



**OFFICIAL REPORT**

**OF THE**

**STATES OF DELIBERATION**

**OF THE**

**ISLAND OF GUERNSEY**

**HANSARD**

**Royal Court House, Guernsey, Thursday, 17th May 2018**

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**Present:**

**Sir Richard J. Collas, Kt, Bailiff and Presiding Officer**

**Law Officers**

Miss M. M. E. Pullum, Q.C. (H.M. Procureur),

**People's Deputies**

**St Peter Port South**

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B. L. Brehaut, R. H. Tooley

**St Peter Port North**

Deputies, J. A. B. Gollop, C. N. K. Parkinson, L. C. Queripel, M. K. Le Clerc,  
M. P. Leadbeater, J. I. Mooney

**St Sampson**

Deputies L. S. Trott, J. S. Merrett, G. A. St Pier,  
T. J. Stephens, C. P. Meerveld

**The Vale**

Deputies M. J. Fallaize, N. R. Inder, M. M. Lowe, L. B. Queripel,  
J. C. S. F. Smithies, S. T. Hansmann Rouxel

**The Castel**

Deputies R Graham L.V.O, M. B. E, C. J. Green, B. J. E. Paint,  
M. H. Dorey, J. P. Le Tocq

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**The South-East**

Deputies H. J. R. Soulsby, H. L. de Sausmarez, P. J. Roffey,  
R. G. Prow, V. S. Oliver

**Representatives of the Island of Alderney**

Alderney Representatives L. E. Jean and S. D. G. McKinley, O. B. E.

**The Clerk to the States of Deliberation**

S. M. D. Ross (H.M. Deputy Greffier)

**Absent at the Evocation**

R. M. Titterington, Q.C. (H.M. Comptroller);  
Deputy P. R. Le Pelley (*absent de l'île*)

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# States of Deliberation

*The States met at 9.30 a.m.*

[THE BAILIFF *in the Chair*]

## **PRAYERS**

*The Deputy Greffier*

## **EVOCATION**

### **Procedural – Filming of the Assembly**

**The Deputy Greffier:** Billet d'État XII of 2018, Article V – continuation of the debate.

**The Bailiff:** Members of the States, before we resume debate, can I just explain to you a request that I have had on behalf of the media? I thank you very much all for co-operating with the filming that has just taken place. I have had a further request that the media film the closing speeches and the voting.

That was put to me late yesterday evening and I am going to put that to you for a vote after lunch. But let me just explain some background. The States, in 2014, resolved in principle to permit the broadcast of live television pictures and recorded extracts of any public proceedings of the States of Deliberation and the States of Election, subject to the terms and conditions of any contract agreed by the States' Assembly & Constitution Committee, acting for and on behalf of the States.

I think you will all be aware that that extant Resolution exists. One of a number of reasons for needing terms and conditions is that this Chamber does not lend itself very easily for filming, because there would need to be several cameras around the Chamber in order to ensure that they are not filming the backs of some people's heads and the faces of others. Also, what conditions would be allowed with regard to panning around the Chamber, and so on.

There is quite a lot of detail that would need to be agreed with the media. There would also need to be additional cameras supplied, which would be at a cost. It is really for those issues that the provision of permanent live television broadcasting has not so far taken place. There is a discretion under the Rules for the Presiding Officer to give permission for filming and television broadcasts.

Late last week, I did receive a request on behalf of one of the local media, but clearly it would have extended to all media, to broadcast the entirety of the debate. I said 'no' for principally two reasons. Firstly, it was too short notice to agree what the terms and conditions would be. Secondly, I was concerned at the number of cameras that might be involved and, if there were going to be a large number of people in the Public Gallery, you have seen the amount of space that cameras take up, it would mean that members of the public might not be able to attend.

That request came in late last week. I refused permission and I made the States' Assembly & Constitution Committee aware, through their President, and I understand that the Members of SACC supported that decision at that time.

After we rose yesterday evening at 5.30 p.m., I have received a request, on behalf of the local and national media, and specifically on behalf of Sky News, Al Jazeera, ITV National and BBC National to do some recording. I felt that it was within my discretion to allow the filming that has  
35 just taken place, because that is what we do from time to time and indeed we have not had any footage taken of the current seating arrangements within the Chamber. So I had been thinking, in any event, we probably needed to allow some fresh filming.

That has happened, and I am grateful to you, as I say, I felt it was within my authority to give permission for that because that is what we do from time to time. But then I had the further  
40 request that one camera be permitted in the Chamber, on the basis that the filming that would take place would be made available to all other local, national and international media that would be interested. One camera to record the two closing speeches, from Deputies Le Tocq and St Pier and also the voting.

I imagine that the voting will probably be a recorded vote and may well be on separate  
45 Propositions, so there will be quite a bit of voting to take place. I did not feel that it was within my authority, at that short notice, to give permission to that. I felt this was a matter that the Members of the Assembly should decide and that is why I am making you aware of that request. I do not want to provoke a debate on it, because we have got far more important things to be debating.

Equally, I do not want to take you by surprise with it. So I am going to leave you the morning  
50 to think about it and over lunch. I am sure we are not going to complete this debate this morning and I will invite you, at 2.30 p.m., to just give a vote as to whether you agree that, yes, filming can take place of the two closing speeches and the voting. If it is to take place I would envisage that it would be on condition that there be only one camera, but that be made available to all media, that the filming be only of the speaker – that may well be that that might include the person  
55 either side, but when the filming is taking place they should not be able to pan around the Chamber and film other people. It should just be the speakers, although inevitably, when the voting takes place, there would be some panning around the Chamber, in order to record who is voting what.

As I say, I do not want a debate on it. I am making you aware of that. I will give you the  
60 morning and lunch time to think about it and we will take a vote at 2.30 p.m. as to whether you will permit that. I hope that is clear. Deputy Tooley?

**Deputy Tooley:** Sorry, sir.

I just wondered would it be possible for us to know in advance of that vote how the two  
65 people who will be delivering the closing speeches feel about being recorded at that point. I think it would really help us to know in advance what their preference is.

**The Bailiff:** I have made them both aware in the last half an hour. They may wish to think  
70 about it, but I am very happy at 2.30 p.m. that I will let you know what views they have, which will give them a chance, during the course of the morning to think. Thank you very much for making that suggestion.

## Billet d'État XII

### **I. Requête – Assisted Dying – Debate continued**

*Article 1.*

*The States are asked to decide:*

*Whether, after consideration of the Requête titled "Assisted Dying" they are of the opinion:-*

*To direct that:*

*1. The States agree in principle to the development of a suitable legal regime to permit assisted dying in Guernsey subject to and conditional upon:*

*a. the development of appropriate and effective capacity legislation and any other legislation which may be required; and*

*b. proposition 2.*

*2. The Policy & Resources Committee establish a working party with such membership as it sees fit and having consulted appropriately (for example, with members of the public, the Committees for Health & Social Care and Home Affairs, the Guernsey Disability Alliance, relevant UK bodies such as the British Medical Association) to report back to the States of Deliberation within 18 months with recommendations for a suitable legal regime, including consideration of inter alia:*

*a. the legal and professional obstacles required to be overcome in order to permit assisted dying in Guernsey;*

*b. whether it shall be a requirement that the individual is terminally ill and, if so, the means by which that shall be defined and determined;*

*c. whether it shall be a requirement that the individual shall physically administer the final act to themselves or whether it shall be permitted for others to assist;*

*d. whether there should be a requirement for individuals to be locally resident;*

*e. what measures are required to protect the vulnerable and prevent abuse of the legislation;*

*f. the numbers and roles of doctors under any proposed assisted dying legislation and whether they would be permitted to have any conscientious objection to an individual's request; and*

*g. the age at which an individual shall have capacity for purposes of consenting under the assisted dying legislation.*

*3. The Policy & Resources Committee liaise with the States of Alderney to consider whether and how the States of Alderney and the States of Guernsey could work together to minimise the duplication of effort necessary to consider the issues in order to develop a suitable policy and legal regime to permit assisted dying in both islands.*

**The Bailiff:** So we can proceed with the debate and I call next Deputy Le Tocq. You will recall, yesterday, I agreed he could make two speeches. He will speak now, and he will make a penultimate speech before Deputy St Pier responds.

75

**Deputy Le Tocq:** Thank you, sir. I thank you for your indulgence in allowing me to do that and that of the Assembly, as well.

Members will be glad, I am sure, to know that overnight I have managed to reduce what I said I would be doing, so it is worthwhile doing that. I have not got 39 articles, or even 31 articles, like Deputy St Pier, but I am not going to be short, because there are important things I want to address.

80

In terms of background, we heard yesterday quite a number of personal, painful, even distressing stories. I am sure we will hear some more today, and I agree wholeheartedly with

85 Deputy Roffey, who said they are not just anecdotes, they are real people and real emotions. I have some of my own.

Having served for over 25 years in a Christian ministry, mainly in one local church, I have been involved with the dying and the deaths of well over 100 people. I did actually try to count, going back through my journals and I gave up at over 100, because I am pretty certain that is probably  
90 more than most people in this Assembly.

Some of those, I was with at the point of death. Quite a few dozen of those, including my own mother. I have wept with family members, I have slept overnight in the same room as a person who is dying. I think I have experienced a huge range of different types of death and dying, bereavement, grief and the whole plethora of emotions that affect us all as human beings, which  
95 is what we share in common. We share life and we share death, even if we do not share anything else.

That is why this particular issue, sir, is complex. It is complicated. Some might want to make it into a simplistic issue of human rights, personal choice on the one hand, or protection of life on the other. For me, it is not black and white, and I do not believe we should make it so. It is not, either,  
100 an issue of faith or no faith. There are people of faith on both sides of this debate, just as there are atheists on both sides of this debate. So let us not make it that, either. It is more complicated than that.

There may be a differentiation of opinions and world views between younger generation and older generation. Indeed, I think I have changed my views over the years, as a result of the  
105 multiple experiences I have had of people in their dying days. It is interesting to note that, within P&R, it is the two younger Members that are in favour of this Requête and us oldies who are not. Even though, Deputy Trott is only four months younger than me. I will possibly come back to that in due course. Not Deputy Trott! That is more indicative than substantial.

I want to begin with a question to pose. What is worse, not to kill someone who wants to die  
110 or to kill someone who, with the right care, might want to live? The issues of death and dying have attracted great public attention during the last few weeks. At the same time, we are living in days where we witness increasing pronouncements and critiques of modern medicine's application of techniques and interventions.

In this latter respect, we need to pause to consider the ways in which patients are increasingly  
115 benefiting from them. Movements supporting assisted dying, suicide and euthanasia have often started as protests against the growing tendency in medicine to alienate individuals from their own death and dying as well as in search of a better death.

The issue of assisted suicide is particularly contentious, perhaps with regard to the significance that many attach to the principle of respect for a patient's autonomy. For others it is more  
120 complicated than that. Increasing knowledge and expertise, not just in palliative care but also in early detection of conditions, early treatments, support, holistic care for loved ones, community care and end of life care in general, has led to claims that the provision of effective health and care services such as these renders discussion about the need for assisted suicide unnecessary.

I would go further than that and I want to explain why. I want to focus on the relationship  
125 between the quality of end of life care we should provide, compared with the various means of assisted dying that the Propositions before us open us up to. Especially with respect to two key questions, which I believe have already come out in debate in this Assembly and in the weeks leading up to it.

Are they mutually exclusive? That is the first question. Are these two concepts, palliative care,  
130 good end of life care, and assisted dying mutually exclusive? The other question is the question of individual autonomy and what it means, because Deputy St Pier and others have made much of this.

So let us start with this latter question. In the run-up to this debate, I had a number of quite  
135 vivid and deep conversations and one was with someone who was vehemently for assisted dying. He said to me, 'Say we both want to go to Jerusalem, but I want to check out Zurich first. You do not. I will take the plane to Zurich, you take another one to Jerusalem. I will join you later if I want



to.' All sounds fine, except I believe we are actually on a train together. If you insist on going to Zurich, I have no option but to travel with you. That is the nature of our community. That is the nature of society.

140 That is why yesterday when Deputy St Pier opened, I wondered whether he was going to go as far as Margaret Thatcher in his advocacy of autonomy by saying there is no such thing as society. But compassion, which we all want, and I believe all sides want to show compassion, is not simply personal and individual. It has collective and corporate implications.

145 We live in an age of increasing individualism, where perhaps the old adages like 'all for one and one for all' are deemed passé. So prevalent now is the 'I only had the prawn cocktail syndrome' when you go to the restaurant and you want to split the bill equally, but someone says, 'I only had the prawn cocktail'. So prevalent is this syndrome that we can inadvertently find ourselves using it with virtues such as compassion, mercy and even state assistance to grant me my rights.

150 No man is an island. One's rights impinge upon another's. Rights must also be balanced with responsibilities. I have said so often, you see many people marching to demand their rights, but I have yet to see the same crowds march to demand their responsibilities. But despite what previous UK prime ministers have said, I believe there is such a thing as society. If it continues, it is true, to demand personal autonomy then, to take it to its logical conclusion, it will begin to self-implode.

155 If society and community are important values and we are all part of them, then one perceived right must be balanced against another. Similarly, one of our roles as a Government is to ensure our associated communal responsibilities are well understood. It is a matter of us choosing and that is why it is right that it is this Assembly that makes that decision.

160 As such all of us, as individuals, have our perceived rights limited in certain ways. This exists now, and it would exist after assisted dying if we brought that regime in. We have our perceived rights limited in certain ways and at certain times, in order that the good of, and for, all, in our corporate responsibilities as a society, can be enjoyed to the full, by the maximum number possible.

165 To be clear, I am not advocating removing anyone's rights. I had this addressed at me as well and I am sure others did during the run-up to this debate: 'You are taking away my right.' If you vote for Propositions 1-4, you will not be taking away anyone's rights. If Members vote for those Propositions you will be not taking away anyone's rights. There is no statutory right to have assistance to end your life prematurely. Neither is there a right to suicide. It is simply no longer a criminal offence and I agree with that. But it is not an option or a recommendation.

170 Definitions, I believe, are important and to clarify, before I go on any further, I can understand the differentiation that some want to make with assisted dying and other forms of euthanasia. But it is still, in my mind, a form of suicide. Indeed there are many variants and forms of assisted dying itself, or assisted suicide. Physician-assisted suicide, for example, is just one of those, with a physician present or not. Or based on prescriptions for self-medication, or by a lethal injection from a professional. In a clinical environment, in a care facility, at a hospice even, or at home.

175 However, in my mind, all are forms of euthanasia, which is the broad term for these activities. It is vital to note that the vast majority of people working in the area of palliative care and, indeed, end of life care generally are firmly opposed to any form of assisted dying or euthanasia. Especially in a place like Guernsey, which has only one hospice. Many claim that palliative care can only be taken seriously if euthanasia is removed from the spectrum of medical practices. In other words, medicalising assisted suicide dynamically and negatively changes the doctor/patient relationship.

180 From an historical point of view, when Dame Cicely Saunders established St Christopher's Hospice in 1967, it was partly out of a discomfort with the tendencies in British society to favour legalisation of euthanasia in one form or another. According to Dame Saunders, pleas for a legalisation of euthanasia could be explained through science and medicine's drive to prolong patients' lives at all costs, with medical and technological means available.

190 The hospice movement she founded, following its establishment, has always wanted to show that through appropriate palliative care, appropriate end of life care, requests for assisted dying can be prevented. But this has never been its overriding intention. The maxim that the patient's death should neither be intentionally hastened nor uncritically postponed is pervasive in hospice practice. From that point of view, euthanasia is a poor solution when there is a shortage of availability of palliative care.

195 The World Health Organisation standpoint also supports that concept. Its expert committee concluded:

With the development of modern methods of palliative care, legalisation of euthanasia is becoming unnecessary. Now that a practice alternative to death and pain exists, efforts should focus on the implementation of programmes of palliative care, rather than yielding to pressures for a legal euthanasia.

In Dutch hospices, assisted dying and euthanasia is not provided. I believe it was, to begin with, but it is no longer the case. But, if patients insist, they can be transferred to an institution providing euthanasia. One hospice physician is quoted as saying:

If I had euthanasia carried out here, it would be dangerous for the future of the hospice. People should feel secure in this house and if they should know that euthanasia would be carried out here, the safety and clarity would vanish. Without that clarity, I would not be able to work here.

200 Euthanasia is removing pain, primarily by removing the patient, which I conscientiously believe cannot be the right solution to any patient's request. On the other hand, the main characteristic of end of life and palliative care is on the focus of holistic comfort, pain control and making the most of each day of a patient's life. Emotionally, physically and spiritually.

205 Severe chronic pain can result in helplessness and hopelessness. Two mental states that can lead to suicide and euthanasia requests in many individuals, whether terminally ill or not. Controlling pain and good symptom control, in general, can help ease these mental states and change the belief that a premature death, a hoped-for painless final exit, is the solution. It is claimed that the administration of morphine causes pharmacological oblivion in the context of palliative care, which reportedly hastens death, being morally and ethically not different from  
210 euthanasia. But it is important to note, however, that morphine with careful titration and monitoring very rarely hastens death.

