put in place. I am not yet convinced that we have good answers to that good question. We then come to the question of slippery slope. It has been moved into the side line of saying it cannot happen in Jersey because we do not have the same situation that they have in Canada, where they have a constitutional court where the court can, in effect, instruct that the legislature ensures that its provisions are in line with the constitution. Of course we do not. Any changes to this legislation have to come to this Assembly. Long may that be the case. I am proud that the supreme body in this Island - it does not always appear like that - is this democratically elected legislature. We should continue to fight for that. That does not mean to say that those who come after us, that those, if we say yes today, will not experience the bureaucracy that most of us want put in place to ensure safeguards, where possible, will not be slowly undermined and amended and we will be having similar debates, which will lead to what is describe as the slippery slope. Having sat in this place as long as I have, I know that legislation comes and legislation goes. The reason and rationale for making a particular decision can in future be overturned because of the lack of remembrance of the reason that we got there in the first place. I do not think there is a good answer to the good question about slippery slope. Then we come to more difficult areas around misdiagnosis. I cannot put a certain figure on what the quantum of misdiagnoses is of medicine across the globe. It is somewhere between 2 and 5 per cent. Some would even say 10 per cent. However, I do not want to argue about the quantum. We have to acknowledge in this place that there are misdiagnoses and medicine is not an exact science in the way that we sometimes think it is or we have been led to believe that it is. The reason I pick up on that point as well is to go to the current palliative care which is in place. It is fair to say that we are better as a community dealing with "do not resuscitate" notices, with families talking about what they want for their loved ones at the end of life, but there is more progress to be made. Deputy Barbara Ward spoke about her experience and about pain management and about pain relief. These are important elements, because just as it is not straightforward because each individual has a different physiological makeup and therefore the pain relief required is different. The same will be the case with the lethal medication that is required for end-of-life assisted dying processes. We cannot be absolutely certain, as we know, the Minister has said that he will come back on this, around that particular issue. I agree wholeheartedly with my friend the Minister for Treasury and Resources who said: "If this debate does anything, whichever way Members vote today, it will have raised the subject of death and dying well in whichever way that is." That can only be a positive thing for our community, because to a large extent we have become sensitised to death. It has moved away from the everyday and that is not good. We need to support each other and talk about death and talk about its implications. Of course, Deputy Renouf spoke about balance, and he is right. It does, at the end of the day, come down to balance. He may balance in a different way to the one that I will be balancing, but it is about balance. Deputy Coles said that he would not want his wife to have to undertake for him things that he did not want her to, and I absolutely accept that. I say to my wife often: "You really do not need to do that for me, darling." But the corollary of that is I would want to do for her absolutely anything and it would not be an imposition for me to do that. We have to take our personal experience that we have spoken about today, and all of us have a personal experience around families dying. We have to take that personal experience or personal desire and step back from that and make the decision that we think is right for our community. I ask Members who are not sure, who are uncertain about whether they

have good answers to those good questions, because for my part we do not yet have good answers to all of those good questions. Therefore, again, I did not vote for this principle and I will not be supporting it today.

1.1.22 Connétable D.W. Mezbourian of St. Lawrence:

The in-principle debate in November 2021 was brought to the States by the Minister for Home Affairs. Why the Minister for Home Affairs? Because the Minister for Health and Social Services did not support assisted dying, and indeed he voted against it. My understanding was that there was a bit of a discussion around the Council of Ministers' table as to who was going to bring it to the States because it was quite an uncomfortable proposition to bring forward; but we had quite a bold Minister for Home Affairs and he was not afraid to do that. He was subsequently not re-elected but I am not quite sure that had anything to do with it; but who knows.

[15:15]

But why was it brought to the States? Because 78 per cent - we have heard that mentioned a couple of times over the past couple of days - of our first citizens' jury voted in favour of assisted dying in Jersey; 78 per cent of 23 people. Twenty-three people. We have heard from Deputy Miles about the valid process that was undertake but those people who mentioned the 78 per cent did not mention that it was 78 per cent of 23 people. Nor did they mention that the total resident population of Jersey on 21st March 2021, census day, was 103,267. So we are here today because 23 people from a resident population of 103,267 was enough at that time to persuade Members in November 2021 to look at options for the Jersey way of assisted dying. However, as we heard from Deputy Luce recently when he was proposing the in-principle debate of a windfarm, if we agreed to pursue that for consideration and detail to be brought back to us, we could then throw it out when we had that detail brought back to us following approval of the in-principle debate. That is exactly what we could do today because this is the follow up to an in-principle debate when we said we will go away and come back with some worked up detail and then we will consider that. We have heard from at least one Member, Deputy Moore, who voted for that in-principle work to be undertaken and has today said she has changed her mind and she does not support what is being put before us by the Minister for Health and Social Services; not the Minister for Home Affairs. I think Deputy Curtis said that we have to support it because it was agreed in principle. No, he is shaking his head. That was the impression that I got. But my view is that it is exactly the time to reconsider because we are a mature Assembly and we know that we are able to reconsider previous decisions. We can do that today. We can emulate our Youth Assembly who voted against the notion of assisted dying. They voted against it; the younger generation. I am not going to repeat the arguments, many and varied as they are, for and against assisted dying. My real concern is that our decision making determines our future as a society. I think it was Deputy Doublet who said she wanted to humanise the debate, she used the word "humanise". My view is that if we normalise the taking of a life, which is what we essentially would be doing by supporting this, we dehumanise our society. We dehumanise it. It becomes normal to take a life. We heard from the Solicitor General about if anybody takes a life, if a medical practitioner in particular administers medication in a way intended to take a life, essentially that is murder. That is killing someone. That is murder. If we agree to assisted dying - it is a lovely phrase, is it not - assisted suicide, so the person who wants to commit suicide will be able to do that, but if it is administered by a medical professional they will be known as the practitioner administrator. So the medical professional who administers the lethal medication essentially will be the state-sanctioned murderer, because that is what we will be doing. We will be sanctioning murder by the medical professional. It sounds so glib but in fact that is essentially what it is. Assisted dying rolls off the tongue. Assisted dying. We will not be here to see the long-term effects and consequences on our society if we agree to this state-sanctioned murder. Just looking at my notes, euphemistically referred to as "practitioner administration". Lovely term; practitioner administration. I prefer to call it what it is; state-sanctioned murder. Deputy Jeune said yesterday she had lived in Belgium for a

number of years and I think she said that assisted dying has been legal there for about 20 years. I wrote down "accepted in Belgium". She said it is accepted in Belgium. Twenty years is a very short time. We do not really know what impact it has had on society in Belgium, but what we do know from other jurisdictions is that it has become the norm and it has crept gradually. In Canada it has become the norm. It started as only this group of people who are able to ask for assisted dying. I have not got it all written down in front of me; I have read it, I have been to the meetings, I have heard everything. Then it creeps on to other groups and other groups. They are looking at reducing the age limit in various jurisdictions, so we are looking now at children. I was looking at the Children's Rights Impact Assessment for this and it is the longest one that I have seen for any proposition that has been lodged. It is really interesting. Have we thought about the impact on those children remaining of their loved ones deciding to end their life through assisted dying? I think that is something that has not been mentioned so far. I am veering away from the notes that I have got written down here. Quite rightly - it started with the Constable of St. Helier this morning - the Minister for Health and Social Services has been called upon to account to Members and to the public why he has chosen this as a priority to bring forward in what really is a brief term of office; a couple of years left. We await his response in his summing up and no doubt he will give a sound and well-reasoned response. No doubt he will cover the costs of the officer time, law officers, legal advice to date; how much it has cost to bring this here today, notwithstanding the many thousands and probably hundreds of thousands of pounds it will cost to bring to fruition and to then implement assisted dying in Jersey. How those costs outweigh funds being spent on other health services, not least of course end-of-life care. I will not call it palliative care; I will call it end-of-life care. As someone who has recently unfortunately experienced the trauma of end-of-life care given at the hospital I can assure the Minister first-hand that money must be spent immediately on providing - and let us turn to page 128 of his proposition - practical and emotional support to the family of loved ones ... this is assisted death; very keen for those who want an assisted death, the Minister wants to provide practical and emotional support to the person and to any family or loved ones who are present. That is laudable. Absolutely laudable and as it should be. But I must say to the Minister, at the moment that should be being provided to family members who are facing the trauma of a loved one dying in the hospital in Jersey at the moment and who are not provided with that by any means at all. First-hand experience. Very raw, very raw, and absolutely real. That would be money well worth being spent. I repeat, my fear is that away from this Chamber, away from our debates, the long-term consequences if we approve this are that we dehumanise everyone in our society. We normalise the taking of a life and we, therefore, devalue it. But we are not here to devalue life; we are here to value it. That is our job, otherwise why would we be here? What have we put ourselves forward for as elected representatives? We are here to protect the vulnerable.

The Deputy Bailiff:

Connétable, your time of 15 minutes is up.

The Connétable of St. Lawrence:

Thank you, Sir. I, therefore, urge Members to reject this proposition and I take the view that it is not a moment to be proud, as some Members have said. I certainly would be proud to vote against this proposition.

1.1.23 Deputy C.F. Labey of Grouville and St. Martin:

I am quite pleased to follow the last speaker because I am going to stand here and speak for choice.

[15:30]

I had a much longer speech to make today, even though I had not fully made up my mind about all aspects of the proposition before coming here. But after the very many good contributions which have been made, and which I will not repeat, I shall keep it short. Like others, I acknowledge and

respect all the very many members of the public who have contacted me with their views, although I have not had the opportunity to respond to them all, but they are all valid and, like this debate, has been a good one. I believe one way of considering what is before us is to consider what we would want for ourselves. Would we want an end to pain and suffering which may go over many weeks and months and even years? If the quality of my life was non-existent and I would never have the opportunity of getting better why would I want to prolong that agony and suffering? Why would I be made to descend into an undignified, painful death? Personally I would want to be surrounded by my family at home and for them to be able to remember me content, content with my lot and at peace with the world. That is my choice and what we have before us offers that. Now, I am not in that position and I have always been taught to never a judge a man or woman until you have walked a mile in their moccasins. I do not have a terminal illness and I do not live with unbearable suffering. I do, however, know and have known those who have and do now. Alain du Chemin was a friend of mine. James Bedding, who featured on the TV this week is also a friend. My dearest colleague and friend, known to us all now, whose writing and courage and insight to life and death has been an inspiration to hundreds of thousands of people worldwide. All favour the options and choices we have before us, whether they are needed or not. The flipside is what I witnessed of my brother-in-law who deteriorated so badly over 3 years and was made to live a life I would not have wished to live through and would not wish it on anyone. We have the option of offering a choice. You do not have to take it but it might even bring comfort just knowing it is there if needed. The law has got to come back to this Assembly and will be a place to scrutinise the safeguards, the governance issues, training and all the concerns which have been raised already, to give us choice. **[Approbation]**

1.1.24 Deputy L.J. Farnham of St. Mary, St. Ouen and St. Peter:

Thoughts of loss are always difficult to bear. Watching a loved one suffer can be deeply traumatic for family members. I have respect for all views and beliefs. I value life; I believe every Member in this Assembly values life. We do not have a society - and whatever we decide today I do not think we will - that wanted to help people to die. We want to help people to live, but we want to give people a choice. For me it is about my own views, thoughts, opinions, deep thoughts, careful consideration, my own personal experiences and the protection of an individual's autonomy and the right to choose how they end their journey. My personal experiences relate to both of my parents who suffered long illnesses, and both I know would have been relieved to have had this choice. They both on their deathbeds asked their sons to help them, and we could not. Assisted dying empowers individuals to make decisions about their own life and death. For many patients with terminal illnesses the end stages can involve significant pain, discomfort, and a decline in quality of life despite the very best palliative care. The options presented to the Assembly offers an option to escape intolerable suffering and provides a sense of relief and peace, both for the patients and their families. Knowing that they have the option of assisted dying can provide psychological comfort to terminally-ill patients, a sense of control of one's ultimate destiny can alleviate anxiety and fear about the future, helping them and their loved ones to cope better with a diagnosis or an unbearable pain and suffering situation to enjoy, as best as possible, their remaining time more fully. Assisted dying can shorten this period of intense suffering, reducing the emotional and psychological burden on families and allowing them to focus on meaningful goodbyes rather than prolonged decline. In cases where suffering and pain cannot be effectively managed by conventional means, the primary goal of medicine is to alleviate suffering. The key to the introduction of assisted dying in Jersey will be the safeguards we put in place in legislation. The issue of safeguards has been raised in the majority of correspondence I think we have all received, and rightly it is and must be a key component of the solution. It is a key component of the proposition and it has been a key component of the debate and must be part of the foundations of any legislation. The Solicitor General has confirmed to the Assembly that the proposals contain robust safeguards which provide for compliance with our Human Rights obligations. The British Medical Association has recently issued a public statement setting out how assisted dying services should be organised and delivered to protect and safeguard

both the public and medical professionals. They highlight Jersey's proposals as an example of how to achieve this. They do not reference any other jurisdiction; just Jersey. We should take confidence from that. We must also maintain our commitment to drive up standards of palliative and end-of-life care services. Some Members support the principles of Route 2 but are concerned about whether it can be delivered safely with the right safeguards, and Members have expressed concerns and have had long and deep deliberations over other aspects of the law, whatever that will look like. But once we have the draft law before us we can remove Route 2 at that point if necessary, if we feel it is the right thing to do at the time once we have the detailed legislation in front of us. Officers will be asked to ensure that the draft law can be readily amended if the Assembly is so minded. To summarise, assisted dying offers significant benefits in terms of personal autonomy, freedom of choice, relief from suffering, psychological comfort and compassionate care. It is in our power to make a decision today that will reduce prolonged pain for individuals and grief for their families. I very much believe that the availability of assisted dying will also serve as an incentive for the ongoing evolution of palliative care services and further enhancement in healthcare. I hope it encourages the development of better pain management techniques, emotional support and holistic care that will alleviate suffering and enhance quality of life for those facing terminal illness who decide not to follow this option. The option of assisted dying offers individuals the ability to exercise their choice, retain their dignity and alleviate the emotional burden in themselves and their loved ones. If the Assembly approves the proposition today we can offer a compassionate and humane choice to Islanders facing unimaginable pain, and in doing so we can acknowledge the depth of human suffering and provide individuals with a compassionate and dignified way to end their journey. It is a credit to the Assembly and to everyone who has contributed that we have been able to have a respectful, considerate and sensitive debate and I would like to express appreciation for the thoughtful preparation and careful articulation of views expressed by Members. After listening to the debate and listening carefully to the views, opinions, concerns and the supportive views and comments of Islanders, and in relation to my own personal experiences, beliefs and choices, I will be supporting the proposition in its entirety.

1.1.25 Connétable M.K. Jackson of St. Brelade:

I stand here today as an individual unqualified in medical matters but with the benefit of some of life's experiences under my belt. I have empathy, like all of us here, for those in pain in any shape or form and to those individuals known and mentioned by Members today. We have been what I might describe as humbled by the government department tasked with developing the proposed legislation. The effort by the very capable team involved must be unprecedented and, while an extremely serious matter, it does seem to be disproportionate and leaves me questioning why we seem to be having this forced upon us. I do feel that this should have been the subject of a referendum, given the clear split in views on the matter. That may yet come of course. The statistics provided based on polls do not seem to me to be the right approach for a matter of this gravity, and I am not a supporter of the citizens' panel concept. We here are the democratic representatives of the people and, as such, should be making the fundamental decisions necessary without undue coercion. Other speakers have mentioned the cost of the proposed model given the estimated numbers involved, and one wonders whether it would not be better putting funds into better care in the health service as a whole. It is easy to let emotion take charge but, at the risk of being insensitive, the reality is that this will be a niche, expensive market and I would rather see the funding directed to the needs of those with dementia, specialist palliative care and other services that bring life and hope to our Island community. There is much psychology involved with any individual who might be arriving at their end of their life, for a variety of reasons. I was interested to read a letter from a consultant psychologist last night indicating the risks involved and urging me not to support the proposition. The medical profession itself appears split and I must say that without unanimity from them as professionals I feel uncomfortable in giving the proposition support. I am on the management committee of a care home and the question has come up as to what their policy might be. There is a

great risk that the home, in aligning itself to the proposed policy, will do nothing for its reputation, and given it is a commercial operation this is a matter that cannot be overlooked. We all have personal experience of death in our families, or most of us, and without wishing to sound trite, it is part of life's rich pattern, which some of us do not have to deal with until later in life, even if at all. The effect on families of a death is not insignificant and some will take years to overcome the traumatic experience which so many of us are just not equipped to deal with.

[15:45]

A family experience of my own involves an uncle who sadly contracted Parkinson's disease. He ended up in a home where he finally died after having been attended by my aunt on a daily basis. The point of this reference is that my father, who was a few years older and to a degree disabled, positively avoided my aunt thereafter as he considered she was complicit in my uncle's demise and that he himself might potentially be at risk. Now, whether she was or was not complicit I do not know but we must not ignore the fact that there will be unintended consequences to families to the proposition being supported today. I would say that incident took place in Belgium where, as we have heard, the legal framework is different. In addition, my experience is that the mindset of a 50 or 60 year-old person is quite different to that of an 80 or 90 year-old, particularly regarding life and death. I would emphasise the point that minds can change. Loss of dignity and suffering is something that none of us can condone, but I do not mean that my morals and ethics allow me to support assisted dying proposals at this time. I must take this opportunity before concluding to thank all those, like others, who have taken the time to get in contact directly or through the government portal. I appreciate all the comments passed on which have certainly educated me on the subject and have helped inform my decision. The weight of opinion I received has been against my supporting the proposition.

1.1.26 Deputy L.V. Feltham of St. Helier Central:

I will keep my speech short as I do not want to repeat the arguments that have already been made. But I do stand in support of the principle of assisted dying because I do believe that people should have the right to choose a dignified death. This is a matter of conscience for us all and I know that we have all searched deeply in coming to our own conclusions about this. This is not around decisions of political parties or a partisan nature; this is something that we are all looking at as individuals. It has been interesting for me to hear and learn from everybody in the Assembly today, and I have to say everything has been incredibly helpful in helping me come to my own conclusion. Because when I came into the Chamber on Tuesday I knew where I stood on Route 1 but I did have reservations around Route 2, for very many of the reasons that have been discussed previously within this debate. I was mindful of the ethical review and also that it might be more difficult possibly to find professionals prepared to deliver Route 2 as well. I did not want that to get in the way potentially of being able to deliver Route 1 in a timely fashion, because I know people are waiting for that to be done. A lot has been talked about potentially people with disabilities or older people feeling that they may be pushed to choose Route 2. But I have to bring myself back to the wording of the proposition and the decisions before us because in the wording that is in front of us it refers to an incurable physical medical condition that is giving rise to unbearable suffering and cannot be alleviated in a manner the person deems to be tolerable. There is no mention of either disability or age within those paragraphs that we are agreeing. I have to then take myself to the point of unbearable suffering and whether I consider it appropriate to offer as an option the ability for somebody to choose their own death in that circumstance. I cannot imagine what it would be like to be in that circumstance and I come to the conclusion that we do have the right type of safeguards. I am very comforted to hear the chair of the Scrutiny Panel around the work that Scrutiny has done, and I know that we are part of the way through what is a longer road. There is much more work to be done; this is just another step along the way. So at this point in time I will be supporting both Route 1 and Route 2. One thing I would like to potentially ask the Minister for Health and Social Services to

consider is that during this process ongoing, should both routes be adopted today, that if it looks as if the complexities around delivering Route 2 and the legislation around Route 2 mean that it would prolong the legislation and the delivery of Route 1, that potentially there might be an option in the future to bring Route 1 back to the Assembly prior to the legislation on Route 2. This has been an incredibly difficult debate for us all and that is where I stand and how I will be voting. .