Moreover many people, including me, are content with the doctrine of double effect, which states that, so long as the intention is to do good and not harm the patient, it is ethical to perform a medical intervention which carries with it the risk of hastening death. The obligation to ensure  
215 adequate pain relief and palliative care, even if this treatment as a side effect may contribute to the shortening of an individual's life, is recognised officially by the Council of Europe.

The emphasis here is on the intended effect. In euthanasia, the intended effect is death, whereas in palliative care, the intended effect is to alleviate pain at a low risk of hastening death. One seeks death, while the other risks death. There is a major line to be drawn between the two.

220 Another consideration is that introducing the option of state-sanctioned euthanasia, in the form of assisted dying, may hinder the funding and creative process of developing alternative palliative and end of life care. Considering also the fact that only a few physicians have training in palliative care – that is true in Guernsey, the primary care physicians are trained up to a gold standard but no more, there is much more we could do there – and accepting euthanasia as a  
225 solution in cases of patient suffering could be viewed as tempting.

It is better to oppose assisted dying and stimulate our medical and care community into focussing on the challenge to provide better and wider care at the end of life. Consequently, what is at stake in this debate is also the evaluation of the quality and availability of end of life and palliative care.

230 Most who have spoken, on both sides, have agreed that the quality of palliative care in our community is very good indeed. I would agree, too. To experience this, one might think that the best way would be to personally be on the receiving end or to have a loved one receiving such

care. But at such times it is perhaps very difficult to be objective and I would encourage all  
Members to take time to visit, talk with and, if possible, observe the work done by our palliative  
235 care and community nursing teams and those who are working first-hand in end of life care in  
Guernsey.

Obviously, I am married to a nurse and she has taken an active interest in end of life care and  
worked in the community care here over a number of years. She is not currently in that position,  
but she sees many patients at the end of their lives. I believe it is incumbent upon us all to do that.  
240 Not just because of this debate and at the time of this debate, but at other times as well.

It is a pity that so few of us seem to have done so, because I believe if we had, we would soon  
observe that whilst our quality is high, they are very stretched as a workforce. They cannot provide  
24/7 service. Much more could be done to support them, indeed potentially avoiding some of the  
most painful and difficult situations if earlier engagement had occurred, even before an end of life  
245 care scenario emerges.

Much more could be done in the community to limit hospital and hospice bed use. A patient's  
sense of comfort or distress, pain or relief, is dramatically affected by their environment and ability  
to regularly engage with loved ones. I give you the example of my mother, at 90, deteriorating in  
hospital. She had had a fall and that brought on other conditions. She was hospitalised for, I think,  
250 only the second time in her life and she had begun to deteriorate quite significantly.

The professional geriatrician there did not recommend sending her home. She was not happy  
being at hospital at all. My wife – as I said before, as a nurse – and I said, 'We will take her home  
and nurse her at home, to die.' Now, not everyone is married to a nurse or has a nurse as a  
partner but, having said that, what we found when mum came home, thinking that perhaps she  
255 had a few weeks left to live, she actually lived for another three-and-a-half years. She improved  
and that took a lot of care, a lot of our involvement. But it demonstrated to me how easy it would  
have been to leave her to deteriorate in hospital, because that was the recommendation at the  
time, rather than provide the care that we should be providing.

We are a society that has already made promises to improve our level of community care, our  
260 level of assistance to those who are disabled, to those that have disabilities at the end of their  
lives, that they did not have before, to help those who are ageing. We need to deliver on those  
first, I believe, before we consider anything like this. I think we would find that many of the  
situations that we have been talking about, if not most, would disappear.

Another qualified researcher in the Netherlands states:

There is a direct connection between the quality of palliative care and the demand for euthanasia. The demand  
decreases if the quality of care increases. But there will always be a group of people that persists in their requests for  
access to assisted dying and euthanasia whatever you offer.

265 Now that is the experience of someone who works in a country where it is already available.  
What he is saying, and we can research it and find it to be true, is that there is still pressure, still  
stories of trauma and difficulties that are causing people to have pressure to widen that legislation  
to open it up further and further.

We, I believe, have to resist those things. In a study, one third of Dutch physicians agreed with  
270 statements describing the quality of palliative care in the Netherlands as sub-optimal and  
describing the expertise of physicians, with regard to palliative care, as insufficient.

The cornerstone argument in favour of assisted dying is the respect for autonomy. According  
to this argument, the patient unbearably suffering can freely choose his or her end. For the patient  
facing a life-threatening illness, particularly during the final phase of life, respecting the patient's  
275 autonomy often seems to be the most ethical course of action for the health professional and for  
the others involved.

But respect for autonomy, as I have said before, is not an absolute or overriding principle.  
Whoever suffers from intolerable pain and cannot foresee the end of that pain, will quickly opt for  
assisted dying. In such cases, one can hardly speak of a truly autonomous choice.

280 In the vision of hospice care, articulated by Dame Saunders, a hospice gives the patients control over the quality of life that they can experience in their dying. The scope of that patient control does not, however, extend to decisions to terminate the life by medical assistance. According to the Saunders tradition, patient control is bounded by the overriding principle neither to hasten nor to postpone death.

285 Assisted dying, I believe, goes against the basic ethical principles in medicine and consequently is incompatible with palliative care and good end of life care. The principles of palliative care are the principles of medicine. Doctors and medical professionals have the double responsibility of preserving life and relieving suffering. Those need to be balanced.

290 The principles of beneficence, to do good, and non-maleficence, to do harm, apply to palliative care. Killing or intentionally ending patients' life is not beneficence, it is maleficence. This has been a cornerstone of western ethics for generations. For those who hold life and living as the most precious possession we have, we have here the intention of bringing about someone's death, even with their consent, is certainly considered to be the worst harm that an individual can do to another. Why? Because it is irreversible.

295 Assisted dying can often deny the person the final stage of growth in life. Dying is a period of reflection and time for growth. I have seen this nearly on every occasion that I have been with someone in that situation. It is a time for reconciliation and mending of broken relationships. It is a time for rediscovery of mutual love and responsibility. It is a time when loving words are exchanged between loved ones and strangers imparted, to help sustain those left behind through the years ahead. It is truly the final chapter in a person's life story.

300 I believe that assisted suicide artificially shortens and denies some this final phase of our growth, as well as an essential part of our humanity. Conversely, palliative care, good end of life care accepts death as a normal process and tries to support the patient and his family through this final phase, even if the patient experiences severe pain and suffering. It cannot promise to take away all pain, but neither can any form of assisted dying.

305 Palliative care and euthanasia are based on radically different values and opinions about the human condition. The difference between euthanasia and the palliative movement is not only the justification or rejection of killing, the difference is the acceptance or non-acceptance of death and dying. To accept death does not only mean to be against euthanasia, in its varied forms, but to be in favour of any kind of life; i.e. to give an answer to the question why a life with a terminal condition can be a life worth living.

310 Euthanasia, I believe, is morally wrong, from a human and rational point of view. The value of life is the basis for the realisation of other values and for this reason human beings have the duty to guarantee the value of life and to respect its value in each existential condition. Assisted dying is opposed to palliative care because it gives the opportunity to define quality of life as not worth living. Proper end of life care will never do this. If it intentionally did it, it would make the patient doubt his or her self-worth. He or she would be given the opportunity of feeling like a burden to his or her family, the Health Service and to society in general.

315 Quality end of life and palliative care, on the contrary, asserts a person's worth and intrinsic goodness, intrinsic value, whatever their condition. It seeks to make the patient feel loved and engaged. This is reflected in Dame Saunders' words:

You matter because you are you and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.

320 I believe the more we gain experience in the field of end of life and palliative care, the more we realise that pain and suffering have many faces. Many people agree that palliative care is not able to take away all euthanasia requests. It cannot be denied that provision of the best physical and physiological care may continue to be inadequate for those terminally ill patients to whom autonomy is central to any notion of a valuable life.

As a whole, arguments in favour of the standpoint that palliative care and euthanasia are mutually exclusive seem to be stronger than the arguments for the compatibility between them

330 until you look deeper. But if one accepts that in some, and maybe many, cases better end of life  
and palliative care is able to prevent assisted dying, it is necessary then first, for us, to develop and  
explore such care at the very least.

Some, sir, have mentioned already similarities that they see within changes in society on issues  
like same-sex marriage and the smoking ban. What is different about this? Well the difference is,  
and I have already alluded to it, we all die. In terms of the other issues, they are not going to  
335 affect all of us and they are reversible. This is not, and it is a huge risk. It was the reason that I  
changed my mind years ago on capital punishment. I seem to have done the opposite in my life  
to what Churchill said, starting off as a socialist and ending up as a conservative. I started very  
much as a very right-wing person and I have made my mind, gradually, towards the other end.

There are liberals on both sides of this argument. When I was younger, I was in favour of  
340 capital punishment and I argued that we could make it safer and better. As I looked at the actual  
evidence and I saw that there was no guarantee that a court or, indeed, legislation, could always  
be correct, they could not guarantee that mistakes would not be made; as I saw that mistakes had  
been made, then in my mind I had to change my views.

There was another reason, as well. I came to the conclusion that, unless I was willing to take  
345 part in the act myself, I should not support it. So I changed my view because in my mind, one  
mistake is one mistake too many.

There is another connection, I think, with something else that has been mentioned here and I  
will mention it now, and that is abortion. I think there are connections with abortion. Many will  
know that I am not in favour of abortion, but I want to use it as an illustration of where, when the  
350 Law came in, certainly in the 1960's in the UK and again here in the 1990's in Guernsey, there were  
all sorts of safeguards put in place and promises were made that it would not affect the birth of  
special needs and particularly Down's Syndrome children.

Where are the Down's Syndrome children today? The Law has not changed, but the application  
of that Law, the qualifying criteria have changed, because culture changed. Laws affect culture and  
355 the danger is that many of these things cannot be sufficiently monitored. We cannot find statistics  
for this because they are not able to be made. We just have to look at the results and ask the right  
questions. I am concerned it is not a slippery slope, but it is in the creep of a Law that says, 'We  
are going to put safeguards in place.' I do not believe that safeguards can prevent mistakes being  
made.

360 If it was just that basis, I would not be able to support assisted dying, but that is where I stand.  
I want to finish with a personal story, because I said I would include one or two. I will finish with  
this one. About seven or eight years ago I visited a friend who I was at university with, we were  
music students together.

He now lives and works in Portland, Oregon. When we were at university together, he used to  
365 enjoy theological, ontological debates, metaphysical debates about the meaning of life and  
whether God exists, etc. When I arrived at his house, he said, 'We are going to have dinner  
tonight. We will take you out with one of my friends.'

I soon realised, as he explained what he was doing, he was expecting to be entertained. He was  
going to pay for dinner and then he expected his friend, who it turned out was an atheist and  
370 quite a strong atheist at that, and me to have a great debate over dinner. He would enjoy the  
entertainment and food and we would go home probably feeling a little ill or whatever.

It did not turn out as he expected. This friend was an anaesthetist and, as far as I know, still an  
atheist. He in fact told me very quickly into the conversation that he had lobbied for the change in  
law that brought about assisted dying in Oregon. But three things had happened to make him  
375 change his mind. They are pertinent, I believe to this debate.

First of all, he and his partner, as soon as the law changed, became shocked over the next few  
months and years, at the number of friends they had who were either people with disabilities or  
people nearing the end of life who moved out of their community. They moved because they  
were frightened. Actually, in my experience many of the issues raised by the pro-campaign come  
380 from people who are fearful. I think Deputy Roffey or Deputy St Pier to that. They are fearful of

death. It is not death itself, it is the fear of it. This had been replaced with another fear, a new fear, a fear of being in an environment where the community itself might put upon you the feeling that you should take assisted dying as an option. That is with all the safeguards that Oregon has.

385 But what really changed his mind, the second reason he changed his mind was his partner developed a very serious, critical, life-threatening illness. It was a fairly rare illness and, as such, there was no state-assistance, medication that could help her. They were insured but their insurance would not cover it. They knew that there was the offer of assisted dying, but they did not want to look at that. He had been for it, but they did not want to look at that as an option.

390 Over the course of the next year or so, her condition began to deteriorate. He said one day came where she said, 'Maybe I should consider this option.' He felt totally bereft of anything to respond. He did not want to say anything, because he wanted to respect her autonomy, but at the same time she was his loved one and he felt she was doing that because she had been pushed into the situation where the only option available, the cheaper option to anything else because they could not afford the new medication that was just coming out, was this option of assisted dying. He said the days and weeks after that were terrible.

395 She did continue for some time and in fact what happened is, the good news at the end of that story, with the right care that she was getting, she survived long enough that the cost of that medication came down and so she was able to access it and although, I think, with some disability, she continues to live to this day. It particularly shocked him that that situation arose close at hand.

400 The third reason is a reason that aligns with my reasoning on capital punishment. After that, this particular individual felt he could no longer support assisted dying, because he felt if he was not willing to do so himself, to engage in the activity himself, he could not ask someone else to do it for him.

405 I believe that is quite pertinent for us as an Assembly, as a Government, to think whether we are happy to statutorily allow and permit people to engage in this activity. Our vote counts. What we vote on today, we need to think very seriously about whether we would be willing to engage in that sort of activity if, as a result of our vote, this might come out as an option.

410 In finishing, and I will close now, I want to finish with the question that I started with right at the beginning. What is worse, not to kill someone who wants to die or to kill someone who, with the right care, might want to live?

Thank you. (*Applause*)

415 **The Bailiff:** I call Deputy Graham.

**Deputy Graham:** Thank you, Mr Bailiff.

420 Members of the States, when Deputy St Pier opened yesterday morning, he deployed that well-known tactic of shooting his opponents' foxes before they got in the hen coop. There are two stages there. You first of all have to identify where your own argument is vulnerable to criticism. It may be perceived criticism, it may be real. He did quite a good job with that. He came up with 31 perceived vulnerabilities in the argument behind assisted dying. I did a similar exercise, I came up far shorter than that. He has better knowledge of the Requête, so he would have seen its weaknesses better than I could.

425 The second stage of doing that is then to discredit those criticisms. There is a device that you use where you exaggerate those criticisms. You seize on the most swivel-eyed of your critics and portray them as Mr and Mrs Normal Opponent. He is not the only one. I think Deputy Roffey indulged in a bit of that himself.

430 I am not going to go through my list of however long it was. My speech is going to concentrate, really, in summing up my objections to the introduction of an assisted dying regime here. It really centres on three principal theses. Before I do that, there are one or two marginal things to get out of the way. I have said it before and I will say it again, I always feel that the

States is at its least appealing when an issue is turned into a scrabble for the moral high ground. I really think the States is not at its best.

435 There was a hint of that, just by tone, I think, in Deputy St Pier's introduction, but I have got no complaints with that. Indeed, where I diverge from Deputy Le Tocq is I do not wish to bring the whole question of morality into this. Deputy Peter Roffey, I do not think he can resist it, took it a stage further and really turned it into a moral crusade. The requérants' choice was the bravest choice, the requérants' choice was the moral choice, the requérants' choice was the hard and therefore heroic choice and it was the compassionate choice.

440 He even introduced the constitutional element, we as proud Guernsey, this was our opportunity to go against the drift and show our independence and vote as we in Guernsey would wish to vote. But then rather bizarrely he pointed out the drift was going that way anyway and he was inviting us, really, to join the drift, so I do not quite get the logic.

445 During the many hundreds of emails we have had and most of them thankfully generated more light than heat, even they sometimes were at fault. There was the business of courage against popularity. Again, somewhat bizarrely, I think on one occasion I was accused of lacking the courage to vote for assisted dying on the basis that I might not get elected at the next election; having already said that, over 80% of the population were in favour of assisted dying. Again, that was a bit of a sequitur that I did not get.

450 Deputy Jane Stephens, yesterday, touched on some people's opinion being more highly valued than others. We have this element in some of the correspondence that almost the Church and those who followed the churches had no right to be heard or certainly they had no right to be heard other than on the basis, 'they would say that, anyway'. In other words their opinion really was not a considered one, it was really more a reactive one. Similar remarks were made about the medical profession and so on.

455 It was almost as if unless you were yourself a sufferer, unless you yourself were a close relative with one who was in the terminally ill category then really your opinion was questioned. Some of us were even criticised and I was criticised as late as the Castel surgery on Saturday, that we had no right, we had made up our minds before the debate; as if we have not researched this. It was alright for the requérants to have made their minds up before the debate, but those of us had a different view had no such entitlement.

465 I have got that off my chest. Can we please agree, Members of the States, that irrespective of our views on assisted dying, we all share a common humanity, we all share a common respect for life, some of us do not think some people's lives matter more than others; none of us is less compassionate than anybody else, depending on the view we have taken? If we can settle on that and merely say this is a relatively simple issue: how does a society respond to the phenomenon of people who are suffering pain, who are suffering an almost unendurable low quality of life? Some of us think we should do it one way, others think it should be done another way. Courage and morality do not really come into it.

470 I now come to the main reason why I am going to vote against the introduction of assisted dying and that is simply because I do not think any Law, no matter how well thought through, no matter how well drafted, no matter how well examined and how well written and passed in the end, can cope with this issue.

475 What can't it cope with? Two elements. First of all, I do not think it can deal with the inconsistencies and the ambiguities that are inherent in the whole concept of assisted dying. Secondly, I do not think it can cope, despite the optimism of some, with the high risk of bringing about what I would call a culture of 'burdenhood'. I know no such word exists but 'burdenhood', I think you would understand what I mean.

480 Now let me deal with those. First of all, the inconsistencies and the ambiguities. The case for assisted dying rests principally on two concepts. One is the right to choose and the other is the duty of the Government, on behalf of society, to provide release and relief from pain and misery. First of all, let us look at the right to choose. This is essentially about, 'I demand the right to die when I want and how I want. It is my body, my life, my choice.'

485 What right have I, as a Deputy, what right have any of us as Deputies and Members of a Government, to interfere with that right? I would turn that question around on the requérants and say, what right have you to say that if that is an overriding right of every person, but you only ascribe access to the right to some people and not to others. Why limit it to the ill, for example?

490 We have given our 16-year-olds the vote. They can join the armed services at 16. They can be deployed to a war zone at the age of 18 and they can get married at the age of 18. If we are talking about the principle of a right to do with your own life as you wish, what should we say to a 25-year-old who has said, simply, 'I have had enough. I just want out of this.' What is the answer to that?

495 In my view, society and Government on behalf of society, has written a covenant with its people and that covenant does include the necessity for Government sometimes to intervene in that person's life. I do not call that control freakery, as it was described yesterday, I call that part of what a civilised society takes on and it is what a Government takes on, on behalf of a society.

500 Deputy St Pier deployed the metaphor of sitting at a table at a restaurant and ordering from the menu. Choice. One of the many things that Deputy St Pier does as our political leader, which I thoroughly support, is that every now and again he invites some of us to go and have lunch with him. I have done it twice with him and I would encourage him to keep this going right to the end of the four-year parliament! It is a splendid scheme. (*Laughter*)

505 The last time I did that, I think I did it with Deputy Lester Queripel and we had a great lunch. Deputy St Pier did not turn to Deputy Queripel and say, 'You can have a choice from the menu.' He did not then turn to me and say, 'Actually you do not have that choice.' In my view this fixation with the terminally ill as the only people who have the right to demand how they deal with their life is actually an inherent flaw in the whole concept.

510 I do not advocate, for example, that we should go to that 25-year-old who has had enough and do everything we can to ease him or her out of this life. I am not advocating that. But I am saying to those who are the requérants to this Requête what is the fundamental difference if you say that the principle of my life, my right, is invaluable and trumps everything else? I doubt that the Law can settle that.

515 I now turn to the other element on which the assisted dying argument is predicated and that is that we have a duty to relieve pain and suffering from those who are terminally ill. This of course is a noble aspiration, it is a humanitarian aspiration and of course it is a compassionate one and we all share it.

520 But I ask why this fixation on the terminally ill? I notice that the amended Requête has now omitted reference to six months, but it still begs the question: what do we mean by terminally ill? Members of the States, if it is compassionate and humanitarian to deny somebody suffering for the last six months of their life, is it not more compassionate and more humanitarian to deny them suffering for the last year of their life, if that is what the last year of their life is going to be? If it is one year, why not two? If it is not two, what about those who are not even terminally ill but just cannot bear either the pain or the low quality of life?

525 I am only going to refer to one of the correspondents that we have had, and I do so with the express permission of the person who wrote the letter. He wrote it last Friday. I think it was the letter that came closest to turning my opinion. That was partly because it came from a former soldier who like me had been an infantry soldier for his career and had been lucky enough to come through his infantry career relatively unscathed.

530 Unlike me, he then had the cruel luck to suffer from a freak accident. He was knocked off his bike. He has now been severely disabled and not only that, he is also in severe pain every day. It was a double blow for him, because he was a member of the Parachute Regiment, very active. Suddenly he cannot be active. More importantly, he has an almost unbearable level of pain every day in one part of his body. He mentioned to all of us he thinks that doctors have a pain threshold list of about one to 10 and there was scarcely a day when his threshold was lower than seven. For two or three days a week, it is eight or nine.



535 I do not want to get too personal about this, but he has everything going for him, pound-wise, but nothing going for him health-wise. He is around about late 40s, early 50s. Probably got another 20 or 30 years to his life. Where is the logic in saying to him, 'Hang on, pal, wait until you are within six months of your death and we will help you on your way.'

540 He wanted me to make it clear that he and I have different views about this. He wants an assisted dying regime. I do not, and I am making that clear. But I would say, Members of the States, that it was a measure of the man that, at the end of it, he said, instead of blaming me for thinking differently, 'You will vote with your own conscience and that is what you should do.'

545 I want to talk a bit about 'burdenhood', I am not talking here about risk to vulnerable people who are capable of being exploited, although that is a factor. I am not talking here about, I hope, a small minority of people who, for malign reasons and sinister reasons, might wish to abuse the system. To do so, I think, misses the point. In some cases the point has been deliberately missed.

550 What I am worried about is that the introduction of assisted dying will help on its way a culture of 'burdenhood'. I am not talking about the disabled. I am not talking about those who are vulnerable. I am not talking about the sinister element in our society. I am talking about dying patients, or patients near to death, who are perfectly capable of thinking for themselves rationally and I am talking about close relatives who are decent people. They are vulnerable to this creeping culture of burdenhood, in my view.

555 There was one letter amongst many, which I think typified that danger and to be honest it made my blood run cold. It was from a person who I took to be thoroughly decent, thoroughly rational and completely devoid of any malign intent. She was talking about a close relative who was not yet even terminally ill but was at risk of being so. I quote her exact words:

I know he will not wish to be a burden to us.

560 Now I do not really think I need to say more. I think that is pretty indicative of what the danger might be. I do not think any Law can really cope with that. Deputy Lester Queripel yesterday criticised those of us who said we do not know what the Law is going to look like, but we do not think it is going to be adequate. He said how can you come to that conclusion before we have seen the Law?

565 **Deputy Lester Queripel:** Point of correction, sir.

**Deputy Graham:** I will give way.

**The Bailiff:** Deputy Lester Queripel.

570 **Deputy Lester Queripel:** Sir, I will remind Deputy Graham he has to give way because it is a point of correction.

575 I did not criticise in my speech. I simply pointed out that those that have said they are very concerned that the safeguards will not be robust enough to take part in the procedure, to actually write and compile. If they want them to be robust, they can have an influence on them. That was not a criticism, that was merely a suggestion and a comment. Totally different.

Sir, thank you.

**The Bailiff:** Deputy Graham.

580 **Deputy Graham:** Thank you, Mr Bailiff.

I thank Deputy Lester Queripel. The point he raises is a fair one and I accept that I may have got that one wrong. But it does allow me to say he invites people like myself and those of similar minds to participate in the framing of the Law, I am just saying I do not think anybody has the confidence to do that. I do not think the Law – whatever the input – is going to be an adequate

585 safeguard. So I conclude that I am very sceptical about assisted dying, purely on the basis of how the Law would cope with it. I am not bringing a moral argument into it at all.

What I worry about is that States like Oregon have become the poster boy for this. I find that an extremely bizarre choice for so-called liberal progressives. Oregon still retains the death penalty. They actually abandoned it in the 1970's but then consciously adopted it again in the 1980's. It is true that there is currently a moratorium on actually carrying out the sentence, but the result is that there are 30-odd people sweating away on death row in Oregon and they take more than a usual in who is going to be the next governor, every time there is a governor's election.

That to me is not a path that we in Guernsey should be seeking to follow. It is a bit of a wacky state to take as a lead. I do not know whether I am the only one to come across this, there is currently a legal case going on in Oregon between Justice and Gwendolyn Vercher. Justice is a stallion. Justice, as a stallion, is suing his previous owner. Now I am all for animal welfare, but in the state of Oregon any creature assessed to be a sentient creature has the same rights in law as any of us. Gwendolyn Vercher, who I think probably mistreated the stallion, deserves to be taken to court, but I do not think by the horse itself! (*Laughter*)

600 Mind you, the horse feels pretty strongly about this. He claims that a particularly useful part of his anatomy was lost to frostbite, thanks to Gwendolyn Vercher and he has now lost the use of it, whatever it was.

Members of the States, I am sorry to get a little bit light-hearted about this, because it is a serious matter, but my point is this: if the argument is we are a sovereign jurisdiction and we can do our own thing, we do not have to say we need to follow the States of Oregon, or Canada or whatever, we can make our own mind up.

Forget where the flow is going in the modern democracies in Western Europe, as Deputy Roffey says it is going, we in Guernsey can make up our own minds. We can do it not on the basis of who has got most courage, who has got most morality, we can do it really on having studied the problem, made our own analysis and come up with our own conclusions.

610 I will say this, the effect of reading all those letters we have had, for example, the one that I have quoted to you, means that I am going to vote with those people on my conscience. It is going to hurt me to vote against it, but I am going to do that because I have done my analysis, I know what my conscience tells me to do and I would invite Members of the States to do that too. (*Applause*)

**The Bailiff:** Deputy Parkinson.

620 **Deputy Parkinson:** Sir, I would have no objection if the proposals in the amended Requête invited the States to set up a working party to go away and look at whether or not the States of Guernsey should introduce a regime of assisted dying, but that is not what the Requête now asks us to do. The burden of it is contained in one sentence in Proposition 3:

The Report shall make recommendations for the development of a legal regime to permit assisted dying.

625 If this had come to the States in the form of a policy letter, we would have the case for change, we would have the risks, we would have the benefits, we would have assessments of the pros and the cons and we could make an informed decision on whether or not we should be introducing a regime for assisted dying. But it has come to the States in the form of a Requête without any of that supporting evidence.

630 Issues that have been raised already in this debate do raise serious concerns and need to be considered before we make that fundamental decision about whether we want to introduce a regime of assisted dying or not. Deputy Lowe, right at the beginning of the debate pointed out that a British subject who was involved in assisting someone to die could potentially face prosecution in the United Kingdom.

We have evidence that the BMA, both locally and in the UK, are opposed to assisted dying and there are issues about how are the medical profession going to react to this. Deputy Le Tocq told

635 us this morning that the hospices are opposed to assisted dying. Do their opinions not need to be taken into account?

The requérants present death as a uniquely personal thing, this is something that the individual themselves should have complete power over. Of course, it is much wider than that. It has clear emotional and other impacts, on relatives and loved ones. It has wider consequences for society. In a narrow sense, death terminates ownership rights. It also terminates personal obligations, for example, obligations under release.

In the wider sense, of course, the death of one person impacts us all, to a greater or lesser extent. The consequences for Guernsey of introducing an assisted dying regime could be to alter people's behaviours. The amended Requête now talks about this applying only to people who are resident in Guernsey and says one of the tasks of the working party would be to define residency. It might say, for example, as a result of that, that only someone who has been resident in Guernsey for 12 months prior to death, prior to the exercise of their right to an assisted death, shall be able to exercise that right.

Whatever period of residency qualification you introduce, Guernsey would become the only place in the British Isles that has this possibility. One of the only places in Northern Europe. That raises the possibility that people might move to Guernsey precisely to take advantage of that regime and, however long you define that period of residency for, that possibility will exist, because some people know that they are terminally ill many years before an actual death would eventually occur.

Deputy Le Tocq raises the issue in the other direction, in the state of Oregon, where he reports that his friend knows of people who have left the state because of the existence of a regime of assisted dying. So all these implications need to be thought through, in my opinion, before you make the in-principle decision that you want to introduce that regime. None of those implications have been explored in the Requête itself, or in any supporting evidence that has been presented to the Assembly.

My problem really is with the process. Why are we in such a rush? Why do we have to rush to this decision that we are going to support the introduction of a regime of assisted dying? It is not prioritised in our Policy & Resource Plan. It is not mentioned at all. That is not to diminish the importance of the subject. On the contrary, this is a subject that is too important to be rushed and for us to form a decision possibly on the basis of flawed reasoning and flawed evidence.

I think I have made it clear that I am not going to be able to support Propositions 1 to 4. That is not to say that I am opposed to the principle of assisted dying. Somebody could come up with a regime that contained enough safeguards. I hear what Deputy Graham says, it is questionable whether there could ever be such a watertight regime; if somebody developed proposals that stacked up in terms of all the evidence that contained all the risk analysis and where the costs and benefits are carefully set up, I am open-minded enough to say that I would be in principle able to support such a regime. What we have before us is certainly not that analysis. On that basis I cannot possibly support Propositions 1-4. *(Applause)*

675 **The Bailiff:** Deputy Dorey.

**Deputy Dorey:** Thank you, Mr Bailiff.

I attended the two presentations at Beaucamps, the debate at Les Côtis and also the presentation on palliative care given by HSC, as well as reading all the emails that we have received from I think everybody who has written to us. I wish to speak about assisted suicide, because I believe that is the correct name, not assisted dying.

A Member said something similar yesterday to, 'I cannot see why anyone would vote against a report.' I hope to explain why we should vote against the report. In September 2002, the States voted then for a report and in October 2004, the report, which is rather extensive – that is the Billet – recommended no change. Deputy Roffey and Deputy Adam then posed amendments proposing, using their words, 'assisted suicide, voluntary euthanasia', and only 14 supported it.

So vote against it if you are opposed. There is no point in the States spending time or money if a Member has no intention to vote for assisted suicide when a report returns to the States. That is effectively what happened back in 2002, although I accept there was an election in between.

690 Deputy St Pier spoke yesterday about the numbers involved. He spoke about the numbers in Oregon and he spoke about the numbers last year. But, if you look at a period of 20 years, which is the period that Oregon has had the system in law and look at the average compared with the Guernsey population, to Oregon's average population over those 20 years, there would be 1.1 assisted suicides per year in Guernsey, 1.7 prescriptions written per year in Guernsey.

695 The numbers have increased quite a lot over the period. If you go back to 1999, which is the second full year – I have not taken the first full year – after their law was introduced, you project that, using the then population of Oregon, onto the Guernsey population, there would be only 0.5 assisted suicides in Guernsey. One every two years. There would be 0.6 prescriptions written. If you look at 2017, which is the year that Deputy St Pier looks at, there would be 2.2 assisted suicides in Guernsey, with the same portion, and there would be 3.4 prescriptions written. Not every person who has a prescription then actually uses it.

700 In my view, the numbers do not justify such a fundamental change to our Laws. But I would just like to look at this report, which is the 'Oregon Death with Dignity Act 2017'. This was written at the beginning of this year, on last year. It also looks at the last 20 years which they have had the law. It gives an indication that the process is not perfect.

705 Of the 144 who took the lethal medication in 2017, one person regained consciousness and subsequently died of the underlying illness they had. Also, it looks at 20 years; seven people have regained consciousness after taking the lethal medication, and not died. I would also like to look at some of the time periods involved, because it might be different to what some people think the actual process is.

710 Look at the minutes between taking the lethal medicine and unconsciousness. The median for last year was six, but the range was from two minutes to 240 minutes – four hours. In 20 years, the median was five minutes and the range was from one minute to four hours. But if you look at the time between taking the lethal medicine and death, the median in 2017 was 31 minutes, but the range was from 10 minutes to 21 hours. So it is not an instant death, it can take quite a long time. In fact, over 20 years, the median is 25 minutes, but the range is from one minute to 104 hours, over four days. So it is not quite the perfect process as perhaps some might think.

715 One of the other things in this report is the end of life concerns of the people who took the lethal medicine. It is interesting looking at the reasons. People can tick more than one box. I will not read every one but what I find particularly frightening is that under the category of burden on family, friends and care-givers, of the people who took a lethal dose, 55% said that was one of their end of life concerns. The points that Deputy Graham made about burden are very real; 55% in Oregon last year said one of the reasons was of burden on family, friends and care-givers.

720 The other interesting thing is under the category of inadequate pain control, or concern about it. Only 21% said that was the reason for their end of life concern. If you look over the 20-year period the burden on family, friends and care-givers was 44% and inadequate pain control, concern about it, was 26%.

725 I ask you, is that a compassionate society, that they have a system that results in 55% where their end of life concern is their burden on family, which results in assisted suicide? Is that what we want for our Island, because that is the result of the Oregon model?

730 My final point is on suicide rates. I read from a study that was done in 2015. As an Island, we want to prevent suicide and it says this study puts a list of hypotheses to the test in the actual social laboratory of two US States: Oregon and Washington. A key finding suggests that, after controlling for demographic and socio-economic factors and state-specific time trends, physician-assisted suicide is associated with a 6.3% increase in total suicide rates, including assisted suicides. These effects on suicide rates are greater for individuals older than 65 years, an increase of 14.5%.

Also, contrary to the hypothesis, the authors found no evidence that physician assisted suicide is associated with a reduction in non-assisted suicide rates. In fact, for some measures, it was associated with a significant increase in non-assisted suicide, especially in the younger than 65 cohort.

735 As a society, we want to prevent suicide, but this 2015 study I have just read from says that it results in increased suicide rates. Is that what we want – for Guernsey and Alderney to increase suicide rates? That is what the research has shown is going to be the outcome.

To sum up, I most strongly urge Members to vote against Propositions 1-4. We should be using our time and money on many outstanding issues that will benefit all of our residents –  
740 including environmental pollution water standard, which has been outstanding since 2012; environment pollution air standard, which has been outstanding since last year – not on proposals that will benefit, supposedly, so few people.

I encourage Members before voting to think of the 44% of Oregon's population who took the lethal medicine who said their concern was a burden on family, friends and care-givers, while only  
745 25% said their concern was adequate pain control. Think about the length of time it takes to die after the lethal medication and consider the effect on suicide rates. Please vote against Propositions 1-4.