1.1.27 Deputy G.P. Southern of St. Helier Central:

Most people will know nowadays that increasingly I try and keep my contributions to this Chamber as short as possible, and so what I have in front of me today are 3 key words I believe. First is choice. What I personally take from that is that if this Chamber decides against what is proposed then they will be taking away from my choice, from my ability to choose should I ever be in this situation. That applies not just to me - and I feel as if it is quite personal - but to all of us, and everyone out there. Absolutely key that you do not take away my choice. A choice to die with dignity, and that is the second key word. Undignified death is to be avoided, I believe, at all cost. That takes us on to the third word which is autonomy. The autonomy of choosing the when and the where and the how of my death. Those 3 words are absolutely key. But I was quite disappointed to see what happened to some of the contributors to this debate in that they relied not on matters of conscience necessarily, or matters of fact, but on throwing into the argument the word "doubt" for example, doubt this, doubt that, undermines the case, no matter how well it has been made. Just put that in the argument and people start thinking twice; not for factual reasons but: "Is that true?" So doubt is one word undermining what we are talking about today. Slippery slope arguments again, wonderful tools with which to undermine ... not to deal with their argument but to undermine the central argument of a particular issue. Then the third way not to deal with the argument but to undermine it, let us start talking about the lack of investment in health which has occurred over the past decade at least, and start saying: "But we cannot do that yet and we do not do that yet and we cannot afford this yet so we cannot possibly go for the option that is in front of you." Again, undermining. Insidious undermining, not of the arguments but of the case. That is where I am; in a position where I believe my choice, my dignity and my autonomy are being undermined by some cheap - and I will say cheap - debating tactics. That should not be happening; we should be taking this issue particularly seriously and dealing with the arguments and the involvement rather than otherwise. There I will stand.

1.1.28 Deputy P.F.C. Ozouf of St. Saviour:

I speak with a heavy sense of duty and responsibility, like most Members, and I would like to ask Members for their forgiveness for my recent absence from the Assembly due to my own private medical matters. I am grateful for the respect that has been spoken about during this debate for the rights of privacy and that is afforded to everybody in periods of ill health, all aspects of health, right towards the end, and I am fortunate to be one of the lucky ones, and I hope to be back in the Assembly for full-time duties in the very near future. Members will know that in the past year I, in my personal position, have experienced great loss; the loss of loved ones. A dear friend who died a week before my husband suddenly died. I lost a father figure of cancer, and now coming to terms with the departure of another friend imminently. Those experiences, like all Members, have of course informed my view. I think we all have a view that we regard life as a precious gift and the importance of doing the right thing, even in the face of adversity. I say "adversity" particularly when in the context of the use of certain language. Evocative words have been used. Whenever I hear evocative words I try and translate them, and in an earlier remark from a Member I was trying to get the Jersey French word for death, and there were a number of interesting phrases used for death. I would urge Members not to use the evocative language that can mean one thing to one and one thing to another. So I would, if I may, like to commend the chair and members of the Scrutiny Panel for the comprehensive work that they have done in this area on our behalf, and for particularly those of us who have not been able to spend the time on the detailed forensic analysis of the proposition that is before us. I would also recognise and thank the Minister for Health and Social Services, and the

previous Minister for Health and Social Services, and the previous Minister for Health and Social Services and their officials, because I know that this work and this proposition before us has been the subject of painstaking, detailed, forensic work from many of us including, may I say, the law officers who have a responsibility to advise on the law now and as it shall be or potentially could be. The journey that has led us to the debate today has been a fairly lengthy one and as societies always evolve, and we are a debating Chamber, and I think the contributions of all Members have been heartfelt. We all go to the public and seek their mandate to serve them because we believe in doing work that is improving, that is helping people in their lives. We do not come to the Assembly with a desire to end life. Life is precious and that is why the Attorney General has rightly stated in his remarks yesterday that the involvement of the bringing to the end of life is one of the most serious crimes that our statutes, our law has. It is also the case that those who are involved in the prevention and improvement of life are some of the most celebrated individuals that one can think about. As we consider the topic of the immense subject of assisted dying, I am reminded of the individuals who have touched my own life and the lives of others with their courage and dignity in the face of their own challenges and illnesses.

[16:00]

Their stories, what they have taught me, what they spoke to me about, have given me inspiration to live life each day to the fullest and to do the right thing, even in difficult circumstances. We have one of those as elected Members today. I call to mind, in particular, the award by the Bailiff of a medal to the C.E.O. (chief executive officer) of Jersey Overseas Aid, who has been referred to by the Minister for International Development on his struggle on his journey towards death. Dedicating life to good things is fantastic, and that is what we are here to do in all aspects of life. There is one certainty that we will all face death. What a brilliant way of describing life in saying it is a canvas, and there are certain people, individuals, and that particular individual will play a very important part on the canvas of whatever my life will bring. I wish to also refer to Alain du Chemin, who was for me a lifelong friend. From the age of 9, when I visited him in the Jersey General Hospital, when he had pancreatitis, a very, very difficult and painful condition that is not terminal, but is incredibly difficult, and towards … I fast move to the end of his life where I was privileged to be with him for the last night and to spend time with him and speak to the extent that he was able to. I think I was the last friend, the last close person, to be with him before he died. He died at Jersey Hospice, as he recalls it, the Shangri-La hotel on Le Mont Cochon. He never thought that there was a place where such brilliant care would be found, but it was there and it was brilliant. I never thought that I would be there because it was the place that fiscal stimulus funding was put forward, which underlines the importance of public contribution and funding of palliative care. I speak of Alain’s experience because he knew he was going to die, despite learned second opinions from expert consultants in Jersey and London and across the land of the United Kingdom. I visited hospitals with him, and he sought experts in curative options, including various trials that were, to some extent, limited because, sadly, of the inevitability of the challenges of COVID. As I reflect on what he said, he gave courageous testimony in public to the Scrutiny Panel, which was considering assisted dying, and he asked them … and he would want me, as an elected Member - who was not an elected Member at the time - to use my voice in the Assembly to explain why the appropriate thing to do, in my opinion, would be to allow individuals such as Alain du Chemin the right to have their death at a time of their choosing. As many other Members have rightly said, it is the ability to think that you can end your life which is incredibly important in the journey of life towards death. If I could bottle even 50 per cent of the time that was spent on him planning what he was going to do anyway, that would be life that he could have lived even better because he wanted to live and he wanted to make life matter. The work that he did, and so many other people do in the final stages of their life, is so important. We see that, and in time we shall reflect on the observations, the essays, the teaching that we have been given by the C.E.O. of Jersey Overseas Aid. I believe that the current law regarding assisted dying is unfair. It denies people who are facing a certain death of the right to choose and to control

their own life decisions, and it forces them to have unnecessary suffering; suffering which no one would wish to ask anybody to live through. As a Catholic, I have changed my mind in relation to that issue. I believe that the States Assembly have the ability to legislate, we have the ability to make choices. I think that Jersey has done an exemplar work in terms of the report and in all the safeguards that have been, at least at this stage, summarised but clearly set out to put those safeguards in place. The evidence is that from other countries assisted dying remains a relatively small percentage of total deaths, and many individuals who choose it do not ultimately use the option, but they find huge comfort … and of course mental illness is now much better understood. They find huge comfort and have huge comfort in knowing that it could be available. The consequences of inaction on this issue is, I believe, a serious matter. It is dire for the people that are dying and it is dire for those that are around them. We have today the opportunity to make a positive life-changing change in the positive way that aligns with many of the values that we have heard from members of our community. I thank all those who have written and, respecting their views, it is, as other Members have said, the right to choose. It is not a compulsion. I do not like the Route 1 terminology, but in terms of those individuals who know that they face with a certain end of life in that Route 1 category, which may itself change, but as experts will inform people, they have the right to choose. They have the right to dignity, they have the right to accelerate their own death, and they have the right also to not put those around them in the impossible position of looking after them and doing what they ask. So I ask Members to kindly consider the voices of those terminally ill people and their loved ones, who have advocated and advocate around the world. Some jurisdictions have responded, and they have that right. I want to move also into a situation, and fully respecting the juxtaposition that the Minister has in relation to being the Minister for Health and Social Services, who is primarily responsible for making people better, improving people. We have huge work to do in Jersey. For me, it is a parallel issue that should be now progressed, certainly in relation to option Route 1. The work to improve our health system, which is not what we would be, I think, proud of for all the reasons that Members have discussed and know about, and we will be discussing in the next months of this term of office. I want to put an emphasis on improving mental health outcomes, and I ask Members to move forward with equal courage, with equal determination on the issue that, yes, a small but important minority of individuals who are facing a certain death that they deserve the option to, as Alain du Chemin said, have the choice of a death at the time of his choosing. In relation to Route 2, I believe, as one previous speaker said, and I welcome the Minister's summing up, as to the issue of the length of time that that will take to deal with versus Route 1 and I thank Members for their …

The Deputy Bailiff:

Deputy, your time is up, your 15 minutes is up.

Deputy P.F.C. Ozouf:

Thank you, Sir.