Thank you.

750 **The Bailiff:** Deputy Smithies.

**Deputy Smithies:** Thank you, sir.

I am going to confine myself, really, to two of the 31 articles which Deputy St Pier listed. I think this one was dismissed rather lightly. Neither I nor any of the successful candidates two years ago  
755 actually had anything in their manifestos to do with this subject and I think that has been rather too easily dismissed by the requérants.

The germ of an idea to bring this matter to the States must have been in their minds at the time of the last election. In my opinion, it might have easily been included in the manifestos they published at the time. I think we can all agree this is a very important subject and it should really  
760 have been tested in public at an election, before being presented out of the blue for a debate, as has happened. Both sides of the debate claim there is a majority view, but neither side can demonstrate the proof of that claim.

Moving to the so-called slippery slope argument. This has also been rather casually labelled with a dismissive name, sometimes also called letting the genie out of the bottle. Another glib  
765 phrase. Whilst both might describe the reality, they tend to make the argument appear ridiculous. It is argument by slogan. It is clichéd thinking. To dismiss very real fears about this mechanism is actually to dismiss one's opponents to the fringes of debate.

However, this argument does lead to another, which was not rehearsed by Deputy St Pier, at least I do not think it was, and really has not been fully explored, mainly because its very existence  
770 makes it almost impossible to explore. It is the unintended consequences of the Requête. I have sought for an inoffensive example to illustrate this.

Whilst it is not an exact parallel, who could possibly, in the 1980's, have declined the opportunity to make road safety better by fitting the side-impact air bags into cars? But what  
775 happened in the 1990's was there was an actual increase in small child and infant deaths because children were being violently struck by the deploying of the bags.

The solution was even worse, or equally worse. Instead of saying that was an experiment that failed, we will take away the side-impact bags, because they were seen to be successful saving  
780 lives in other areas, the idea then was to move the infants into the back seat of the car and have a child seat in the back of the car, which did unfortunately and tragically lead to some deaths because the child was forgotten and unfortunately died under extreme temperature conditions. Not a huge number, perhaps a handful, but it happened. The point is we cannot always know the consequence of our actions.

785 Finally, I would just like to support the financial arguments presented from the majority of P&R, the reduced P&R. Also, the very strong argument which Home Affairs have placed. They should not be dismissed as though they have no relevance, they are extremely important.

Thank you, sir.

**The Bailiff:** Deputy Laurie Queripel.

790 I have noted who is standing and I know Deputy Dudley-Owen stood a few times, but we have had a succession of speeches all against the proposals for assisted dying and I suspect Deputy Queripel is going to speak in favour of assisted dying. (**Deputy Laurie Queripel:** I probably will, sir!) So I think that is why I am calling him.

Deputy Laurie Queripel.

795 **Deputy Laurie Queripel:** Thank you.

My Assembly colleagues will be all too aware that Deputies have received hundreds of emails – not just emails, some letters, some phone calls – in connection with the subject of assisted dying. Many of the emails expressing opposition shared a phrase in common, and Deputy de Lisle actually quoted it last night, towards the end of yesterday's debate:

Guernsey needs to be seen as an Island that celebrates and values all life and cares for the most vulnerable in society.

800 When I replied to those emails, part of my response included these words, or a variation on them:

I am a signatory to the Requête and I will be supporting the Deputy St Pier/Deputy Soulsby amendment but/and I could not agree more with your points that all life should be valued and that the best possible care, including palliative, should be made available to those in need of it. However, I am far less convinced that forcing an Islander to suffer or endure a terminal illness against their will is either right, caring or compassionate.

805 Only an Islander in that position, one that has been diagnosed with a terminal illness, will know if they are dying or indeed living with dignity or not. Only they will know if their quality of life has deteriorated to a stage that they cannot bear. Only they will know the level of anguish and distress they feel when bodily functions begin to shut down. Only they will truly know how effectively pain is being managed and how much pain they can tolerate. Only they will truly know how awful the side-effects of chemo and radiotherapy make them feel.

810 In regard to pain management medication, yes some of these powerful medications can be very effective at managing pain, but they also, at times, come with horrendous side effects: disorientation, dizziness, nausea and so on. There are some patients suffering with terminal illnesses that just will not want to bear that, will not want to undergo that kind of distressing experience.

815 Our palliative care provision is good. I was assured of that when I attended a presentation given by the Island's excellent palliative care team. As I said a moment ago, if we can improve it, we should; I have made that clear. Despite that, it does not and will not suffice for every terminally ill Islander. Currently if a terminally ill person finds their existence intolerable and wishes to hasten their death, they do have an option of sorts. It is rather a bleak and stark one. They can refuse medical intervention and they can refuse nutrition and hydration. These wishes have to be complied with.

820 What a bleak, stark option. What a process. What a thing to contemplate. What a terrible position to put those patients in. I would imagine it is a terrible situation for those charged with their care, as well.

825 There is another rather grim fact for us to consider. In the UK, where of course they do not have a form of assisted dying – I know Deputy Dorey likes his statistics – during the course of a year, over 300 people with a terminal illness end their lives. They commit suicide, because they cannot access a form of assisted dying. So one can only imagine some of the horrendous acts that

lead to those deaths. That 300 figure does not include failed attempts by people with terminal illnesses.

830 There is not anything we can do for people living outside of our community, but we could and should make a more humane and compassionate choice available to Islanders suffering from a terminal illness.

835 Naturally, in the lead up to this debate and during this debate, there has been a lot of talk about safeguards in relation to assisted dying. Yes, well-crafted, comprehensive safeguards would need to be established. That is of paramount importance. But I think it was mentioned yesterday, by Deputy Roffey and perhaps another speaker, what safeguards are in place at the moment in regard to the only option currently available to terminally ill patients? The one I've just described: refusing medical intervention, refusing hydration, refusing food, refusing nutrition.

840 The safeguards that are in place must surely exist to help detect and to combat, for example, pressure and coercion? I feel sure there are two things those safeguards will do if the assisted dying work stream goes ahead: they will help to inform the safeguards that will need to be created, to be constructed in regard to assisted dying and I am sure that workstream will help to improve upon those safeguards. It will have better safeguards in place than we have currently.

845 Another thing that I find rather puzzling and perplexing, sir, is this scenario: authorities, if they feel there is strong enough evidence to support their decision, can decide to switch off life support machines, withdraw treatment, withdraw hydration, withdraw nutrition etc. In addition, with clearly stated policy reasons, health authorities can decide not to fund treatments and medicines that might otherwise improve a person's health or extend their lives, without which their decline is probably or very likely guaranteed.

850 Yet we do not offer Islanders suffering a terminally ill condition a humane choice if they wish to end their lives. There is definitely an inconsistency, a disconnect there, when authorities assume a right, but deny it to an individual.

855 We have had some talk about reputation and image and I just want to come onto that. A lot of talk about image and potential reputational damage. Personally, I think that point has been greatly over-stressed. Yes, there have been some sensationalist headlines and writing in some of the UK papers. But what you might call the better-quality UK papers have run with much more measured and reasonable headlines in reporting. A good example would be *The Times*, not normally my favourite newspaper, but it did run with some very reasonable headlines and with very reasonable reporting.

860 When I name these jurisdictions I am not commenting on the model they have in place – that is for them. The supporters of assisted dying in our community know the sort of model that we want to see put in place. When I think of jurisdictions such as Belgium, Luxembourg, Canada, Switzerland, I do not think of countries with sullied reputations.

865 Actually I think of societies that are rather forward-thinking and civilised and attractive and inclusive and tolerant. I think the vast majority of people will perceive them in that way. That is my first impression, that is my lasting impression of those kind of countries, those kinds of places. I think the majority of people would agree with me when they think of those places. I think the image reputation card used in opposition is somewhat overplayed.

870 As we know, particularly with the printed media, there are big headlines appearing every day covering a variety of topics and subjects. People quickly move on to the next big story. We used to say today's newspapers are tomorrow's chip papers. That is not the case anymore, but today's newspapers become tomorrow's recycling. The reputational image side of it has been largely overplayed.

875 I just want to come on to a few points about palliative care. Deputy Dorey, and I think Deputy Prow yesterday, and Deputy Le Tocq, actually, spoke about the purpose of palliative care, what it is designed to do, what the intention is. The palliative care team gave Deputies access to a very helpful document entitled 'Palliative Care in Guernsey'. It very clearly lays out, it bullet points the various and well thought out aspects of palliative care. One bullet point says this:

Palliative care intends neither to hasten or postpone death.

880 So those that have made that claim, yes, they are correct. I think there are some key words to bear in mind, here. Namely design, or what something is designed to do, and intention. Those Deputies and opponents of assisted dying who speak about the design and intention of palliative care, they all very well know you have to make allowances for the possibility of variables when it comes to design. I am talking about design in a very general way, in general terms.

885 Sometimes design expectations can be exceeded, other times they can fall short. Whatever the sincere intent or design, especially when it comes to care of individuals, all of who have different characters, different personalities, different physiologies, different physical attributes, it is likely that occasionally variables, exceptions will arise.

Another bullet point in that document that we got from the palliative care team, says this:

Palliative care may also positively influence the course of the illness.

890 It seems to me it is about the response of the individual and the effect that palliative care can have. I do not think it is an entirely black and white situation where every patient will respond in exactly the same way. For one patient, it may mean that the pain management is extremely effective; they may respond well to pastoral care. The experience might be as positive as it can be. This may help them to endure beyond what might be expected.

895 With other patients it might be different. The side effects, as I have mentioned before, the toxicity of powerful medications clearly administered to provide relief, might just put an extra burden, an extra strain on organs already under duress and a body already under duress. For me, once again, the argument about the design and intent of palliative care, it is an acceptable one, it is a credible one, but I do not think there is any precise way to measure whether design intentions are being met or intent is being met in every case.

900 Going to the amendment, I was really pleased to see the quality of life reference in one of those amendments. More effective pain relief may not actually improve the quality of a patient's life. It may, in fact, lessen it, because extra doses of powerful and potent pain relief medication can, as I said, come with most unpleasant side effects: disorientation, dizziness, nausea and so on. This can be a very distressing experience and it may not be one that some patients are willing to undergo. Hence their need for the assisted dying option.

905 Anyone that knows me will also know that I think long and hard about things. Some would say that at times I agonise over them. I do not support or put my name to anything lightly. Especially when it comes to matters so complex and profound as assisted dying. As I said, quite understandably, there have been concerns and issues raised in regard to assisted dying. The establishment of well-crafted and thorough safeguards is of paramount importance. I am confident that the proposal before us will ensure that that will be the case.

910 I just wanted to refer to something that Deputy Paint said yesterday. Deputy Paint will know that we agree on a lot of things and we often vote in the same way. He mentioned about the danger of ideology entering into or having an influence on politics and I would not disagree with him. But I would challenge anybody to call me an idealist. I am not inviting suggestions from the floor at the moment, but if anybody looked at my approach to politics and my political philosophy, I would think they would probably call me a moderate or perhaps a moderate progressive. But I am not an idealist.

920 Actually, the ideology claim has been aimed at the wrong people during this debate. It should not be aimed at the people who are in support of assisted dying, it should be aimed at the people who think palliative care is the answer to absolutely everything. That is the unrealistic approach to take.

925 The people who are going to support this amendment in full – the amended Requête in full, sir – are the people that clearly are very committed to the idea that palliative care should be improved. That we should do the best we possibly can in the area of palliative care. But they also realise that it will not be the answer for everybody and every occasion and every case. Therefore



the assisted dying option should be available for those with a terminal illness, in one way or another that option should be made available to them.

930 The proposals in regard to assisted dying, they are not predicated on ideology or idealism. The things that have motivated, underpinned the assisted dying proposals are compassion, humanity and right of choice. All of those things are conducive with the advancing of good social policy. As such, bearing in mind we all want good social policy to be advanced, I would ask Members to support these proposals.

**The Bailiff:** Deputy Dudley-Owen has waited for some time.

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**Deputy Dudley-Owen:** Firstly, sir, I would like to record my apologies to anyone whose correspondence I have not yet responded to. The sheer number of representations for and against have been huge and I thank each and every one who has taken the time to share their view. I will not rehearse arguments today either for or against the principle of assisted dying in my speech.

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I think some will be surprised by the views I hold in the matter, but I am not opposed to the principle of doctor-assisted suicide. But I do contest the assertion made by Deputy Roffey in his speech that this is purely a matter of conscience. It is absolutely not; certainly not for me. If that was the case, I am sure this matter would not have received the amount of air time it has, and, for me, this would have been a very easy decision.

945

Whether or not I agree with the principle of assisted dying has in fact faded almost into little material consequence over the past two months. This is because I have been unsatisfied by the approach to this debate. I would like first to discuss the foundations on which this debate has been laid by those leading the Requête.

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Notwithstanding the media coverage and the email correspondence, I do not believe that this subject has received anywhere near the amount of constructive, sophisticated level of community engagement that it should have. This is a nuanced, complex and multi-layered issue that requires far more than just conscience to unpick and understand.

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In an attempt to address that, I organised an event trying to give both sides of the argument actual notice, to give some balance and get more expert information out there. I am very pleased that this was well received by fellow Deputies and the community, because I put a lot of time into the exercise and am grateful for the involvement of four speakers who came to Guernsey under their own steam to help us to form our view.

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The last-minute amendments laid by the signatories have added to my unease because, for me, they demonstrate a lack of clear and strategic thinking from the requérants as to exactly what they want and how exactly they want it to be implemented. A move such as we are being asked to consider requires a very clear vision to be presented to the community, so they can see very clearly what it is we, in this Chamber, are being asked to agree to.

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The Requête has undergone what, at a glance, may seem like substantial revision via the amendments. As others have already stated, I do not think in its substance, however, much has changed. It promises various measures, including review of palliative care provision, the mental capacity Law, the rights to protect people with disabilities. But its central purpose that an assisted dying regime should be developed remains unchanged.

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The revised Requête suffers from the same defect as its predecessors. It asks us to agree to launch a study and charge the Policy & Resources Committee into how the Law should be changed. But it does not seem to think there is any need for an inquiry into the all-important question of whether the Law should be changed.

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I possibly would have been prepared to agree with the launch of a detailed study into whether the Law should be changed and, if that should conclude and the States should agree that the Law does need to be changed, then I could be willing to support a detailed study of the second question of how it should be changed.

That, in my view, should be the proper order in which to holistically approach this matter. But that is not the way in which this Proposition has been laid. What we have in this Requête is a cart-

980 before-the-horse situation. Like Deputy Parkinson, a further concern I have with the proposal is that the working party would be intended to report back to the States with recommendations to develop a regime that would permit assisted dying. A recommendation, as Members know, is a commendation, an endorsement, a positive way forward.

This is not the approach I would have taken and is not the approach I want our States, or any government in fact, to look into the feasibility of developing a legal regime to permit assisted dying. Such a profound cultural shift. The working party, as part of their inquiry, needs to consider 985 the pros and cons, the disadvantages and advantages, the SWOT analysis – the strengths, weaknesses, opportunities and threats of introducing assisted dying. The principles of corporate governance need to be applied. They are glaringly missing from the proposal.

I recognise and respect that the signatories want to see an assisted dying law as soon as possible and I have no doubt of their sincerity. But as I have mentioned earlier, on the whole I am 990 disappointed with the rather simplistic approach to this matter. This is of the utmost gravity involving, literally, life and death decisions on which there needs to be careful and painstaking collection of expert technical and specialist evidence and sober reflection by the States.

A particular characteristic of the debate which I have also been unhappy about was mentioned yesterday by Deputy Stephens. I am expressing my disappointment now at some of the comments 995 made during the debate towards the views of those with a religious conviction. I am not a person of faith, but I find the suggestion of shutting down the views of people with faith pretty offensive.

I believe strongly in the freedom of speech and respect the arguments and opinions of all, no matter what their faith, their beliefs or their experiences. The irony is not lost on me, sir, that having stated that religion has no place in this debate by one of the requérants, Rabbi Jonathan Romain came to argue the case in support of the Requête. 1000

Now we have had a deluge of media interest and consequently many statements from stakeholders and interested parties. At this stage and in the interest of balance, I would like to read out the following statement, which has been received in the last day or so, from the Royal College of Physicians.

The Royal College of Physicians does not support a change in the Law on assisted dying. In the event that the States of Guernsey were to decide to legalise assisted dying, the Royal College of Physicians would be willing to provide advice in regard to the implications of such a law for medicine and for clinical practice on the Island, and to provide guidance as necessary to doctors. This will not in itself change the position of the Royal College of Physicians with regard to assisted dying and should not be interpreted as implying any change in the policy either now or in the future.

1005 Some headlines around their stance in the last couple of days may have been easily misinterpreted, so I hope that this serves to clarify their position.

In conclusion, it follows in my logic, and also proved somewhat by disagreement yesterday over the facts between Deputies Roffey and Le Tocq, that an apparent lack of funding over decades towards States-funded palliative care services has meant that end of life care has not 1010 been given the support and resources that it should have. I base my opinion on various conversations with local medical professionals and also information stated on Les Bourgs Hospice website.

Despite being told that there was no need for a residential hospice locally, as a population of Bailiwick size was only 0.74 of a bed, they believed differently and, when told by the authorities that they would get no help initially, or in the future, their resolve to create a hospice strengthened. So, in 1991, the hospice founders were told that they would get no help then or in the future and that the requirement of the Bailiwick's population for residential hospice accommodation was less than a bed per year, so not even one patient a year would require hospice admission in the final days of their life. 1015

Les Bourgs Hospice has understandably filled a gap in provision in Guernsey. If this centre did not exist, if it were to close, I wonder if the President of Health & Social Care would be able to comment when she speaks whether they would be able to accommodate those patients at the 1020

PEH. In fact, if palliative care services were not offered in the various privately funded charitable institutions in our Island, how would we cope?

1025 We know that Les Bourgs is expanding its remit to day care and respite care. It is arguably a centre of excellence in palliative care and is funded from private donations. The position of no support was made just under 30 years ago, but how far has the palliative care team had to struggle on straitened resources, due to not being seen as a priority, those few decades ago, by the powers that were there?

1030 Of course, I have seen vigorous nods from those in the Chamber over the last couple of days who sit on the Committee now and have no reason to doubt that this area has now been prioritised. However, we know that out of the 2004 debate came a recommendation, an endorsement to improve our palliative care. Has this been maintained and how far has this been prioritised? Why are palliative care professionals who know our system well saying it could and needs to be improved?

1035 We heard Dr Susan Wilson last night, on the television, saying that amongst other things, we had no hospice beds for children and we need a 24/7 wraparound care regime. Is it just this Requête that has brought this matter into sharp focus? Would it otherwise have remained the same? I will be supporting Deputy Le Tocq's Proposition, which seeks to redress the balance and improve the quality of end of life care here in Guernsey.

1040 One email which I received from a locally based doctor, which I think we all received, particularly resonated with me. We are often told, after all, to listen to the professionals. I will read from this now, her email, in finishing my speech:

Listen to the medical profession, the majority of whom do not support assisted dying, instead of compassionate individuals who have had an unusually bad personal experience. To help these people, we would be much better placed to invest our money in palliative care than change laws. Give Government support to Les Bourgs Hospice to fund a palliative care consultant, or at least look at giving tax breaks to charities, which would have a huge impact on their ability to raise the massive amount of money required to provide this incredibly valuable, free service.

1045 Supporting this doctor's claim, is the 2016 BMA in-depth study of the public and doctors, entitled 'End of Life Care and Physician Assisted-Dying'. The majority of doctors in the union who were studied felt that legislation would do more harm than good. It is noteworthy that the more people understood what is involved, the less supportive they were of a change in legislation.

1050 This was also borne out by my research locally. The vast majority of doctors I have spoken to or have been contacted by are not in favour of a change in the legislation, because they believe it could do more harm than good. That it was not compatible with their role and that the matter was being over-simplified. Whether or not they are in agreement with or have sympathy with the principle.

1055 I will not be able to support the amended proposals to ultimately change our legal regime to allow assisted dying. I have not been convinced beyond reasonable doubt that a strong enough case has been made for us to change.

Thank you. (*Applause*)

**The Bailiff:** I call Deputy Brouard next; he has been waiting a while.  
Deputy Brouard.

1060 **Deputy Brouard:** Thank you, sir.

1065 Deputy Graham, I think, made a very elegant speech and really hit a chord with me, so I thank him for that. I do apologise as well, I have written my speech with some of my words quite small and now I have discovered I need my magnifying glass to try to read them back! Deputy Roffey is right, many of the arguments are very close. Different sides of the same coin, I think he used. But just like a coin, heads or tails, one side wins the argument, no matter how close. Even if it is only for a day.

1070 We all have stories to tell. Mine follow closely with Deputy Tooley, although I fall to vote against introducing assisted dying and Deputy Tooley falls for. We have all been moved by the correspondence generated. The stories that support one position and the stories that oppose our particular position. It has been very humbling and the arguments that have been put forward have stretched my mind.

1075 I am not an expert in this field, but many experts have given us their advice and guidance. The rather awkward problem is that they come from both sides of the argument and there is some sound logic in play, but nowhere near the consensus I need to fundamentally change our Laws at this time, as highlighted by Deputy Dudley Owen.

1080 I do thank every one of those who have made contact and I hope we do justice in this Chamber, whatever our position is. But I know that just under half will be disappointed with our decision. But we are a consensus parliament and our Government, formed by Committees, your Committees, also operates on consensus. We, as P&R, are no different. The beauty and, to some extent, the beast is that we are able to voice our individual opinions and strive to achieve our aims. It is a gift, the purity and the beauty of our system. But the beast at times is the divisive nature of so many pulls in different directions and, with the lack of a whip, clarity and direction can look cloudy and like the town clock, facing every direction at the same time.

1085 While I am happy for two Members to bring forward a Requête from P&R, I am equally happy for three Members, myself included, to bring forward our thoughts in line with our collective consensus. The hard-wrought and manifested P&R Plan. Firstly, look at the aims of the P&R Plan. I just want to read the high-level aim:

We will be amongst the happiest and healthiest places in the world, where everyone has equal opportunity to achieve their potential. We will be a safe and inclusive community, which nurtures its unique heritage and environment and is underpinned by a diverse and successful economy.

1090 Our aspirations are more about living and assistance where necessary, rather than assisted dying. It is just not part of the 23 priorities, I do take some store from what Deputy Langlois was saying and it is true, I can understand the comfort that having an assisted dying regime in place may give some people. They know that it is there, and it may help them. I do take that point.

1095 I also want to pick up on resources. As we say in our policy letter, or our reply, it is likely to lead to resource-intensive investigation. I will go further than that and say it will lead to resource intensive investigation. We, on this small Island, especially our politicians, are across so many areas. Even Committees have wider areas of responsibilities than many other jurisdictions. This issue will soak into our political resources, as well as staff, and including legal staff.

1100 The reference, in Deputy St Pier's opening speech, that he is happy that we have had 11 weeks and two days of debate, but unless we stop it now that debate will continue. As well as the requérants mentioned we have got the safeguards, along the lines that, if you approve assisted dying in principle, you will afterwards have the results of the working party report, which will work out and solve the problems to bring in a so-called regime and an opportunity then to vote it out. I appreciate that was not his hope but, in effect, what he was saying is that the debate goes on. Not just on the substantive, the debate goes on all its tenets, the strands of how long, how far, how often, who to.

1105 That, sir, is not 11 weeks, two days of debate, that is years of debate and years of time. As bearer or holder or keeper, I do not know what the word is, of your P&R Plan, we three believe that it would be not good use of our capital.

1110 The legal impediments have also been touched on and the engagement that that will necessitate in our position as one of the British Isles. That is the P&R position. Deputy Stephens put it extremely clearly. Our advice, on the back of your plan and the advice from our Committees, is to reject the Requête.

1115 One of my first items of correspondence picks up on a point that Deputy Roffey made about relatives. I am not going to do all 33 items that Deputy St Pier raised, but there are a few foxes, I think they are called in Army terms. I just want to shoot a few of those foxes.

Deputy Roffey made a point about relatives. His point was it was very rare for relatives not to have the best interests of the patient at heart. That is probably true, but I just want to pick up a letter which came very early in my correspondence from the lead chaplain at the PEH, who has been doing this particular job for a very long time. In fact, since before the millennium.

Over the years, I have seen how some relatives behave in self-centred, unscrupulous and uncaring ways towards family members who are elderly and sick. If assisted dying was legalised, I have no doubt that pressure would be brought to bear on the frail and the vulnerable patients – many of whom do not have full cognitive process – by their own family. Additionally it is very easy for educated, articulate people to talk about the issues we might feel are involved with regard to assisted dying. For those who are not in this position, the arguments and potential choices involved may well prove far less clear to them and cause undue worry and uncertainty and result in them making decisions they do not fully understand. I have also seen first-hand how important it is that patients have absolute confidence in their doctors, nurses and other medical staff who care for them. I have no doubt that assisted dying, if legalised, would seriously undermine this confidence and might even lead to patients feeling pressurised into making decisions that their life should be ended. Most of all I have learned that every life is worthwhile, even though at times it might not look like it to the patient, their relatives or their carers. Because of this, I fear it can never be right to deliberately bring the life of any human to an end. I believe that rather than assist people to die, if we are a caring community, we should make resources available to make end of life care as pain-free and as dignified as possible and we should make sure that adequate support is available to help the families of those who are very sick or dying.

1120 Now, that was from the Reverend Linda La Vasseur, I do thank her for that. This is someone who is actually involved, who is at the PEH, who is the chaplain there. I am not going to put a tremendous amount of weight on the unscrupulous relatives, but just to balance Deputy Roffey's point that it very rarely happens. It does very rarely happen, but it does happen.

1125 One of the difficulties in this Requête is that it goes to the solution. We need assisted dying and we need the Oregon model. But we get there on very thin argument. Three sides of A4. We get caught now in a Catch 22, because the requérants hold two different branches out simultaneously to us. The large body of work will come from the years of investigation which, if we agree with the Requête, will now commence.

1130 These investigations will bring forward how we will bring assisted dying into our community. But, during this work, in progressing assisted dying, we will flush out if we really want to do it, because we will have the option, when the report is presented, to approve it or not. A further second option, I think Deputy Roffey mentioned, was when the legislation is prepared we will have another get-out clause.

1135 We get to the argument it is not worth doing the investigation first, so we can make an informed decision today, because it would be a waste of resources if you had no intention of going ahead anyway. Unfortunately we end up checking if we want to proceed, as we proceed. From the requérants' point of view, it gets them on the journey to where they want to go. But for some of us the argument needs to be made first and that takes us back to putting in considerable resources into a project we may not want to undertake when we see it holistically and laid bare.

1140 A reflection of this lack of a proper report is the amendment on the hoof. I feel for those in our community who have taken a very keen interest in this issue and we do them no justice as the goalposts not only move but virtually get taken away. Deputy Le Tocq's amendment, which replaced the original Propositions, is no more valid or invalid than the requérants' attempt to bring assisted dying. The point is, we have reached this consolidated amendment as the requérants see support slipping away and try to bolster up their proposals or the Propositions to make them more attractive today than they were yesterday.

1145 But are they? Are they more attractive today than they were yesterday, or is it purely window dressing? Let us just go a little bit further into the future and the report is produced. For those of us who follow politics, we know full well, after a large report is produced in perhaps three years' time, maybe with some focus on the Oregon model and, as Deputy Roffey said, a very good starting point. So that is not the end point, then? It is just the starting point.

1150 That that is a door has been made slightly ajar. Now the new independent chair may favour a more liberal, Dutch model and the report returns with good arguments both for and against. There is no certainty what we will have. A two-line amendment in 2021 and we have a different

1155 model. The safeguards of Proposition 1 or 2 only come into play if you want to bring in assisted dying. But do they?

Proposition 1, the capacity legislation, is already committed to it. Proposition 2 spends several lines acknowledging an existing position: (a) work on equality for disabled people; (b) completion of outstanding work on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); and (c) an independent body concerned with equity and rights.

1160 They are already in train. We are going to get the capacity, the equity, the CEDAW, the independent body anyway. So wrapping it up with assisted dying gives it, in my view, a veneer, that you must do all as a package. Yet the reality was the other items had already been prioritised to do. Assisted dying should stand on its own arguments and of course will need policy and  
1165 safeguards if introduced. The items in one and two have already been agreed and do not need assisted dying, but I do acknowledge that assisted dying may need them.

I just want to touch very briefly on one of the odd items in what I call the Dorey Principle. Who are we doing it for? The numbers. I know this is very emotional, because behind every number is a person, behind every person there is a story, behind every story there is a family. But I make no  
1170 apologies. We are constantly prioritising and re-prioritising what we do.

Possibly one or two people a year may need to use this option. I have already acknowledged Deputy Langlois' point and he does make a fair point about the comfort factor. But we have 14,000 Islanders who live with a disability – 14,000! We know we cannot solve all the problems for all the people all the time, but I pose this question to you: could we do better good with our time and resources to assist a greater number of Islanders more? That is the question.

1175 So we have our P&R Plan. It is not cast in stone. It is not perfect. It is our shared goals. I want my Island to be the living Island, not be remembered and known as the dying Island. We do not own the narrative on this and, just as the story that Deputy Roffey related – sorry that I am picking on Deputy Roffey, it is just he covered so much ground and raised some very good points that his speech just stood out as being really good – having to correct some UK media. But this is what happens. We do not control the media and misreports are misreports.

In London, two days ago at a meeting, two strangers I was speaking to, when they realised I was from Guernsey, they mentioned assisted dying straight away. Two complete strangers. It was only later in the conversation that the *Potato Peel* film was mentioned.

1185 If successful with this Requête, we will embark, resource-hungry with twin aims to consult. You need to read the first paragraph of Proposition 3. I think this paragraph gives the impression the Requête is still at the consulting stage and that is an attempt to encourage Members to support production of the report, which we should have had to establish the principles of wishing to permit assisted dying in the first place. But that would be naïve, Members.

1190 Further down, as highlighted by Deputy Parkinson, it says but also to make representations on the development of a legal regime to permit assisted dying, which is the aim. Be under no illusion, and I do not think you can hope that the report, after consultation, will give you the get-out clause. If you do not want assisted dying, say so now.

1195 The requérants put store that the Requête is tightly drawn. I cannot remember which Member mentioned it. But nothing could be further from the reality. A report will come back; what it says no one here today knows. What amendments it will encourage, what minority reports could come, we do not know.

Tightly drawn as to the items to be investigated, I grant. But tightly drawn as to the result or outcome? No. If any Members are relying on the direction pointers to give you solace to support the Requête, they give you direction, but you are no closer to any clarity in the destination. Where  
1200 we end up may look very different to where we start.

On balance, I cannot support the Requête. In some ways, it is easier to be at the ends of the spectrum on this. Deputy Roffey, very clear where he is; Deputy Trott, very clear where he is. I am probably in that middle ground. I am guessing, I do not know, but I am probably trying to push Deputy Green along the fence a little bit.

1205

1210 But on balance I cannot support this, and I want to look at the practicalities here, looking at the Propositions. I am just going to go very briefly before I finish, just through the Propositions 1-5. If you wish the introduction of assisted dying, then obviously you need to vote for Proposition 3 and it would make sense to also allow Propositions 1 and 2. If you do not want assisted dying, passing Propositions 1 and 2 do no harm, they are already in train. Proposition 3 is the key. Proposition 4 ties in Alderney, really, and only comes into play if Proposition 3 is passed.

1215 Proposition 5 brings in where my feelings lie, which looks to improve quality of life, especially looking at improving yet further palliative care and bring back more effort with regard to healthy living. I could speak for a lot longer on Proposition 5, but hopefully other Members will bring that forward as the debate continues.

Half the electorate will not be happy with my vote. Half the electorate will not be happy with your vote. But I hope all the electorate will appreciate the candour and the honesty that we bring today.

Thank you. (*Applause*)

1220

**The Bailiff:** Deputy Trott and then Deputy Fallaize.

**Deputy Trott:** Thank you, sir.

1225 There have been some outstanding speeches on both sides of the debate. I thought Deputy St Pier's yesterday was as good as any I have heard in this debate and covering so much ground as he did, it made it almost impossible for there not to be some repetition and others have certainly, I think, embraced that, as the last day and a half has progressed.

1230 I am not known for my emotional excess, but I have to say that I heard some superb speeches yesterday, not least from my friend and colleague, Deputy Roffey, and my friend and colleague, Deputy Tooley. I confess to having been somewhat misty-eyed, sir, as I was at the start of this term when I had a conversation with someone every elected Member of this Assembly knows and that, of course, is our former colleague, Deputy Dave Jones, who died so tragically at the start of this term.

1235 I am going to cover eight points, today. Not because eight is the Chinese lucky number, but because there are eight points that I think need to be covered. The first is the debate. The second is international perception. I see myself as being well-placed to comment on that. I am going to tell you about a personal experience I had with former Deputy Dave Jones. I am going to cover the key points as I see them. I am going to talk about our democracy and, in particular, the issues around public support. I am going to mention demographics and, finally, I am going to end with a subject that is very dear to my heart and that is freedom of choice.

1240 So, to the debate. One of the things that has surprised me about this debate has been genuinely the levels of courtesy that have been maintained, particularly from those who have contacted us. It was not always the case. When matters along these lines were discussed during my first term in the States, the debate was much more acrimonious. It was much more unpleasant.

1245 The debate has moved on very significantly indeed and, of course, so has public opinion. I shall return to that in a moment. On the subject of courtesy, when we entered the Assembly yesterday, I stopped and spoke with both groups. I said to those who were supporting the Requête, thank you. And to those who were opposed, again I said thank you for the courteous and mature manner in which you have conducted yourselves – everyone has.

1250 Now to international perception. Being Chairman of Guernsey Finance means that I am fed information from our primary industry in a way that maybe other Members are not. Of course, a very significant number of our financial services industry are on the road. Not just in the UK, but globally. They report back to me that the international perception, generally – not exclusively, but by a very significant margin – is outstandingly positive. We are viewed, because of this debate, as being a progressive society. A mature society. A dignified and intelligent society. That is what they are reporting.

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Of course, unlike some of us in the Assembly, who maybe have been on-Island for the last few weeks, these are people that are going out as envoys all over the globe. That is what they report.