1.1.29 Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter:

So much has already been said and I had contemplated whether there was anything for me to add. I would particularly like to say that Deputy Catherine Curtis' very excellent speech summed up my own position very, very well, particularly around the thought process and the personal challenges around the Route 2. But as today has gone on, I have decided that there is something I want to add, and it is a point around language. We have heard language around Route 1 and Route 2 and what they should or could be called, and I think this has been alluded to, but not really spelt out. So the point I want to make is that assisted dying is not the same as suicide. I am really pleased that the proposition recognises that and that efforts have been made by the officers who have put it together to make that really very clear. At their public presentation - certainly the one that I was at - it was made very, very clear and that that had been done very much on purpose. As we get towards the end of this debate it is just something I would like to remind Members of, so it is in our minds going

forward whatever the decision is today. As I think somebody said earlier today, suicide is often impulsive, it is a lonely and desperate act. I have heard it referred to as like acting on an impulse and driving at a very high speed in a moment of perhaps madness or chaos in one's own mind and it resulting in a catastrophic crash. It is rarely a settled and informed decision, and we have heard what we are debating today referred to as suicide a number of times and in the many emails and approaches that we have all received as well. Given we have heard so much about the right to choose and the rights of individuals during this debate, I do not intend to stand here and say that people have to speak in a certain way or that a certain language has to be used, but again I say what I do in the hope of just providing perhaps an insight into the use of that language. I do that from a point of experience. My own family has recent experience of suicide, and I am sure that no one really is in any doubt but I can absolutely assure Members that it has a devastating impact on families and on those left behind. You often hear about people's lives being touched by suicide, like you hear people's lives have been touched by cancer. That does not touch the sides quite literally, does it? We all know as those who have faced cancer and terminal illnesses in other ways devastating, I think is probably the closest word that I can come to, if we were looking for a single word. Deputy Coles pointed out when he referred to suicide earlier that it actually impacts often more than just a family or friends or networks, it is felt very widely in a community, including by the emergency services who often have to pick up some of those pieces. Now Members received an email in recent days, and there may have been more than one, which suggested that we could somehow be encouraging people to take their own lives via suicide if we were to allow assisted dying. I would just like to take issue with that and say that the evidence shows that just by talking about suicide in a community it is now suggested by experts … there is no evidence to say that that puts ideas into people's heads or leads to more chance that people in a community will go on to take their own lives by suicide. Again I say that from an area of experience, having carefully researched it and looked into it because at some stage I need to talk to my own children about suicide. What it does lead to, experience of suicide, is of having a loved one who has taken their own lives in that way, is actually a greater increase of suicide of those loved ones around them. That brings me on to the final point that I want to make, and that is around the families that are left behind in these circumstances.

[16:15]

I think it was Deputy Miles who said earlier not everyone will agree with our decisions even if they love us, and we have talked again a lot about autonomy and the rights of individuals to choose. But it is also my belief that the safeguards that we put in place, as we talk about assisted dying, should also consider the experiences of families and of those left behind. The best way that I believe we can do that is by facilitating, protecting and allowing individuals to make those informed, supported and settled decisions. Doing that within a robust, well-governed and expertly staffed system, I think as Deputy Southern said shortly ago, and for those people to then experience a dignified death. Not all families will be at peace with the decisions but the hope is that they will be able to take some comfort at least that it was their loved one's settled choice and the end was as dignified as it could be. To me that is not suicide. If this proposition is approved today and we move forward to the next stage then the language we continue to use is important, and I think it is important not just in the context of the law and the proposition that would come before this Assembly but in how we talk about it within our community as well, and that is on both sides of the debate. We should be mindful, in my view, of potentially weaponising the use of the word "suicide" in objection to this debate. It reminds me of the way suicide is written in legal terms. I think we saw from the Solicitor General and some others with legal experience using the word "committed suicide" because that is still within the law but actually it is not common practice that we use it. Certainly, when I was a journalist, the mental health charities encouraged us not to use that phraseology because it was somehow implying the guilt and the criminal act and placing it upon those persons. Time has moved on since there and I am worried that by perpetuating the use of the word "suicide" in relation to assisted dying we could actually be taking a backward step there. That is the end of all I really want to add, but I would just say that I

think it has been a really excellent debate and the contributions from Members have been so thought-provoking and emotional and personal. I have seen very many comments actually over the lunch break from people within our community saying what a huge amount of respect they have for the things they have heard in this Assembly today. That is not something you often hear about us, so I think we should take a moment to reflect on that as well.

1.1.30 Deputy K.F. Morel of St. John, St. Lawrence and Trinity:

I thank Deputy Stephenson for her contribution as well. I would also like to thank, as many people have, everyone who has contacted us. I would like to thank officers and the 3 Ministers who have been involved in this as well. Actually 4, because I had forgotten that it was the former Minister for Home Affairs who brought this to the first debate. So 4 Ministers have been involved in this so far as well. I would like to thank all of them for helping us do this in the right way. I really want to explain how I am going to vote. I am not seeking to persuade anybody. Obviously, since 2018, this has been a matter that has been on my mind because this came up in the 2018 election, which was the first election I stood in. It was a matter that, certainly when I decided to stand for election, was not on my radar as an issue, but it became an issue during that election. As a result of that, we stand here today. Certainly, I do believe, from the moral perspective, in the idea of choice of your own life and should I wish to end it, particularly if I have a terminal illness, 6 months to go. Should I wish to end it then I have huge sympathy with the view that I should be able to end it. That idea of personal choice undermines a great … not undermines - some might say undermines - underlines a great deal of my own political thinking. But I am going to start with Route 2, which again, I do not like the language of Route 1 or Route 2, but it is what we have. Route 2 is one that I can say up front, I shall not be voting for. It is, we have heard over the years and certainly in the last few days, many people talk about the slippery slope. I think Route 2 is the route which leads to that slope certainly fastest. Because Route 2 is, in itself, subjective. There is nothing objective about the idea of unbearable suffering. Route 2, because of that subjectivity, will almost certainly become expanded over time. I believe that is the case. When we talk about a slippery slope in terms of the law, we talk about you start with one element and it is small and focused and over time it grows and grows. I think one of the reasons for that is because what happens, in my view, is that people see one group who have something that they are excluded from because of the definitions of it. Essentially, they say: “Look, I should also be able to benefit from that”, whatever it is. I am not just talking about assisted dying here. Another group comes along and says: “Actually, I am excluded under the current definitions, I believe I should have that.” That is how you end up on something that people refer to as that slippery slope. Indeed, Deputy Kovacs referred to a story in the international media just last week, which I thought was an example of that in the Netherlands, whereby a 29 year-old girl had been granted permission to access assisted dying because she had unbearable suffering due to her mental health issues. For me, that is a place that I do not think we should go. But I do think that by embarking on Route 2, over the years, that is a place we are likely to end up. For those reasons, I will not be voting for Route 2. Route 1, which definitely aligns much more closely with my own kind of moral and political thinking, is problematic for me only in terms of where we are today in Jersey and in terms of our health services. I subscribe strongly to the Constable of St. Helier’s view here, and other people have mentioned it, and that is we have a health service that needs significant investment and improvement in so many areas; including mental health, maternity, overall safety. Importantly for this, and I know palliative care is part of this, but also palliative care. I believe it was in this Assembly just a few weeks ago that questions were being asked about palliative care only being available 5 days a week. It is against that backdrop that I sit there and I say, I am sorry, but until we have sorted out those issues, those services which are in desperate need of improvement, desperate need of attention, to then put on another service, which in itself has to be perfect in the way it is delivered, I think is unfair to the health service, unfair to the practitioners there, but also unfair to the people of Jersey. It is also, in my view, human nature that when something is new, you give it greater attention. When something has been around for a while, that attention fades away. So I also

am concerned that by placing a new service, that service will become prioritised. It will get the attention. The other services will get less attention. That is really where I struggle with Route 1. Because since I have sat in this Assembly in 2018, it has been clear to me, as a politician who has not in any way focused on health services, that our health service is in desperate need. It was a few weeks ago, I had nurses, G.P.s and consultant doctors approach me as a Member of the States who has not spoken much about health services, and they approached me to talk about their concerns about the health service. It is because we are here today talking about a service which is about the end of life, the very end of life, taking of life, that it has to be so perfect. The opportunities for coercion have to be so few. The way the service is delivered has to be incredibly humane, has to be incredibly caring. Even I, myself, have experienced at times with my G.P.s, et cetera, times when I said: "Really, is that the service I receive here?" Is this the right time for Jersey to have this service, this assisted dying service placed on it? For all the moral correctness of it, is it practically achievable? Is it practically the right thing to do? Can we assure that focus here will not take from focus on other services within the health service? I know doctors, nurses, and all the auxiliary staff around them work so hard within our health service to give us everything that we need as patients. But we also know that it is not always working, and the reasons are many. I blame no one and I point no finger at any particular reason, but what I do know is that the health service is in dire need. I do not think that us placing this extra burden on it is going to help us achieve improvements where they are needed in the health service. In fact I fear that it will distract from them. There is another element that I do wish to highlight, which is this issue - I do not think it is been mentioned, I apologise if it has - of institutional coercion. This is some way related to what we have seen with the post office in the U.K., is just the way institutions can become inappropriate in the way they work with people. I am not talking here about Jersey's health service. I am talking here about issues around we obviously have private companies in regard to care homes, places like this. I am concerned that their own priorities with regard to flow through of patients, with regard to revenues, et cetera, could end up leading to the position where assisted dying is suggested. That worries me a great deal, and I would like to see a great deal more work done on making sure that institutional coercion is avoided at all costs and that safeguards are put in place to make sure that institutional coercion cannot really become a fact. Because that would be the most awful thing if in decades' time there is some case in which an institution somewhere in this Island is found to have been coercive in this way; that that would be the most awful of situations. I will stop there, to say I shall not be voting for either part of this proposition, but for 2 very different reasons. While Route 1 does fit my own moral thinking much more closely, I just do not believe Jersey is where it needs to be in terms of delivering this safely.