1260 Now to my personal experience with regard to former Deputy Dave Jones. People in the Assembly will be aware that he asked me, along with former Deputy Graham Gill, to give his eulogy. Something that I was proud, honoured and privileged to do. He was a very close personal friend of mine. I think, I may be wrong, Deputy Laurie Queripel may have seen him last from the Members in the Assembly, but I think it may have been me. He had about a week to live and I went to see him in his bedroom at his house and we had a number of discussions about various things. I said to him. 'Dave, are you ready to go?'

1265 He said, 'Lyndon, I am absolutely ready to go. The problem is I am going to have to stick around for another week as they pump me full of morphine, before I eventually slip into a coma and pass away.' Had our friend Deputy Jones had the opportunity – he had dealt with all his affairs, he was in significant discomfort – he would have taken that option. That experience has not left me. I doubt it ever will. It was one of the main drivers for readily agreeing to sign Deputy St Pier's, in my view, excellent Requête.

1270 So to the key points, sir. This is not about implementing a blanket right to die. It is about giving people the right to die well when faced with an imminent and inevitable death, which was certainly the case with our friend, former Deputy Jones. Assisted dying has had a very positive impact on the provision of palliative care where it is legal and the Requête's supporters are committed to the development of palliative care on the Island. The current Law is not working, but a safe proven alternative is available and the vast majority of the people on this Island want us to take action. Of that I am certain. More of that later.

1275 There is a little bit of repetition here, but I do, as I said earlier, think that these numbers are worthy of further scrutiny. The current Law is not working for a significant number of people. Four hundred Britons travelled to Dignitas to die. Some from Guernsey. Many more are members of Dignitas. This option is only available to those that can afford it and you know my views on affordability. We covered those at some length during the debate on education.

1285 What this means is that people die much sooner than they might otherwise choose to, because they need to be well enough to travel and it criminalises compassionate, grieving loved ones. That, to me, is just totally unacceptable. In the absence of meaningful choice, over 300 terminally ill people end their own lives in England every year. How many more agonise over whether or not to take such drastic steps? These cases are tragic and often deeply distressing.

1290 Put simply, amateur attempts to control the end are no substitute for the safeguarded, medically supervised assisted deaths we see in the USA. Research in the UK shows that in a small number of cases, doctors are known to take proactive steps to deliberately hasten a person's death. I do not think there are any in this Assembly that would deny that. But this happens with no regulation, monitoring and – crucially – no transparent choice for the dying person, who faces a lottery to see if their doctor happens to be one willing to break the Law. These problems are avoidable and will continue to exist regardless of how much we rightly develop palliative care. The current Law does not work, and Guernsey now has an opportunity to fix it.

1295 I move now to public support, because I know that some – not many, but a few – have criticised my rather exuberant view that there is no doubt in my mind whatsoever that the majority support this move. Let us examine, as Deputy Dudley Owen did earlier, what the polls say. Polls consistently show that around 80% of the public support the choice of assisted dying for terminally ill people.

1300 Three separate public opinion polls on assisted dying in Guernsey have taken place. One was on something called Facebook. I do not do it, but I believe it is quite popular! Apparently the Facebook page is called Assisted Dying on the Bailiwick of Guernsey and that found 87% in favour of assisted dying and 71% strongly agreed with it, of 1,348 votes received. In a poll on Island FM, which one of our media outlets, Facebook page, apparently 92% were in favour of assisted dying in the 1,700 votes received. A poll in the popular Facebook group Guernsey People Have Your Say showed that 92% were in favour of assisted dying of the 643 votes received.



1310 We can pooh-pooh, it is only little old Guernsey and there are no safeguards, and that is fine, but what we cannot disregard so easily are the consistency of the polls irrespective of who carries them out. Those polls do show that 80% of the public support assisted dying. The majority of people would consider having an assisted death in Switzerland if they were terminally ill and every poll and survey conducted in the media in recent weeks, to coincide with the debate in Guernsey, illustrates significant public support. That is the truth.

1315 Some say public support drops when people understand the arguments. In fact, Deputy Dudley-Owen was very careful with what she said earlier. I nearly interrupted her, but I thought I would save it for now. Some people say public support drops when people understand the arguments, but does it? The authoritative poll on the issue, carried out by YouGov in 2014 provided respondents with for and against arguments, as taken from campaigners on both sides of the argument. After reading all the arguments, support remained high at 69%, that is over two thirds, and opposition remained unchanged at 13%.

1320 Some say disabled people are opposed to a change in the Law, but are they? The largest poll ever conducted on the issue found that 79% of disabled people support assisted dying for terminally ill adults. Now that was on a UK sample of 1,000, but again carried out by YouGov, a highly reputable polling organisation.

1325 The other reason I nearly jumped to my feet, sir, was when Deputy Dudley-Owen referred to faith and arguments around faith should not be part of the argument, I agree with her entirely but I feel that I may have been a little bit guilty. I am not sure whether it was me who said this, or someone involved in the debate, but it is particularly relevant. Some people of faith are opposed to a change in the Law. That may be true. But in what quantum? The largest poll ever conducted on the issue found that 79% of people of faith support assisted dying for terminally ill adults.

I now move –  
I give way.

1335 **Deputy Le Tocq:** I do apologise for interrupting Deputy Trott's exuberant conversion to believing in public polls. It certainly is a first in my knowledge of him. Would he not accept that instances like the invasion of Baghdad, 55% of the British public who were in favour before and afterwards had a totally different view about what had happened there? In this instance, sir, when we are talking about life and death situations, we can take a poll before. We will not be able to take a poll afterwards.

1340 **Deputy Trott:** I do not believe in all public polls. I do not believe in most public polls. But when every single public poll conducted by the reputable pollsters gives you exactly the same answer, exactly the same conclusion, it is impossible as a democrat to ignore that and I do not choose to.

1345 I now move to palliative care. No supporters of assisted dying would dispute the importance of palliative care or the need to ensure it is well-funded, well-understood and accessible to all who need it. But this is not an either/or choice. Efforts to improve palliative care can go completely hand in hand with giving people a greater number of end of life choices.

1350 There is absolutely no evidence from jurisdictions that have legalised assisted dying that there has been any negative impact on palliative care provision access or investment. In fact, there is much evidence to the contrary, but I shall not take up the Assembly's time with going through those. What I will say, though, is that in Oregon, 90% of those who have an assisted death are enrolled in hospice care, which is ranked among the best in the United States of America.

1355 Requests do not stem from a lack of availability of, or a lack of quality of palliative care. They stem from freedom of choice. Assisted dying is proven to lead to: improved communication around all aspects of end of life care; reduce barriers to assessing hospice care; more appropriate palliative care training of doctors; and doctors feeling more confident and assertive in discussion around end of life issues.

1360 If we insist that palliative care is the only answer to our problems, then we deny dying people a transparent and meaningful choice. For the majority of people, palliative care will be sufficient in easing their suffering. But many want to make their own decisions about the manner and timing of their deaths – our friend Deputy Jones being a perfect example – and would take great comfort from the reassurance the option of assisted dying offers. That is completely in keeping with the  
1365 ethos of the hospice movement.

There is also the question of what we do for the small number of people whose suffering cannot be relieved by palliative care. For me this is particularly important because surveys of bereaved relatives carried out by the Office of National Statistics show that, even when someone is cared for in a hospice, where we can assume rightly that the standard of palliative care is  
1370 excellent, approximately 12% report their loved ones receiving only partial pain relief during their last three months.

Surely that is the issue? Occasionally palliative care is insufficient to deal with the suffering that a patient is experiencing? Not one doctor that I have found would argue that palliative care is a panacea. It has its limits, like any other speciality and the consequences of this can be extremely  
1375 distressing for dying individuals and their loved ones.

Deputy Kuttelwascher made some comments yesterday, on the steps of this Assembly, which I assume he is regretting. Even if he is not, let us deal with the question that terminally ill people can already control their deaths because suicide is not illegal. The World Health Organisation estimates that only one in 20 suicide attempts result in death. Just one in 20. Now I pose this  
1380 question to all in our community, are we really satisfied with suggesting that this option is appropriate for dying people in Guernsey?

If people have no objection to the right of terminally ill people ending their own lives in what way is their opposition to giving people safe and effective means to exercise this control justified?  
I give way, sir.

1385 **Deputy Kuttelwascher:** No, I do not want a give-way. Point of correction.

I was told by somebody that they just wanted choice and I said at the present time suicide, or killing yourself – which is what it is, and it is a rather a blunt way of putting it – is an option which is not a criminal offence. That does not imply that I support it, but if you just want a choice, there  
1390 is a first-level choice now.

I will oppose the whole issue of suicide, especially the inclusion of another person in the process. So my view is I do not suggest it is an option, but it is a choice, whether you like it or not. But it is not a choice that I can in any way support. Do not make assumptions – I was just making a statement of fact. It is not a criminal offence and it is an option, but please do not do it. I am  
1395 against all suicide, even assisted suicide.

Thank you, sir.

**Deputy Trott:** Anyone who does not want to be involved in this process would not have to be. This is about giving dying people meaningful, transparent choices. I am now going to move on to June 2020. In June 2020, some of us, not all, will face the electorate. It is absolutely the case, irrespective of the outcome of this debate today, that this matter will be an election issue.  
1400

It will be interesting to see at that time how accurate the polls are. Every single poll would of course have to be wrong. I am sure if we looked far and deep enough there would be some precedent for that. I personally doubt it and we shall wait to see.

I move penultimately to demographics. Somebody – I forget who it was, it may have been Deputy Dorey – argued that this was not needed, there are only 63,000 of us and if you do some pro-rata calculations with Oregon, it may only affect one or two people in our community. It could be you, Deputy Dorey, it could be me. It could be any one of us.  
1405

What right do any of us in this Assembly have to deny anyone that choice? I do not believe we have. I genuinely do not believe we have and I believe the overwhelming majority of Britons and  
1410 the overwhelming majority of Channel Islanders believe that too.

I started off not understanding these issues with the clarity that I have today, but from a fundamental premise that I have maintained throughout my political career and that is that we should, wherever possible, give the citizens of our community, the freedom of choice to self-determine the outcome at the end of their lives.

Thank you, sir.

**The Bailiff:** Deputy Fallaize.

**Deputy Fallaize:** Thank you, sir.

It is only a coincidence that I speak immediately after Deputy Trott, because I always intended that what I would say first, having listened to some of the speeches that have gone before, was that these days no debate can ever be complete without advocates on both sides of the argument claiming that they are in the majority.

The best thing to do with these arguments or these claims is to completely ignore them on each and every topic. I say that not to be disrespectful to people who put their arguments. I am saying that all views put to us are valid and legitimate, for and against, and I completely agree with Deputy Graham, who rather resents or rejects claims that one person's set of arguments are worth more than another person's. I agree with him completely.

On the narrow point that some people choose to resort to when they assure us that they must be right because almost everybody else agrees with them, that claim is always to be ignored. The truth is that we do not know what the position is of the majority of the people. Most likely the largest block of opinion on this issue as on any other issue is made up of people who are either undecided, indifferent or disinterested.

As surprising as that may sound, because this is an issue that has engaged us and many hundreds if not thousands of people in debate over several weeks now, there are a very large number of people who just do not know where they stand on the issue or who are indifferent or who are, frankly, disinterested.

The other point on claiming majority support is that it does not really matter. Deputy Le Tocq rose and intervened in Deputy Trott's speech and shared the statistic about the Iraq War, because I had told it to him about 30 seconds earlier! (*Laughter*) He is correct to say that a couple of weeks before the bombardment of Baghdad began in 2003, most opinion polls showed that more than 50% of people favoured the Iraq War. I did not, and I wrote a very good piece in the *Press* about it a few weeks before then, putting the contrary view, but I was in the minority.

Of course what followed was probably the greatest foreign policy misadventure since the Suez Crisis. The majority was wrong on that occasion. Now, of course, you cannot find anybody who thought that going to war in Iraq was right. No doubt when Neville Chamberlain came back from Munich waving a piece of paper, if appeasement had been put to a referendum, there would have been a massive majority in favour, because it was a very popular policy, but he and they would have been wrong. I am not going to make a decision today on the 'whose gang is bigger?' basis.

Secondly, I would say to those who are particularly struck with arrangements in Oregon, do not expect me to take any lessons on social policy from the United States. This is a country where if ambulances are called to people who do not have health insurance they leave them where they are lying. This is a country where thousands of school children are shot and killed while they are in school and, nevertheless, at a federal level at least, the country refuses to do anything about it. We in Guernsey are a better society than the society of the United States and I take no examples from them.

On the other side of the argument, I think Deputy Le Tocq did make a very good speech and a very interesting speech, but I objected to and I am bordering on being offended by one thing he said in particular, which was that during a terminal illness the last few days can be a time of growth. I do respect his view, but this is a very monotheistic view, if I may say so, and he knows my views on monotheism. I think there is a very powerful, contrary, secular view – not for everybody, of course, but for many people suffering, people suffering from a terminal illness, the

1465 last few days are more akin to what Deputy Roffey described yesterday. They would not be described as a time of growth or a time of great spirituality, but a time of utter misery and degradation.

I do not say lack of dignity, because I do not think that is quite the right argument to make in this debate, because if you take the view that a person in their last few days or hours of a terminal illness lacks dignity then I think you are making a very dangerous judgement. Life has more dignity at some stage than it does at another stage. I think that is a dangerous argument.

1470 It is not right in this debate to claim with such certainty that the last few hours or days of life in a terminal illness can be a time of growth and spirituality.

I will give way to Deputy Le Tocq.

1475 **Deputy Le Tocq:** I thank Deputy Fallaize for giving way.

Just to confirm, I said 'can be' a time of growth and I was making that assumption on the basis of a lot of experience. I am not saying that it is for everyone. Clearly death, even in normal circumstances, is not always that. But it can be, and I do not want to take away that opportunity for some.

1480 **Deputy Fallaize:** I accept that. I think that expressed it in a more balanced way than Deputy Le Tocq did when he spoke.

Deputy Graham made a very good speech, I think. First of all, because he explained why no side could claim to have the moral high ground and, secondly, I am afraid there is a real problem of logic in those advocating assisted dying in relation to the six-month qualification. Once you have accepted that it is reasonable for a person of sound mind to require the assistance of somebody else to end their life, it is very difficult I think then to start putting qualifications on that and to say the correct qualification is six months. Why six months? Why not three months? Why not nine months? Why only a terminal illness?

1490 We have had some very moving and compelling correspondence received from people who have the most dreadful conditions and have the most awful experiences in their lives as a result of these conditions, who do not have terminal illnesses. If the argument in favour of assisted dying is being put on grounds of compassion, it is not necessarily the case that people in the final stages of terminal illness are the people who require this compassion to be shown to them more than others, who do not have terminal illnesses.

1495 My position in principle on assisted dying is that I am very sympathetic to the concept of assisted dying, for the reasons set out by Deputy Tooley, Deputy Roffey and, to some extent, by Deputy Trott. But I am not yet sufficiently persuaded that we could put in place the necessary safeguards to prevent abuse or misuse. That is my position in principle.

1500 Where does that leave me in relation to the Requête? If I had listened to some of the speeches made this morning, that certainly would lead me to vote against Propositions 1-4, because the impression is being created that anybody who is not fully decided that they could ultimately support a regime of assisted dying must logically vote against Propositions 1-4. I am not sure that is true.

1505 In particular, I want to pick up on the speeches that were made by Deputy Parkinson and Deputy Dudley-Owen. Deputy Parkinson's position on assisted dying, I think, is 100% aligned to mine. He is not yet persuaded, but he does not rule out the possibility of being persuaded in the future. He spoke about the case for an examination of this issue to be carried out on the basis of no presumption.

1510 I agree with him and if I had been drafting a Requête, that is how I would have drafted it. I spoke to Deputy St Pier before the Requête was drafted and I said to him, in my view I think it would be reasonable to ask the States to set up some kind of working party, or a commission that could have brought together various sections of the community, or all sections of the community, to have a thorough investigation into this issue of assisted dying, because I think the debate has changed somewhat from the last time when it was debated in 2004.

1515

1520 However that is not what the key Proposition 3 in this set of Propositions now proposes. I do not think it is quite right to say that Proposition 3 is asking the States to agree to an assisted dying regime in principle. In fact that proposal in the original Requête has now been taken out. This is an amendment – it is not an amendment, it is now the Propositions – but it arises out of an amendment which started:

To delete all the Propositions and replace them with the following:

Well the original Proposition 1 did ask the States to agree in principle to the concept of assisted dying. That has now been removed. What we are left with in Proposition 3 is the setting up of a working party which shall report back on the issue of assisted dying. The key bit says:

The report shall make recommendations for the development of a legal regime to permit assisted dying, based for example on the extant regimes in Canada or the State of Oregon.

1525 It does not say it must be based on the regimes in Canada or Oregon. It could be on other regimes. Then it says:

The report shall include consideration of and recommendations pertaining to how to ascertain the operational effectiveness of capacity legislation, legal and professional issues, the definition of a terminally ill person, the definition of residency, the requirements to prevent coercion ...

I think that in practice –

**Deputy Meerveld:** Point of correction, sir.

1530 **The Bailiff:** Deputy Meerveld.

1535 **Deputy Meerveld:** The document said they 'shall' return, not they 'may' return. There is no wriggle room in that. The group that is being formed would be required to come back with those recommendations. There is no consultation in there, either for or against. I think Deputy Fallaize is misrepresenting that.

**The Bailiff:** Deputy Fallaize.

1540 **Deputy Fallaize:** As ever, I thank Deputy Meerveld for his interjection, but that is not a point of correction. I read out the words in the Requête. I said, 'The report shall include consideration of and recommendations pertaining to ...' and then the list of things which are set out in (a) to (g). Deputy Meerveld brought up the issue of consultation, but I did not say anything about consultation. So that was not a point of correction and I do not think it was a particularly good point in any event! (*Laughter*)

1545 **Deputy Meerveld:** Point of correction, sir.

**The Bailiff:** Is this a proper point of correction?

1550 **Deputy Meerveld:** Well I believed my last point of correction was correct. My actual point of correction was I believe Deputy Fallaize is representing this document as allowing the leeway for consultation when, in fact, it is not. That is the correction.

1555 **The Bailiff:** That is more a matter of opinion, I think. Deputy Fallaize did read the wording of the Proposition.

**Deputy Fallaize:** Thank you, sir.

**The Bailiff:** I think Deputy Ferbrache and Deputy St Pier are both asking you to give way.

1560 **Deputy Fallaize:** If such eminent characters ... Who to choose first? In order of inferiority, I will choose Deputy Ferbrache! (*Laughter and applause*)

**Deputy Ferbrache:** I am extremely grateful to President of the Education Committee, bearing in mind, he did not pass 11-plus, and I did! (*Laughter*) I am also extremely grateful to him for  
1565 acknowledging that he has been right, albeit only once, in relation to the Iraq War!

Why I stood – it is not a point of correction. I accept what Deputy Fallaize says, but the report would have to come back. It would have leeway about whether it was Oregon, or Canada or somewhere else, it would clearly have that leeway because it says so. But it would have to come back and make recommendations to the development of a legal regime to permit assisted dying.  
1570 It would only be available to terminally ill residents with less than six months to live, etc.

But it would have to come back and make those recommendations. So to use the elegant phrase of Deputy Meerveld, there would be no ‘wriggle room’. It comes back with an absolute precondition because it is a mandatory phrase.

1575 **Deputy Fallaize:** Yes, I agree with that.  
Now I will give way to Deputy St Pier.

**The Bailiff:** Deputy St Pier.

1580 **Deputy St Pier:** Thank you to Deputy Fallaize for giving way. Merely to point out, of course, the previous sentence says:

The working party shall consult widely.

**Deputy Fallaize:** Yes, that was a point of correction, even though I gave way!

I accept what Deputy Ferbrache says and I have said I wish that the working party was being commissioned to carry out a review, without any presumption about its recommendations. I do  
1585 accept what he says, but the point is Deputy Dudley Owen said that the working party would be asked how the regime would be set up without considering whether it should be set up. I do not think that is a material point.

If the working party is going to do all the things which it needs to do in parts (a) to (g) of Proposition 3, I think that in practice the report which it is going to produce is going to be able to  
1590 allow the States to determine whether an assisted dying regime should be established. In terms of how the regime should be established or whether the regime should be established, the actual people who will have to make that decision in the end are legislators.

If it was to come back to this Assembly, it is the 40 Members of the present States. As a person who is sympathetic to assisted dying but is not yet fully convinced that we could put in place the  
1595 necessary safeguards, what I actually need to know is not whether the regime should be set up, I need to know how the regime would be set up in order to decide whether the regime should be set up.

I do not want somebody else to tell me whether – I will give way, but in a minute or two. I do not want somebody else or need somebody else to tell me whether a regime should be set up. I  
1600 can make that kind of conceptual decision in principle. But I do need to understand how the regime would work in practice to decide whether it would be a safe regime to put in place.

I think it is a misunderstanding to criticise the Requête on the basis that the working party is not being asked whether or not a regime should exist. That is for us to decide, but for those of us who are not yet fully decided, we do need to understand how the regime would work in practice  
1605 in order to make that decision.

I will now give way to Deputy Le Tocq.

**Deputy Le Tocq:** Very briefly, because we are at lunchtime.

1610 I thank Deputy Fallaize for giving way and just to refer to the wording in Proposition 3, I do not disagree with what he said, but my concern would be how on earth we could form that working party and the quality of its report. Quite clearly, I know, it would not be a balanced working party. It says, 'independently chaired'. It would be very difficult to find that, because many who represent my side of views in this would not be willing to take part in a working party and to sit on a working party that was obliged to come back with one form or another of assisted dying.

1615 The report will be biased right from the start. Yes, it would consult, but the make-up of that working party would be very difficult to actually recruit and find.

**Deputy Fallaize:** Oh, I give way to Deputy Dudley-Owen.

1620 **Deputy Dudley Owen:** Thank you to Deputy Fallaize, I am very grateful.

I think it is worth at this point just clarifying the comment that I made in my speech about whether there is a case to change the Law. This was alluded to previously by Deputy Parkinson, I think, that we would ordinarily have a policy letter setting out a very clear case for change. The working party is not being asked to do that and that was my point.

1625

**The Bailiff:** Deputy Fallaize.

**Deputy Fallaize:** I thank both Deputies for that.

1630 There is some safeguard, I think, in response to Deputy Le Tocq, because the Proposition is to direct that the Policy & Resources Committee shall establish the working party. Since a majority of the Policy & Resources Committee tells us that they are opposed to assisted dying, I trust Deputies Le Tocq, Brouard and Stephens to ensure that they can put together a reasonably balanced working party.

But, secondly, I do not think it matters.

1635 I give way to Deputy Roffey, although I do need to point out my speech is going past lunch because of these interjections.

**Deputy Roffey:** Will Deputy Fallaize agree with me that when this Assembly tackled the equally thorny subject of abortion, they set up a working party that not only looked at whether it should happen but to bring back proposals on exactly how it would work, if it was going to go ahead, and that there are parallels there?

1640

**Deputy Fallaize:** Yes and I do think that those Members who are saying, 'I would be very happy to have a balanced working party looking at the issue of assisted dying,' if they are unhappy with Proposition 3, they ought to be bringing their own amendment. I say that because, coming up is the lunch adjournment and there is time if any Member is genuinely committed to a thorough examination of the issues and has not made up their minds on religious grounds or conscience grounds or any other grounds, there is still time to amend the Propositions to establish a more independent working party if that is what they feel and a working party which does not start with a presumption that there would be a change in the Law.

1650

In any event, I do not really –

I give way to Deputy Lowe.

**Deputy Lowe:** I thank you for that, because this is going all over the place again. I understand all the various reasons for that to be considered, whether we are moving the goalposts. Why not, we keep moving them all the time? What I wanted to draw attention to and just reiterate, if you are going to have a working party and you are going to have a look at this, I would like to just remind you what I actually said yesterday as President of Home Affairs. Despite various views expressed from the public, the advice from the Law Officers remains consistent.

1655

1660        Regardless of what legislation the Bailiwick might choose to adopt through this working party, or whatever, it will not change the law in the UK. Under the UK law, the taking of life of a British citizen can be investigated and, if there is sufficient evidence upon which to justify a charge of unlawful homicide, tried for that offence and, if convicted, punished under the UK law, regardless of where in the world the killing took place. I read that out to all of you yesterday.

1665        For nationality purposes, most Guernsey residents are British citizens and any British citizen assisting another to die in Guernsey would remain at risk of contravening the criminal law of the United Kingdom, regardless if you make a Law here. That will not take that away, and Members need to remember that.

1670        **Deputy Fallaize:** I thank Deputy Lowe for that. She reminded me of what she said, but she did not need to because I can assure her I listened most intently when she said this yesterday. As authoritative as Deputy Lowe is on these matters, I do not think that this is settled legal opinion. It has been called into question. Not the law in the United Kingdom, but the application of it in the way that she is suggesting in relation to this Requête has been called into doubt by people who are, perhaps not more eminent, but at least as eminent as Deputy Lowe and her advisers. I think that therefore the argument that she puts, while it is valid, is not a showstopper.

1675        To conclude, I think that the argument I am trying to put is that it is possible to be sympathetic but undecided and to vote in favour of the key Proposition 3. I do not think it matters that the working party is being asked to come back with recommendations for the development of a regime to permit assisted dying because, in their work, they will have to set out how that will work in practice and it is how it will work in practice that is going to enable me and, I think, some other Members who are slightly undecided, to make a final judgement on this in the end.

1680        That is the detail I need, and I want. If I am going to say I am not sure we can put in place the necessary safeguards, the only way I am going to be satisfied, one way or the other, is to understand how the regime would actually work in practice. That is what the working party is being asked to do. On that basis, and while I do genuinely reserve my position about how to vote on a regime to legalise assisted dying in the end, I would be happy for the working party to be set up on the basis set out in this Requête.

1685        Thank you, sir. (*Applause*)

1690        **The Bailiff:** We shall rise and resume at 2.30 p.m. when I remind you I will be asking you whether you approve the filming of the final speeches and the votes at the end of the debate.

*The Assembly adjourned at 12.42 p.m.  
and resumed at 2.30 p.m.*

#### **Procedural – Filming of the Assembly**

1695        **The Bailiff:** Members, I advised you this morning that, when we got back at 2.30 p.m., I would be putting to you the Proposition that the media be allowed to film, on the basis that it will be one camera, filming and then streaming to all the local, national and international media. One camera to film the two closing speakers, Deputy Le Tocq and Deputy St Pier, on the basis that they would just film those individuals, plus possibly the people either side of them, but not panning around the Chamber, and that they would also be allowed to film the voting, which I imagine may be recorded votes, Proposition by Proposition. They would be allowed to do that.

1700        The only other thing I have been notified is that if that were to happen, they may want to put a couple of extra microphones in the Chamber, close to Deputy St Pier and Deputy Le Tocq, just to get a better sound feed. Deputy Le Tocq has indicated that he leaves the decision to the



1705 Assembly, he is neutral; but if he is to be filmed, depending on the time of day and the lighting, (*Laughter*) he might prefer to speak from a different position. Deputy St Pier has told me he is content to be filmed.

**Deputy St Pier:** I do not have the same problem, sir! (*Laughter*)

1710 **The Bailiff:** Yes, you do not have a window behind you. I put that Proposition to you as to whether you wish to allow filming or not of the closing speeches and the voting. Those in favour; those against.

I think those voting Contre shouted louder than those voting Pour, but there was a smaller number of them. I have had a request for a recorded vote, we will have a recorded vote.

1715

*There was a recorded vote.*

*Carried – Pour 31, Contre 8, Ne vote pas 0, Absent 1*

**POUR**

Deputy Gollop  
Deputy Parkinson  
Deputy Lester Queripel  
Deputy Le Clerc  
Deputy Trott  
Deputy Merrett  
Deputy St Pier  
Deputy Fallaize  
Deputy Inder  
Deputy Lowe  
Deputy Laurie Queripel  
Deputy Hansmann Rouxel  
Deputy Graham  
Deputy Green  
Deputy Paint  
Deputy Le Tocq  
Deputy Brouard  
Deputy Dudley Owen  
Deputy Yerby  
Deputy de Lisle  
Deputy Langlois  
Deputy Soulsby  
Deputy de Sausmarez  
Deputy Roffey  
Deputy Prow  
Deputy Oliver  
Alderney Rep. McKinley  
Deputy Ferbrache  
Deputy Tindall  
Deputy Brehaut  
Deputy Tooley

**CONTRE**

Deputy Leadbeater  
Deputy Mooney  
Deputy Stephens  
Deputy Meerveld  
Deputy Smithies  
Deputy Dorey  
Alderney Rep. Jean  
Deputy Kuttelwascher

**NE VOTE PAS**

None

**ABSENT**

Deputy Le Pelley

**The Bailiff:** The voting was 31 in favour, with eight against. I declare it carried. There will be filming of the closing speeches and the voting.

1720 Now, I have been advised that there is an amendment to be made, which has not yet been circulated. I propose that we adjourn to enable it to be circulated and I understand the requérants wish to consider the effect of it. So I put to you that we take a recess to enable that to be done. How long do you think the requérants will need? (**A Member:** Five minutes.) And how long until it is ready? It will probably be, say, a 15-minute recess. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** It is carried. We will have a 15-minute recess.

*The Assembly adjourned at 2.35 p.m.  
and resumed at 2.56 p.m.*

**Requête –  
Assisted Dying –  
Debate continued**

*Amendment 7.*

*To delete all the propositions and replace them with the following:*

*1. To agree that effective capacity legislation, to which the States is already committed, is essential in any event but to further agree that any assisted dying regime shall not take effect in Guernsey until capacity legislation (and any relevant implementing provisions) shall have been enacted and is in force.*

*2. To acknowledge that the Human Rights (Bailiwick of Guernsey) Law, 2000 already gives statutory protection in relation to human rights and freedoms guaranteed under the European Convention on Human Rights but to further agree that any assisted dying regime shall not take effect in Guernsey until as a minimum:*

*a. a legal framework ensuring non-discrimination and equality for disabled people, consistent with the UN Convention on the Rights of Persons with Disabilities shall have been enacted and is in force;*

*b. the completion of outstanding work enabling the States to seek UK extension of the international human rights conventions to which it is already committed, in particular the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and Convention on the Rights of People with Disabilities (CRPD); and*

*c. an independent body concerned with islanders' equality and rights, consistent with the States' Disability and Inclusion Strategy has been established and is in operation.*

*3. To direct that the Policy & Resources Committee shall establish an independently chaired working party ("the Working Party") with such membership as it sees fit. The Working Party shall consult widely, for example, with members of the public, the Committees for Health & Social Care, Employment & Social Security and Home Affairs, the Guernsey Disability Alliance, relevant UK bodies such as the General Medical Council and the British Medical Association. The Working Party shall report back ("the Report") to the States of Deliberation as soon as reasonably practicable, cognisant that it will be necessary for the requisite resources to be sourced and prioritised in accordance with the normal prioritisation processes of the Policy & Resource Plan alongside competing policy priorities. The Report shall consider whether and if so how a legal regime to permit 'assisted dying' could be introduced in Guernsey and shall include consideration of whether such legal regime should be available only to terminally ill adults resident in Guernsey with mental capacity and less than 6 months to live, based, for example, on the extant regimes in Canada or the State of Oregon. If the report considers that a legal regime to permit assisted dying in Guernsey is appropriate, then the Report shall include consideration of and recommendations pertaining to:*

*a. how to ascertain the operational effectiveness of the capacity legislation referred to in proposition 1;*

*b. legal and professional issues;*

*c. the definition of 'terminally ill' and how that shall be determined in respect of an individual; d. the definition of 'residency'; e. requirements to prevent coercion of the individual, protect 'vulnerable persons' and otherwise mitigate against abuse of the legislation, including: i. a*

definition of 'vulnerable persons'; ii. the numbers and roles of any doctors, nurses or other health care professionals involved in the process; and iii. whether prior judicial approval should be a requirement of the process; f. provisions for conscientious objection by any person; and g. any ongoing resource implications.

4. To direct that the Policy & Resources Committee liaise with the States of Alderney to consider whether and how the States of Alderney and the States of Guernsey could work together in order to develop a suitable policy and legal regime to permit assisted dying in both islands, if that is what the Report of the Working Party established in proposition 3 recommends in relation to Guernsey.

5. To instruct the Committee for Health & Social Care, in accordance with the resolutions of Article 12, Billet d'État XXIV of 2017 ("A Partnership of Purpose: Transforming Health and Care") and the resolutions of the States contained within the Policy & Resource Plan, and in light of the ageing population and the substantial anticipated increase in health and care needs over the next ten to twenty years:

a. To consider the measures necessary to improve quality of life and health outcomes for all islanders towards the end of their lives, including:

I. improvements in the provision, availability and/or affordability of community services, primary care, aids and adaptations, and long-term care;

II. greater investment in person-centred care for all who require health and care services on an ongoing basis, and recognition and support for the friends and family who surround them, especially those who have caring responsibilities towards them; and

III. possible developments in end-of-life care, such as increasing the hours of provision of specialist palliative care, the on-island availability of specialist consultants, the provision of counselling and support services, and/or the provision of alternative medication and technologies for pain relief;

b. For the avoidance of duplication, to consolidate this work as far as possible with relevant ongoing workstreams under the Partnership of Purpose, the Supported Living and Ageing Well Strategy, and the Disability and Inclusion Strategy; and

c. Having consulted with the Policy & Resources Committee and any other relevant States Committees, to report back to the States as soon as practicable, but by June 2020 at the latest, with recommendations and propositions for ways in which such improvements and developments could be implemented along with resource implications."

1725 **The Bailiff:** Members, you should now have before you an amendment proposed by Deputy Parkinson, seconded by Deputy Tooley, that is marked amendment 7. Deputy Parkinson, do you wish to lay the amendment?

**Deputy Parkinson:** Yes, sir.

1730 **The Bailiff:** I suggest, rather than it be read, perhaps you would like to explain what it does.

**Deputy Parkinson:** I will explain what it does.

1735 Basically this amendment removes the presumption that the working party will agree that an assisted dying regime is desirable. Running through the changes to the wording, in Proposition 1 and Proposition 2, where it previously said, 'an assisted dying regime', it will now say 'any assisted dying regime' – in other words, removing the presumption that there will be one.