1.1.31 Connétable P.B. Le Sueur of Trinity:

I was not going to speak on this but I feel compelled to, having listened to some very good speeches today. We have all read about it. We have heard from constituents on one side and the other with both very compelling arguments in both directions. For me, it comes down to my own moral compass, ethical standards, what I feel is right for our community. I speak today as somebody whose life has been directly impacted by the loss of a very close family member through very unfortunate circumstances. But I also reflect on this, when I used to visit my father for months upon months at Overdale, and on my way in, if somebody had offered me a syringe or a little file of something or other to say: "This will help to ease him on his way", could I have done that? Could I have administered that to my father? No, I could not. But was it easier to subcontract that to somebody else on my way out? There was a keypad there which had "P" and "C" on it and I decided: "Well, I will help him out here and I will press P." I am afraid my moral compass would not have allowed me to press "P" and I will be pressing "C" for both of these parts.

1.1.32 Connétable M. Labey of Grouville:

I will talk briefly about my own experience. I actually committed to this at a hustings 2 years ago and made a commitment to supporting assisted dying then. I was going to use 3 reasons but one of

them was very personal. I am a man of a certain age whose parents, uncles and aunts are all in their 80s and 90s and so I have had a great deal, unfortunately, of experience of it recently. A very close member of my family has also utilised the wonderful services of the Samaritans, very unfortunately more than once. At that time I actually spoke about 2 reasons. One of them has already been explained and that is the Dignitas route, which disturbed me greatly.

[16:30]

I also mentioned the lyrics of a Hollies song that became a film "They shoot horses, don't they?" which to me at the time meant that we have wonderful companions in life - dogs, cats, horses - that we actually do not allow to suffer in their last few days. We take them to the vet and have them put down now. Why as a species are we the only ones that have to suffer in our final moments? I did not go ahead and think about any other way forward at that time, but then I realised I needed to back this up by going to presentations that were offered that autumn. All of whom affirmed my opinion at the time, bar one. The one exception I am sure everybody knows here was the Canadian one, which frightened me in many ways and unfortunately has put me off voting for Route 2, not only because of my own experiences and my own family experiences but because what was said at that presentation. In the last weekend alone, I utilised the wonderful services of the special assistants at both Southampton and Jersey airports, wonderful individuals for a very close family member of mine who unfortunately uses the word "burden" far too often, and that experience for her had made it even more so. I really do not like hearing that word "burden" as it has been put in that context. So, I will not be voting for Route 2, as I expected to at the outset, because of those reasons, but I will be supporting Route 1, the terminal illness route.

1.1.33 Connétable R. Honeycombe of St. Ouen:

I was not going to speak, like the Constable of Trinity, because most of what I was going to say has already been said so I do not intend to go over all of that again. I would like to thank everyone who has taken part in the debate today and over the last 2 days; it has been excellent, there have been some fantastic contributions. I would like to congratulate the Dean especially, I think his speech was excellent, and also an emotional speech from the Constable of St. Lawrence, which must be very difficult for her bearing in mind her recent bereavement. I would just like to read from an email that I received from somebody, which I think is quite important. It says: "The right of life is so fundamental, it is the very first right protected by the Human Rights (Jersey) Law 2000. Everyone's right to life shall be protected by law. No one shall be deprived of this life intentionally, save in the execution of a sentence of a court following the conviction of a crime for which this penalty is provided by law." The States of Jersey have a duty to protect citizens. Sanctioning the termination of life, even if it is perceived to be voluntary, contradicts this fundamental responsibility. As I am sure Deputy Southern will not like me saying, the slippery slope. But it is a slippery slope that could lead to devaluation of human life. The most significant risk of devaluation of life is in the elderly, disabled and vulnerable populations. They may be existing victims of discrimination, domestic abuse and could be coerced or manipulated into choosing death by succumbing to a duty to die, particularly the situations where they may feel like a burden on their families or society. Coercion is a form of duress that would negate an individual's ability to give valid consent.

The Deputy Bailiff:

Thank you, Connétable. Does any other Member wish to speak on this proposition? I call upon the Minister to reply. No, Deputy Wilson, you wish to speak?

1.1.34 Deputy K.M. Wilson of St. Clement:

I will keep it brief because I think most people have made the comments in relation to the points that I wanted to raise myself. I would like to start by thanking the officers that I had the privilege to work with in developing the foundations for these proposals, and also members of the Ethical Review

Panel, who I hope have provided some value to Members in terms of their deliberations. Also to Deputies Helen Miles and Jonathan Renouf, who agreed to join me in forming an oversight group and to help with the checks and balances around what we eventually proposed through these proposals today. I also want to acknowledge with deep respect the many and varying views I too have received from parishioners, particularly those in St. Clement and Islanders more generally. I have been overwhelmed by the number of people who have contacted me to share their private experiences, which has been quite a humbling experience. I want to take a slightly different view, if I could, because having been involved in developing the proposals, what I wanted to say is that I hope officers, Islanders and Assembly Members have sufficient confidence and assurance that the work that was undertaken to generate these proposals has, so far as could be reasonably expected, avoided any undue influence or bias. If we do proceed to drafting legislation at this stage, the proposals reflect the best objective efforts we collectively made at the time to do no wrong. I make no apology for the time it has taken us to get to this point. It has been a hugely complex, emotional, ethical and technically challenging piece of work to develop. It has required a deep understanding gained by listening to, researching and working with many varying perspectives on the issue. It has required frequent analysis of the facts and information available, studious interpretation of complex professional, legal and ethical moral arguments, and it has involved challenging officers to bring further clarity and explanation to describe what an assisted dying service would look like in Jersey. As we have heard, the proposition lays bare the realities of what issues we are dealing with: autonomy, choice, morals, tolerance, rules, regulations, safety, harm, compassion, vulnerability, coercion, conscientious objection and the need to resource and legislate for a policy of social change that passes the tests laid out in Deputy Morel's amendment to the original P.95 proposition. I would like to thank Deputy Morel for his amendment, which I used as a framework to navigate my work with officers and underpin the reasons why I believe the ethical review of the proposals would add value. The reason for the ethical review may or may not have been obvious to people at the time, and I would like to thank Deputy Bailhache for bringing to the attention of the Assembly the importance of ethical consideration in this debate. I am concerned and disappointed to hear that the voice of health professionals who engage directly on ethical matters on a daily basis with patients have not been positively engaged in bringing their views forward. In my view, we have missed an opportunity to hear this perspective as part of our discussion today. The B.M.A., however, have made the following statement worthy of consideration: "Not all doctors, even experienced consultants, have the ability to do the complex, demanding work that would be necessary and recruitment of those suitable to undertake this work is likely to be difficult." The reason I raise this is because some of the conditions that we have got to establish will, by no means, be easy. On a personal and professional level for fear of becoming overly emotional, I do not intend to recount my experiences with family members or indeed my professional experience as a nurse caring for people in both physical and mental distress. We all have stories to tell and I can even remember the first patient I cared for, a man called Samuel, who died in excruciating pain in a hospital bed with no family or friends around him. I am pleased that was not the experience that my own father had. Experiences shape values and beliefs. It is my view that people should have choice and control in their lives. They should have a right of choice and control to the very end and that healthcare should be delivered with compassion, giving hope, enabling recovery and upholding the principles of do no harm. Overwhelmingly the fear expressed by many is that we do not open the door to assisted dying in the way we are proposing because their view is that it might lead to pressure being put on the Assembly to expand in other areas not previously contemplated, for example mental illness and children. Whatever the views we hold about the right to individual choice and control, this is a real concern for people and one we should not and cannot ignore when considering if these proposals are adequate. The route to an assisted death is described in 2 ways and is potentially interchangeable, so the safeguards do have to be robust enough to ensure there is sufficient to detect coercion early and guarantee that the service delivered is to the highest standard in both of the routes outlined. Objectively, the safeguards for Route 1 are good enough to avoid any expansion on the notion of

unbearable suffering because it draws a clear line in the sand and helps limit the scope of assisted dying and its ramifications. If we do proceed to law drafting, the proposals offer a compassionate response to those about to die as a way to alleviate their suffering, a view that was also supported by the views of the Ethical Review Panel. If we concede to the idea that people should be able to end their life under Route 2, there is no doubt the door will be open to a wide range of unintended consequences and there is evidence that this is happening in other jurisdictions. It is hard to control despite the assertion that there will be safeguards. I believe this is what the ethical panel were alluding to when they suggested they would not recommend Route 2 in its current form. We all recognise unbearable suffering exists, but I think, as I heard from the Solicitor General, that getting to an agreed definition in law about what unbearable suffering is, fraught with difficulty and complication, and therefore potentially open to abuse. I would have wished by now to see more in the proposals about how we will deal with the issue of suicide and suicide prevention. Suicide contagion is a real issue so we need to be prepared that by promoting assisted dying as a service it will have consequences. The evidence suggests that if we do proceed to legislation we will potentially see an increase in the rate of suicide. I found a quote from Mr. Richard Hawkes, the previous chief executive of a disability organisation called Scope. He asked the following question: "Why is it that when people who are not disabled want to commit suicide we try to talk them out of it but when a disabled person wants to commit suicide, we focus on how we can make that possible." We do need to think about some of these perspectives. These proposals will impact on the work of mental health services, and I have to admit this aspect of care delivery has been overlooked in these proposals. An impossible fact about healthcare delivery is that we cannot provide everything to all of the people all of the time, despite what we wish or desire for ourselves. We need to be clear and proportionate that we do not raise expectations in the context of what is going on in our health service today. Originally supportive of H.C.S. being the provider under these proposals, if adopted, I have completely changed my mind on this. We do need to explore other delivery options more fully. The concern is not about process and procedure which can be legislated for, but about the values and the attitudes we attach to the delivery and oversight of our healthcare system more generally. We are in the early stages of embedding the kind of oversight needed to ensure standards are upheld. To be quite frank, we need to get serious about that if we are to see this kind of service develop under our health system. No longer do I want to hear indefensible use of public money or not needed at all as an excuse for improving governance in our health system. These proposals raise serious questions about our state of readiness for such an important piece of legislative change and it is a central safeguard to these proposals.

[16:45]

In the report prepared for his amendment in 2021, Deputy Morel made the following statement: "I retain strong reservations about the processes, systems and safeguards surrounding it and question whether Jersey is able to deliver these in a wholly appropriate and incorruptible manner." So in making our decisions today, can we be confident these proposals are agreeable, adequate, competent and enough? From my perspective, I believe the safeguards for Route 1 can be upheld on ethical, compassionate and legal grounds. But the overarching governance framework does not, in my view, provide the appropriate safeguard in which to deliver an assisted dying service. For Route 2, the proposals have not yet reached a level of maturity in terms of what is needed to ensure the state does no harm.

The Deputy Bailiff:

Does any other Member wish to speak on this proposition? I call upon Minister to reply.

1.1.35 Deputy T. Binet of St. Saviour:

Before I attempt to provide any form of summary, I would just like to take the opportunity to say a few words of thanks. Firstly to all Members of this Assembly. As always in debates of this delicate

nature speeches have been well considered and very respectful. I would also like to thank all healthcare professionals that have contributed, everyone in the community that has taken part in the consultation process and everyone that has engaged in the democratic process of lobbying, whether for or against the proposition. I am also grateful to Members for enduring my introduction to the debate. With hindsight it may have been a bit too long but I hope it provided a proper context for the difficult issue under discussion. Mercifully, my closing speech will be considerably shorter. Last, but by no means least, I would like to offer my sincere thanks to the 2 senior policy officers who have worked tirelessly and professionally on this proposition for nearly 3 years. **[Approbation]** Whichever way Members intend to vote today, and whatever the outcome, I think we can all agree that these highly motivated individuals have produced a framework for what can rightly be described as a world-class assisted dying service. I think we owe them a debt of gratitude. Moving to the debate itself, we have heard a wide range of differing views from all sides of this complex subject but given that the entire issue is one that involves deep-rooted, indeed foundational, beliefs I feel there is little to be gained by passing particular comment on any of them. I would however make one general exception, and that is to acknowledge that some very constructive suggestions have been made in relation to how matters might be taken forward from here. I would just like to confirm that all of them have been heard, noted and they will form part of the ongoing process in the event that the vote this afternoon takes us in that direction. In addition to this, I would like to add my personal assurance that for as long as I continue to enjoy the confidence of the Assembly I give my word that the quality of approach that has been taken to date will continue throughout. I am unable to offer any more than that. I must now mention money, the health service and priorities, all of which are vitally important and all present something of a challenge for me in my current post. I do not want to detract in any way from the core issue under debate but I must address suggestions that the introduction of this service will degrade palliative care and detract from the stabilisation and improvement of our health service. Members certainly have not missed the fact that I frequently say that nothing happens without money, and that is an inescapable fact. It would be entirely inappropriate for me to launch into a detailed explanation of my intentions regarding health funding, but I have also indicated in the recent past that I intend to come back to the Assembly to explain exactly where we are financially and, subject to Council of Ministers backing, make recommendations for what needs to be done going forward. Health requires increased funding, certainly in the short term, and to an extent I think it will do going forward. I have separate ideas for ill-health prevention and separate ideas for funding that too. To me the problem of funding has been ignored for too long. Ultimately, however, the quality of service and the commitment we have to it will rest with this Assembly. But all of that is for another day. Returning more directly to assisted dying, I would like to address the concerns of the pain that will be experienced in the event that something might go wrong if the service is introduced. Well, we must accept that there are no absolute guarantees, even though the system is exceptionally thorough. However, against this, we really ought to consider the pain that will be endured if we do not introduce the service, and here we do have some guarantees. We can guarantee that the painful deaths that cannot be properly managed with palliative care will continue to go on quietly, out of sight and without fanfare, just as they do now. In a civilised society that cannot be right. Here, like others, I speak with a little authority. I had rather wanted to avoid mention of this but when I watched my own father die, privately and very painfully from pancreatic cancer, I would have struggled to sit by his bedside and listen to someone explaining how important it was for him to endure all the pain that he did simply to satisfy their beliefs or concerns about what might have gone wrong if he were to have opted for an early release. It would have been especially galling, given that he had always asked me to promise that I would not leave him to suffer should he find himself in that precise situation. It troubles me to this day that I let him down. The situation was not for lack of palliative care. Indeed, we were able to access a new arrangement with Southampton Hospital that allowed my father to have morphine at a level above that normally allowed. Being a strong individual the net result was that he died slowly of dehydration, the morphine having rendered him unable to swallow without choking, try as he did. I was not thinking about value for money at the time. I struggle to

find consolation now in thinking that his miserable death could be justified on the basis of healthcare priority. With all of that in mind, I would like to return to the fact that we now have at our disposal a truly excellent framework for the development of an assisted dying service that the majority of Islanders appear to want. All the evidence points to the fact that most people want choice, dignity, and autonomy. Given the many opportunities that we have had to study the details, we all know that the service would have very robust safeguards, the very robust safeguards required to deliver that. As I said in my introductory speech, if a malintent was looking to inherit early, the last avenue they would pursue would be Jersey's assisted dying service. So, all that brings me appropriately, I think, to my final comment. I would like to leave the Assembly with the same question as was asked by the Dean as he closed his speech. In what sort of society do we want to live? I thank you and call for the appel.

The Deputy Bailiff:

Thank you, Minister. To confirm, you are asking for separate votes on each of the 5 subparagraphs in your proposition. Minister, to confirm, you are asking for 5 separate votes on each subparagraph for your proposition. That is right, is it not?

Deputy T. Binet:

Apologies, Sir, yes, indeed I am.

The Deputy Bailiff:

Yes, thank you very much. So the Greffier will summarise the effects of each subparagraph before the vote to remind any Members who do not have it in front of them what each paragraph says. I invite Members to return to their seats and I invite the Greffier to summarise the effect of paragraph A of the proposition before opening the voting.

The Greffier of the States:

Paragraph (a) provides a mandate to progress to law drafting and sets out the core eligibility criteria. It is taken alongside the appendix which sets out essential provisions and safeguards, and the associated arrangements for regulatory oversight.

The Deputy Bailiff:

I ask the Greffier to open the voting on subparagraph (a) of the proposition. If all Members have cast their vote, I ask the Greffier to close the voting on subparagraph (a), which has been adopted.

POUR: 31		CONTRE: 15		ABSTAIN: 0
Connétable of St. Peter		Connétable of St. Helier		
Connétable of St. Martin		Connétable of St. Lawrence		
Connétable of St. John		Connétable of St. Brelade		
Connétable of St. Clement		Connétable of Trinity		
Connétable of Grouville		Connétable of St. Ouen		
Connétable of St. Mary		Connétable of St. Saviour		
Deputy G.P. Southern		Deputy K.F. Morel		
Deputy C.F. Labey		Deputy I.J. Gorst		
Deputy M. Tadier		Deputy K.L. Moore		
Deputy L.M.C. Doublet		Deputy Sir P.M. Bailhache		
Deputy S.M. Ahier		Deputy D.J. Warr		
Deputy R.J. Ward		Deputy A. Howell		
Deputy C.S. Alves		Deputy R.S. Kovacs		
Deputy I. Gardiner		Deputy B. Ward		
Deputy L.J. Farnham		Deputy K.M. Wilson		
Deputy P.F.C. Ozouf				
Deputy T.A. Coles				

Deputy B.B.de S.V.M. Porée				
Deputy H.M. Miles				
Deputy M.R. Scott				
Deputy J. Renouf				
Deputy C.D. Curtis				
Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy H.L. Jeune				
Deputy M.E. Millar				
Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy A.F. Curtis				
Deputy L.K.F. Stephenson				
Deputy M.B. Andrews				

We now move on to (b), which the Greffier will summarise.

The Greffier of the States:

Paragraph (b) is a vote for assisted dying for those with a terminal illness referred to as Route 1.

The Deputy Bailiff:

I ask the Greffier to open the voting. If all Members have cast their vote, I ask the Greffier to close the voting. I can announce that (b) has been adopted.

POUR: 32		**CONTRE: 14**		**ABSTAIN: 0**
Connétable of St. Peter		Connétable of St. Helier		
Connétable of St. Martin		Connétable of St. Lawrence		
Connétable of St. John		Connétable of St. Brelade		
Connétable of St. Clement		Connétable of Trinity		
Connétable of Grouville		Connétable of St. Ouen		
Connétable of St. Mary		Connétable of St. Saviour		
Deputy G.P. Southern		Deputy K.F. Morel		
Deputy C.F. Labey		Deputy I.J. Gorst		
Deputy M. Tadier		Deputy K.L. Moore		
Deputy L.M.C. Doublet		Deputy Sir P.M. Bailhache		
Deputy S.M. Ahier		Deputy D.J. Warr		
Deputy R.J. Ward		Deputy A. Howell		
Deputy C.S. Alves		Deputy R.S. Kovacs		
Deputy I. Gardiner		Deputy B. Ward		
Deputy L.J. Farnham				
Deputy P.F.C. Ozouf				
Deputy T.A. Coles				
Deputy B.B.de S.V.M. Porée				
Deputy H.M. Miles				
Deputy M.R. Scott				
Deputy J. Renouf				
Deputy C.D. Curtis				
Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy H.L. Jeune				
Deputy M.E. Millar				
Deputy T.J.A. Binet				
Deputy M.R. Ferey				

Deputy A.F. Curtis				
Deputy K.M. Wilson				
Deputy L.K.F. Stephenson				
Deputy M.B. Andrews				

The Deputy Bailiff:

We now move to paragraph (c) of the proposition, which the Greffier will summarise.

The Greffier of the States:

Paragraph (c) is a vote for assisted dying for those with unbearable suffering who may or may not have a terminal illness, referred to as Route 2.

The Deputy Bailiff:

I ask the Greffier to open the voting. If all Members have cast their vote, I ask the Greffier to close the voting. Part (c) has been rejected.

POUR: 19		**CONTRE: 27**		**ABSTAIN: 0**
Connétable of St. John		Connétable of St. Helier		
Connétable of St. Clement		Connétable of St. Lawrence		
Deputy G.P. Southern		Connétable of St. Brelade		
Deputy C.F. Labey		Connétable of Trinity		
Deputy M. Tadier		Connétable of St. Peter		
Deputy L.M.C. Doublet		Connétable of St. Martin		
Deputy S.M. Ahier		Connétable of Grouville		
Deputy R.J. Ward		Connétable of St. Ouen		
Deputy C.S. Alves		Connétable of St. Mary		
Deputy L.J. Farnham		Connétable of St. Saviour		
Deputy P.F.C. Ozouf		Deputy K.F. Morel		
Deputy T.A. Coles		Deputy I. Gardiner		
Deputy B.B.de S.V.M. Porée		Deputy I.J. Gorst		
Deputy H.M. Miles		Deputy K.L. Moore		
Deputy M.R. Scott		Deputy Sir P.M. Bailhache		
Deputy L.V. Feltham		Deputy D.J. Warr		
Deputy R.E. Binet		Deputy J. Renouf		
Deputy H.L. Jeune		Deputy C.D. Curtis		
Deputy T.J.A. Binet		Deputy M.E. Millar		
		Deputy A. Howell		
		Deputy M.R. Ferey		
		Deputy R.S. Kovacs		
		Deputy A.F. Curtis		
		Deputy B. Ward		
		Deputy K.M. Wilson		
		Deputy L.K.F. Stephenson		
		Deputy M.B. Andrews		

Deputy R.J. Ward:

Sorry, can I just confirm that the Ward, the second one pour was me with Deputy Rob Ward, it is just there are 2 Wards?

The Greffier of the States:

Yes.

The Deputy Bailiff:

Thank you. We now move on to paragraph (d) of the proposition, which the Greffier will summarise.

The Greffier of the States:

Paragraph (d), as amended, provides the right for any person to refuse to participate in an assisted death.

The Deputy Bailiff:

I ask the Greffier to open the voting. If all Members have cast their votes, I ask the Greffier to close the voting.

[17:00]

I can announce that that has been adopted.

POUR: 45		**CONTRE: 1**		**ABSTAIN: 0**
Connétable of St. Helier		Connétable of St. Ouen		
Connétable of St. Lawrence				
Connétable of St. Brelade				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Connétable of Grouville				
Connétable of St. Mary				
Connétable of St. Saviour				
Deputy G.P. Southern				
Deputy C.F. Labey				
Deputy M. Tadier				
Deputy L.M.C. Doublet				
Deputy K.F. Morel				
Deputy S.M. Ahier				
Deputy R.J. Ward				
Deputy C.S. Alves				
Deputy I. Gardiner				
Deputy I.J. Gorst				
Deputy L.J. Farnham				
Deputy K.L. Moore				
Deputy P.F.C. Ozouf				
Deputy Sir P.M. Bailhache				
Deputy T.A. Coles				
Deputy B.B.de S.V.M. Porée				
Deputy D.J. Warr				
Deputy H.M. Miles				
Deputy M.R. Scott				
Deputy J. Renouf				
Deputy C.D. Curtis				
Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy H.L. Jeune				
Deputy M.E. Millar				
Deputy A. Howell				

Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy R.S. Kovacs				
Deputy A.F. Curtis				
Deputy B. Ward				
Deputy K.M. Wilson				
Deputy L.K.F. Stephenson				
Deputy M.B. Andrews				

The Deputy Bailiff:

I move to subparagraph (e) and I invite the Greffier to summarise the effect of (e).

The Greffier of the States:

Paragraph (e) sets out the requirement for minimum timeframes in the process.

The Deputy Bailiff:

I ask the Greffier to open the voting. If all Members have cast their votes, I ask the Greffier to close the voting. Part (e) has been adopted.

POUR: 44		**CONTRE: 1**		**ABSTAIN: 1**
Connétable of St. Helier		Deputy B. Ward		Deputy R.S. Kovacs
Connétable of St. Lawrence				
Connétable of St. Brelade				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Connétable of Grouville				
Connétable of St. Ouen				
Connétable of St. Mary				
Connétable of St. Saviour				
Deputy G.P. Southern				
Deputy C.F. Labey				
Deputy M. Tadier				
Deputy L.M.C. Doublet				
Deputy K.F. Morel				
Deputy S.M. Ahier				
Deputy R.J. Ward				
Deputy C.S. Alves				
Deputy I. Gardiner				
Deputy I.J. Gorst				
Deputy L.J. Farnham				
Deputy K.L. Moore				
Deputy P.F.C. Ozouf				
Deputy Sir P.M. Bailhache				
Deputy T.A. Coles				
Deputy B.B.de S.V.M. Porée				
Deputy D.J. Warr				
Deputy H.M. Miles				
Deputy M.R. Scott				
Deputy J. Renouf				
Deputy C.D. Curtis				

Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy H.L. Jeune				
Deputy M.E. Millar				
Deputy A. Howell				
Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy A.F. Curtis				
Deputy K.M. Wilson				
Deputy L.K.F. Stephenson				
Deputy M.B. Andrews				

The Deputy Bailiff:

That concludes that debate.

2. Jersey Consumer Council: Re-appointment of Chairman (P.23/2024)

The Deputy Bailiff:

We now move on to Re-appointment of Jersey Consumer Council Chair lodged by the Minister for Sustainable Economic Development. The main respondent being the chair of the Corporate Services Scrutiny Panel. I invite the Greffier to read the proposition.

The Greffier of the States:

The States are asked to decide whether they are of opinion - to refer to their Act dated 2nd February 2011 regarding the Jersey Consumer Council and, in accordance with paragraph (b)(ii) of "Jersey Consumer Council - future mandate" (P.182/2010), to approve the reappointment of Mr. Carl Walker as chairman of the Jersey Consumer Council for a further term of 3 years with effect from 14th April 2024.

2.1 Deputy K.F. Morel (The Minister for Sustainable Economic Development):

I am pleased to propose to the Assembly the reappointment of Mr. Carl Walker as chair of the Jersey Consumer Council. This organisation has weathered many challenges in recent years, including the COVID-19 pandemic, a significant rise in inflation and the resultant cost-of-living crisis. This in itself led to a number of projects being put on hold because the Consumer Council had to react to the urgent challenges. But the Consumer Council now operates with 2 new part-time officers, which allows the Council to pursue a number of pieces of work which had previously been delayed. It is for that reason that I am proposing that we reappoint Mr. Walker for another 3 years. Among these pieces of work are a consumer fair, Youth Council member representation and promotion of younger consumer concerns, as well as additional work on ongoing issues, including A.T.O.L. (Air Travel Organisers' Licensing) the travel bond protection, insurance for Islanders and businesses and an improved price-comparison service. Members will be aware that the Consumer Council has recently updated its constitution to expand its remit to promoting the interests and rights of young people as consumers and to remove the upper limit on the number of volunteers of the Jersey Consumer Council. It is also being changed to allow the chair to stand for another 3 years. I do hope that the Consumer Council will be able to build on this work that Mr. Walker has so clearly undertaken and worked so hard to undertake and that he and the Council will be given the opportunity to see through these important projects. Sir, I propose the proposition.

The Deputy Bailiff:

Thank you very much. Is the proposition seconded? **[Seconded]** Does any Member wish to speak on the proposition?

Deputy M. Tadier:

I am happy if the Chief Minister wants to go first but I am happy to …

The Deputy Bailiff:

Do you want to go first, Chief Minister?

Deputy L.J. Farnham:

No, thank you, Sir.

The Deputy Bailiff:

All right, you are first then.

Deputy L.J. Farnham:

I am going to wait and see what he says.

The Deputy Bailiff:

You are both very polite today. **[Laughter]**

2.1.1 Deputy M. Tadier:

We are obviously very polite after the debate we have had. This probably seems like a fairly straightforward reappointment but as the Chair of the Scrutiny Panel to which this falls, I do have one or 2 comments to make on behalf of the Panel; it is something we considered. It is simply to say that when we received this we noted that there were a number of changes being made, most of which once we had got the answers to we were satisfied with that they made sense. But one thing I think is worth flagging up to the Assembly is the fact that in order for this reappointment to be made, as the Minister did allude to, it was necessary to change the policy, if you like, that went around the tenure of the chair because it had been, up until that point, limited to 6 years and the current incumbent had reached the end of that 6-year period. We, as a panel, did ask what the rationale was for having a 6-year period in the first place if it was simply to be extended for another 3 years. Because I presume that when one puts terms in place, and this is not something that is limited to this particular role, you find it in all sorts of committees that exist around the Island. I seem to recall from my days on the Arts Centre Committee that they have lengths of service that a particular position-holder, the chair or the treasurer, can remain in office for. That is done deliberately, presumably to get some fresh ideas and fresh thinking in place. If it is the case that this was changed simply to allow the current incumbent to stay in position, one has to question why there is a maximum length of time at all. I suppose looking ahead to 3 years' time, what would happen if the current incumbent is presumably doing a good job and wants to stay in the position, would we simply abolish the 9 years and say that he can carry on *ad infinitum* or until he gets bored or retires from that position? This very much is not talking about whether the individual is competent to be able to do that position but it does beggar the question about why we would put time restrictions in place in the first place if we are simply going to rip them up. It does also then beggar the question as to whether or not a procedure was followed for other potential candidates to put themselves forward, which we have seen potentially desirable. If you know, for example, that the term of office is coming to an end one might expect for an open and transparent process for other individuals to apply for this position and for the best person to be chosen on merit. I would be interested to know if any of that has happened, if any of that can happen under the current system. I do not think it can because this is simply an automatic rubber-stamping and reappointment. Some reassurances about what would happen in 3 years' time if indeed the individual who we can name - but I do not need to name him - wants to go for that job. I clarify that, probably what I am going to do for this appointment is to abstain on it and that is no reflection on the person in the current role. I do not expect necessarily anyone else to do that or anyone even on the panel to do that. But I think for my position I would like to keep that objectivity when looking

at this and potentially reviewing it in the next few years. But I do wish the Consumer Council and the individual all the best for the next 3 years, if indeed he does get reappointed. I think the Consumer Council does some really vital work in Jersey, especially given the size of Jersey and given the fact that the cost of living is a perennial issue and the fact that we probably have quite a lot of monopolies operating in the Island. I make no criticism of that but often that is the nature of being a small island. I think they have got their work cut out and I wish them all the best for that.

2.1.2 Deputy L.J. Farnham:

I will let the Minister deal with the time question that Deputy Tadier asked in his summing up. I am sure he is prepared for that. I would certainly agree with the maximum, in principle, 9-year limit. I just wanted to say that I have worked with Mr. Walker when I was carrying out the role that Deputy Morel is now carrying out, and I find him to be of excellent character. The work he was doing was interrupted quite significantly during the COVID pandemic and since then we have just seen some momentum building again. The work that the Consumer Council are doing is going to be particularly important in highlighting competition issues, especially now when we are in times of high inflation. I just wanted to endorse the appointment wholeheartedly.

The Deputy Bailiff:

Does any other Member wish to speak on this proposition? I call upon the Minister to reply.

Deputy P.F.C. Ozouf:

Yes, please, Sir.

The Deputy Bailiff:

Yes, Deputy Ozouf.

2.1.3 Deputy P.F.C. Ozouf:

I welcome the reappointment of Mr. Walker and I was heartened to hear the comments of the chair of the Scrutiny Panel and the Chief Minister. Members will recall a strong interest by certain Members, one being myself, of the importance of advocacy for consumer rights, in particular the work of promoting fair competition in what is, as the Chief Minister says, an Island marketplace. Also, if the Minister could kindly, in his summing up, reinforce for the avoidance of any doubt - I take on board and fully support of course the issues of children and the youth membership, that is great - but I would also wish the Minister to kindly say that he does see that Jersey's Consumer Council does have - at the moment it is not a statutory right - a right to engage and an obligation to engage actively for the rights of consumers in this particularly difficult and ongoing time of high and rising cost of living and inflation on a statistic that we cannot directly compare because we do not measure the same level as everywhere else in the world. The role of the Consumer Council can monitor competition in the marketplace. They are well placed - better than the regulator - to identify anti-competitive practices, such as price-fixing, cartel behaviour and they can keep a close eye on the market dynamics. They can speak out in a way that other organisations cannot. The chairman has so far done that and I would like - if the Minister is minded to say so - the public support that the chairman and the Council has in undertaking that vital work, which seems to me to be an increasing concern in Jersey, as we see a contracting marketplace. I know barriers to business are a difficulty but we are seeing a widening of the inflation rate in Jersey, compared to that of our neighbours, and that means we are eroding the cost of the Jersey pound. Providing the Consumer Council, it does not have a statutory role, it could do but their role is absolutely vital in competition policy enforcement, in advocacy and they can play a very significant role. I think it is not clear from the Common Strategic Policy, which is why I abstained, I am not quite clear as where the real effort is going to be on one of the issues of the most serious public concern that we have that is cutting across all society groups, all sectors, as we see - I do not want to use an emotive word - the word of the very destructive situation of inflation eroding the real value of the pound in our pockets and the pound that people

have and that then in turn increases Government spending and it limits consumer choices and makes us uncompetitive. The Consumer Council is there to assist us and I think they have a big job of work and the chairman in his new role, in his new 3-year term, will have a massive work and I hope the Minister agrees.

2.1.4 Deputy K.F. Morel:

I would like to thank the Chief Minister, Deputy Tadier and Deputy Ozouf for speaking and I just wanted to welcome Deputy Ozouf back speaking in the Assembly; it is good to hear him. I am really pleased to be able to say that in response, partly to Deputy Ozouf, and these are the words … I do hope Mr. Walker will not mind me using his words which he sent to me but he says in his own words: "We have lots to do and want to achieve. We are the only motivation to help ordinary Islanders simply get by and to ensure we are all being treated fairly." I think he puts that really well, as his motivation for the work that the Consumer Council does. I have to say that the Consumer Council is, in my view, one of the kind of underpraised - I do not think that is a phrase – under-lauded perhaps institutions in the Island. I think the work they do is absolutely superb. They do it on a very, very small budget, a modest budget I should say, and their work is principally done by volunteers. I think that is amazing because they are doing all that work for us. I do thank all the members of the Council and all the people who help that Council as well. To Deputy Tadier, I would really like to thank him and his panel for their comments, which I hope Members have read; they are really helpful comments. I can say to the Assembly it was not easy when faced with this question of should we seek to change the constitution to allow Mr. Walker to stand for another 3 years or not? Because I have often spoken in this Assembly about the importance of limiting terms of office. I believe the Institute of Directors guidelines say 6 years is an appropriate term, 9 years is that bit too much. But what this does do is align it with all the other States bodies, so A.L.O.s (arm's length organisations, States-owned entities and so on, all have 9-year limits. This brings that in line with that, so that is one reason for it. The other was just in this case to enable Mr. Walker and the Council that he has worked with to do the work that they were not able to do.

[17:15]

Because they did have ambitious plans that they could undertake and because of COVID and Brexit and various other matters they were really restricted in what they could do. If I could just help you understand some of the work they are doing. They are looking at issues such as recovery of costs for gas customers caused by outages, for the matter of insurance providers pulling out of the Island or increasing prices. Through their price-comparison website they are putting constant pressure on grocery prices and petrol prices. They are also looking at the matter of credit card applications, as well as that consumer fair that they want to do. That is just a small taste of some of the work they are doing as principally volunteers and, like I say, with a very modest budget. I hope I have satisfied particularly Deputy Tadier's questions ,and I ask the Assembly to support the proposition.

The Deputy Bailiff:

Is the appel called for? The appel has been called for. I invite Members to return to their seats and I ask the Greffier to open the voting. If all Members have cast their votes, I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 45		CONTRE: 0		ABSTAIN: 1
Connétable of St. Helier				Deputy M. Tadier
Connétable of St. Lawrence				
Connétable of St. Brelade				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Martin				
Connétable of St. John				

Connétable of St. Clement				
Connétable of Grouville				
Connétable of St. Ouen				
Connétable of St. Mary				
Connétable of St. Saviour				
Deputy G.P. Southern				
Deputy C.F. Labey				
Deputy L.M.C. Doublet				
Deputy K.F. Morel				
Deputy S.M. Ahier				
Deputy R.J. Ward				
Deputy C.S. Alves				
Deputy I. Gardiner				
Deputy I.J. Gorst				
Deputy L.J. Farnham				
Deputy K.L. Moore				
Deputy P.F.C. Ozouf				
Deputy Sir P.M. Bailhache				
Deputy T.A. Coles				
Deputy B.B.de S.V.M. Porée				
Deputy D.J. Warr				
Deputy H.M. Miles				
Deputy M.R. Scott				
Deputy J. Renouf				
Deputy C.D. Curtis				
Deputy L.V. Feltham				
Deputy R.E. Binet				
Deputy H.L. Jeune				
Deputy M.E. Millar				
Deputy A. Howell				
Deputy T.J.A. Binet				
Deputy M.R. Ferey				
Deputy R.S. Kovacs				
Deputy A.F. Curtis				
Deputy B. Ward				
Deputy K.M. Wilson				
Deputy L.K.F. Stephenson				
Deputy M.B. Andrews				

That concludes Public Business for this meeting.

ARRANGEMENT OF PUBLIC BUSINESS FOR FUTURE MEETINGS

The Deputy Bailiff:

I invite the chair of P.P.C. (Privileges and Procedures Committee) to propose the arrangements of public business for future meetings.

3. The Connétable of St. Martin (Chair, Privileges and Procedures Committee):

Our next States sitting is on 11th June and there have not been any changes since the publication of the Consolidated Order Paper. At the moment we have 8 items on the agenda: Pay Gap Reporting P.13/2024; Minimum Wage: Increase to Match the Living Wage P.19/2024; Strategic Reserve Fund: Long-term funding plan P.22/2024; Draft Unlawful Public Entertainments (Jersey) Regulations P.24; Draft Income Support Law and Regulations Amendment Regulations P.25; States of Jersey

Development Company Limited: new Articles of Association P.26; Draft Social Security Law Amendment Regulations P.27 and the Youth Service Statutory Provision P.28. Bearing in mind that we have 8 items listed, we should be prepared to sit on at least Tuesday, 11th and Wednesday, 12th June. I make the proposition.

The Deputy Bailiff:

Is the proposition seconded? **[Seconded]** Does any Member wish to speak on the Public Business as proposed by the chair of P.P.C.? Are Members now content to adjourn until 9.30 a.m. on 11th June? We are adjourned.

ADJOURNMENT

[17:17]