1740 In Proposition 3, the words that were of concern to me and which I spoke about earlier, two-thirds of the way down the main paragraph, will now say, 'The report shall consider and whether and, if so, how a legal regime to permit assisted dying could be introduced in Guernsey and shall include consideration of whether such legal regime should be available ...' etc. The rest of that largely does not change. There is one technical correction in 3(a). The last word used to say 'in Proposition 2' was factually incorrect in the previous amendment; it now says 'Proposition 1'.

1745 In Proposition 4, which already said whether and how the States of Alderney etc., there will now be a sub-clause at the end which says, 'If that is what the report of the working party established in Proposition 3 recommends in relation to Guernsey.' Proposition 5 is unchanged.

Quite simply, all the amendment does is remove the presumption that an assisted dying regime is a good idea. That is left to the working party to come back and make a recommendation. That is all I have to say, sir.

1750 **The Bailiff:** Deputy Tooley, do you formally second the amendment?

**Deputy Tooley:** I do, sir.

1755 **The Bailiff:** Deputy St Pier, do you wish to speak on it at this stage?

**A Member:** I wish to invoke Rule 24(4). I understand that has to happen immediately after it has been formally seconded.

1760 **The Bailiff:** Immediately after an amendment or sursis has been proposed and formally seconded, i.e. before any speech by its seconder or further debate, any Member may request the Presiding Officer to invite Members who support debate on the amendment or sursis to stand in their places. Neither the Member making that request, nor any other Member, may address the meeting about it and, if fewer than seven Members stand when so invited, the amendment or sursis shall not be debated and no vote thereon shall be taken.

1765 So those who support debate on the amendment, will you please now stand in your places? For the record, there are 15 persons standing. So it shall be debated.

Deputy St Pier.

1770 **Deputy St Pier:** Just very briefly, having the opportunity to speak on behalf of all the requérants, we are happy to support Deputies Parkinson and Tooley in bringing this amendment. Clearly it had been our previous preference that the process would not simply be a re-run of the 2002-04 process and hence the wording that we had previously come up with. Nonetheless, we do recognise the concerns which Deputy Parkinson expressed when he spoke, which was reflected also in Deputy Fallaize's speech and I think it does put beyond doubt that a definitive decision is not being made today, as to whether an assisted dying regime is introduced, by ensuring that is a matter for consideration by the working party.

1775 It clearly addresses concerns that Deputy Parkinson has and therefore may address concerns that others have. On that basis, the requérants will support it.

1780 **The Bailiff:** Deputy Ferbrache.

1785 **Deputy Ferbrache:** I seek clarification. Does that mean that this now replaces amendment 6? I have lost count. I will speak quickly, unless you get amendments 8, 9, 10 and 11. Assuming this is the last amendment, number seven, not the magnificent 7, may we ask the requérants – Deputy St Pier, really, because he was the proposer of amendment 6 – if he now wishes to withdraw amendment 6.

1790 **The Bailiff:** Amendment 6 has already been passed, so amendment 6 now represents the substantive Propositions and you may recall that before that was voted on, I did ask whether any Members wished to lay any other amendments and, at that stage, no one else did. It was on that basis it was agreed that Deputy Le Tocq would not be laying his but would be given the opportunity to make two speeches.

Then we went to the vote on amendment 6. Amendment 6 was passed. What was amendment 6 is now the substantive Propositions and this amendment now says, in the first line, 'To delete all

1795 the Propositions and replace them with the following ... ' In other words, when this is voted on,  
and we are not voting on it yet, if it is carried, it sweeps away what were the Propositions in  
amendment 6 – that is the point you are making – and it replaces them with these Propositions  
and it will be a new set of Propositions and, therefore, people who have already spoken will have  
to be given the right to speak again, although they will not be allowed to repeat what they have  
1800 already said.

But they can certainly speak again to deal with the amendments that would have been put in  
play if this passes.

**Deputy Ferbrache:** That is extremely helpful. As I always say, I am not too bothered about the  
1805 Rules, because common sense should pertain rather than the Rules, but we have got the experts  
on the Rules here; the ex-President of the Rules Committee. Is it possible now to have a guillotine  
on this amendment separately?

**The Bailiff:** Not from you, because you have already spoken! (*Laughter*)

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**Deputy Ferbrache:** Is it possible, because this is turning into an absolute farce. The media  
behind us must think this is Lilliput, rather than Guernsey. Can we draw this amendment to a close  
by having just a vote on it? If that succeeds, that is fine, that is the end of the amendment, we  
continue with the debate on the substantive Propositions.

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**The Bailiff:** Does anybody wish to debate this amendment?

**Deputy Kuttelwascher:** I propose a guillotine on this particular amendment, so we go straight  
1820 to the vote, because I think everybody knows what it is planning to do.

**The Bailiff:** Fine. Well, the guillotine is – let me find my way around these new Rules, they used  
to be nice and simple! The Proposition I am going to put to you is that debate on this amendment  
be closed. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** That has been carried, so debate is closed. Under the Rules, Deputy Parkinson  
1825 would have the right to reply to that debate.

**Deputy Parkinson:** I have nothing else to say.

**The Bailiff:** We, therefore, go straight to the vote on amendment 7. What we are voting, then,  
1830 is whether to approve amendment 7.

**A Member:** Let us have a recorded vote.

**The Bailiff:** Therefore to replace the current Propositions, which came from amendment 6,  
1835 with the Propositions that are now in amendment 7. That is what you are being asked to vote on.  
If you are in favour of replacing them with the Propositions in amendment 7 –

**Deputy Tindall:** I was not sure what my colleague, Deputy Ferbrache, asked for, but I would  
like to have a recorded vote, if he did not ask for one.

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**The Bailiff:** Sorry, I did hear him say a recorded vote. So there will be a recorded vote on  
whether to approve amendment 7 or not.

*There was a recorded vote.*

*Not carried – Pour 16, Contre 23, Ne vote pas 0, Absent 1*

<b>POUR</b>	<b>CONTRE</b>	<b>NE VOTE PAS</b>	<b>ABSENT</b>
Deputy Parkinson	Deputy Gollop	None	Deputy Le Pelley
Deputy Lester Queripel	Deputy Leadbeater		
Deputy Le Clerc	Deputy Mooney		
Deputy Trott	Deputy Stephens		
Deputy Merrett	Deputy Meerveld		
Deputy St Pier	Deputy Inder		
Deputy Fallaize	Deputy Lowe		
Deputy Laurie Queripel	Deputy Smithies		
Deputy Hansmann Rouxel	Deputy Graham		
Deputy Langlois	Deputy Green		
Deputy de Sausmarez	Deputy Paint		
Deputy Roffey	Deputy Dorey		
Deputy Oliver	Deputy Le Tocq		
Alderney Rep. McKinley	Deputy Brouard		
Deputy Brehaut	Deputy Dudley Owen		
Deputy Tooley	Deputy Yerby		
	Deputy de Lisle		
	Deputy Soulsby		
	Deputy Prow		
	Alderney Rep. Jean		
	Deputy Ferbrache		
	Deputy Kuttelwascher		
	Deputy Tindall		

**The Bailiff:** Members, the voting on amendment 7 was 16 in favour, 23 against. I declare the amendment lost. We therefore resume debate on the Propositions as they stand, i.e. as inserted under amendment 6.

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I will call Deputy Inder.

**Deputy Inder:** Thank you, sir.

Deputy St Pier's opening speech, as expected, was well-written, thorough and nearly compelling. He gave us 31 of the arguments he had heard over the last 11 weeks regarding assisted dying, 31 arguments against, and the responses to those arguments. I am, thankfully, not going to go through all of them but some of them certainly are worth a counter-argument or at least a comment. Probably, through this speech, I am going to add a 32 and a 33.

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First of all, this has been spoken of by Deputy Le Tocq. We need to talk about this idea of autonomy. There is a fairly wild assertion that assisted dying is in some way autonomous, an act of the individual, selfless, independent of the state or anyone else. But it is not correct, is it? Society, doctors, staff, are part of the individuals' so-called autonomy. There is no right to self-determination here. Assisted dying is not autonomous and neither is it an independent act.

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The only balanced debate on the subject that we have had was held in Les Côtis and it has facilitated – I will always be grateful for – by Deputy Dudley-Owen. One of the speakers was a Mr Preston, who was speaking against assisted dying. He drove a coach and horses through the Dutch model; and even Rabbi Romain, who was on the side of those who were promoting assisted dying, told the assembled to ignore the Netherlands model. It is interesting that the Netherlands model and the Belgian model have really been dropped from the debate since then.

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Rabbi was not his first name, by the way. He was a man of the Jewish faith; a teacher. Nothing more ironic than the undercurrent in this debate being to ignore those of faith yet roll out a man of faith when it suits. Rabbi Remain, Dr Carey, all the men of faith. Of course, Lord Falconer, in another debate, these Lords would be unelected cronies. Gongs for doing well by previous governments. But not today. The Lords of the English Parliament are something today. Their

1865

1870 arguments add weight to the arguments because today it suits. But it would not do in another debate.

In yesterday's speech, Deputy Roffey spoke about our independence and made reference to my words in the previous speech by Deputy St Pier, about a card-carrying nationalist. My nationalism started long before yesterday's speech and I do not like being leaned on by foreign governments or their unelected representatives. Neither do I believe that this Island should be used in an argument to assist that country's political efforts.

1875 Make no mistake, the influence, or attempt to influence, by those from those foreign countries is not for the good of this community at all, it is to assist their politics in their country. Our decision is ours and ours alone.

1880 Mr Preston – and this was the chap that I mentioned before – spoke about how laws changed society. He described much better than I will remember, how laws follow the contours of a country and they follow the general morays and describe how a society feels about itself. In effect, he said that laws envelop society and restrain it.

1885 The most pertinent point of that part of his speech is how he described that, as soon as we start drawing lines in the sand, those lines in the sand can be moved. The requérants state that the assisted dying will only be available to those who are terminally ill with six months to live. One of my fears with this is what politicians control today is not what they control tomorrow. This has been discussed, probably *ad infinitum*, by many Members in their speeches today. I have got real concerns about the can that this may or may not open.

1890 Deputy Stephens, one of the quieter, more considered speeches of the last few days, spoke about the Beaucamps presentation, where more questions about moving the scope of the Propositions, to encompass different illnesses. So, before we are even in debate, there is a movement to extend this, potentially, beyond the six-month terminal illness. For all the good intentions of the requérants, their sincerity, their compassion, and their belief – and I mean no sarcasm in there, I know it is hard with me, but I do think it is genuine – I am of the opinion that there will eventually be a drift, because there is always a drift. There is a drift happening in every jurisdiction that has adopted this.

1895 Politicians may think that they can control today, but they just will not control tomorrow. Most of them will not be here by the time, if adopted, this comes into play. The risk to the vulnerable, potentially the disabled, although not explicit in the Requête, and not even implied, are still there. It is a fact that the risk of what we would call in my world of project management, scope drift. They genuinely are there, and I have got real genuine concerns about it. None of the signatories can deny that.

1900 Deputy Stephens used the phrase, I think it was, 'least extreme and most familiar'. It is actually quite a beautiful phrase and one I concur with. The least extreme, the most familiar, will be to pursue option five of that which is in play now, in the combined amendment, where we are asked to 'consider the measures necessary to improve quality of life and health outcomes for all Islanders towards the end of their lives'.

1905 That, in effect, is the 32 that Deputy St Pier, I believe, forgot. The effect on society. He also did not mention my 33, and that is residence. The Requête tells us that the new regime will only be available to Guernsey residents. This is re-iterated in one of the many press releases that we have received over the last 11 weeks. The information has been that it will only be available for effect the Mrs Le Pages to the Myers of the north. That is quite interesting.

1910 Both Deputies Laurie Queripel and Lester Queripel have spoken about headlines and reputation. I disagree. The media roadshow has undoubtedly damaged this Island. I am sorry, Deputy Queripel, that is my view. The red tops have been saying 'suicide clinics in Guernsey'. In fact, only a week ago, I think it was the BBC, they referred to us as an 'international death haven'. That was the BBC news. Was it 'offshore international death haven'? Something like that.

1915 How do we really define the word 'resident'? My understanding is that, if you move here, sign up to Social Security, and I am happy to be corrected, you are effectively resident. I will give you another headline that we might see in the future: 'Celebrity Death Island.' You can see where this

is going. Any future equality Law will disallow us from precluding any resident of Guernsey from any of our services.

1925 That is the future. That is a potential future. It is not a future I want for this society and I do not think these risks have been considered through what has been, to be perfectly frank with you, a shambles of a process. Like Deputy Dudley-Owen, I am not particularly against the concept of assisted dying, I will not pretend that I am, but I have fears and I lack knowledge of palliative care. I genuinely lack knowledge of it. I am more comfortable giving my vote to the provision and extension of and support of it before we open the door to assisted dying.

1930 I just do not know about palliative care now to then jump towards assisted dying, not in the knowledge of whether we have got great palliative care, fantastic care. Before we go down this route – and Deputy Roffey is possibly right, it may be coming down the tracks sometime in the future – to me it is the safest and most practical and the fairest pace for this Island. So I will be voting for Proposition 5.

1935 Thank you.

**The Bailiff:** Deputy Leadbeater has stood a few times.

**Deputy Leadbeater:** Thank you, sir.

1940 I must say that I was surprised at Deputy Hansmann Rouxel's speech yesterday. As Disability Champion, I would have expected her to champion the position of the Guernsey Disability Alliance, the organisation that gave her the honour of becoming Disability Champion, and not to speak so passionately against its declared position –

1945 **Deputy Yerby:** Point of correction.

**The Bailiff:** Deputy Yerby, point of correction.

1950 **Deputy Yerby:** I think I am right in saying that the Guernsey Disability Alliance have said they are not in a position to take a position on this, at such short notice on the debate.

**The Bailiff:** Deputy Leadbeater.

1955 **Deputy Leadbeater:** I thank Deputy Yerby for that, sir, but as I go on during my speech it will pan out, as I read out the statement from the Guernsey Disability Alliance, which I will do now. This is their statement:

In the absence of a clear definition on assisted dying and clear specification of qualifying criteria, we have adopted a position against the Requête authorising the legalisation of assisted dying in Guernsey at this time, on the basis of what we take to be factually warranted concerns about the preparedness of this jurisdiction for its implementation. We believe it is of paramount important that the Requête should be defeated. We do not believe that these concerns could or should shut down the research and debate necessary to justify revisiting this issue in the future, but they do set out what we take to be important preconditions to be met before the introduction of any future Requête on this morally sensitive topic.

1960 Now that is a balanced and pragmatic position that I would like to applaud and endorse. Before this Requête was lodged, I was undecided on this particular topic. I did not have enough knowledge on it. But the research I have done in these last 11 weeks or so has made me realise that this is not for now, if at all.

I have lost no respect at all for the requérants and supporters of this Requête. I can see that they firmly believe in their quest. But I do not believe that, if assisted dying is passed today, it would ever reach a satisfactory conclusion or even the stage of implementation or even any conclusion at all.



1965 I would like to end my speech by following in Deputy St Pier's footsteps and reading out an email that was sent to States' Members in the lead up to this debate. Some of it was covered by Deputy Dudley-Owen this morning. This was an email we had from a local GP:

Dear Deputies, as a practising GP on Guernsey for over 20 years, I am both saddened and horrified that the States are in any way considering legalising assisted dying in the Bailiwick. I am strongly opposed to assisted dying. The simple reason is that anyone who is given a diagnosis of a terminal illness goes through a personal grieving process of their inevitable death. This involves initial denial or disbelief, followed by anger and depression and, finally, acceptance. The vast majority of people who die from a terminal illness in Guernsey reach the stage of acceptance, supported by their doctors, palliative care, district nurses and hospice. I, along with my colleagues, take great pride in providing excellent palliative care and a good and peaceful death for my patients. If assisted dying is introduced, patients are able to take their own lives when they are still coming to terms with their illness and are in the angry or depressed stage, without ever getting to acceptance. Research has shown that many people who choose to end their life by assisted dying do so because they do not want to become a burden on their family. Please visit the hospice, where you will soon realise that no one is a burden when they are dying and that everyone can be supported and cared for. Please do not waste the States' time and money in re-writing this legislation. Listen to the medical profession, the majority of whom do not support assisted dying, instead of impassioned individuals who have had an unfortunately bad personal experience. To help these people, we would be much better placed to invest our money in palliative care and changing Laws. Give Government support to Les Bourgs Hospice to fund a palliative care consultant, or at least look at giving tax breaks to charities which would have a huge impact on their ability to raise the massive amount of money required to provide this incredibly valuable, free service. Please end this debate.

That was Dr Jenny Turner. I have got permission from her to read this out. I will end with a quote from another email sent by a member of the public:

No Law to assist somebody to die could, anyway, ever give someone dignity. Dignity is an idea that stems from life, whereas advocates of assisted dying claim it stems from death.

1970 We have a brilliant palliative care team, but it needs more resource. We need a dedicated consultant on-Island. We need to provide 24/7 palliative care and give more options for service users and give the team the resource they need to deliver world-class palliative care. I urge all Members to see sense and vote only for Proposition 5.

Thank you.

1975

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Thank you, sir.

1980 We note again we fall back on palliative care. This, in my mind, is not a debate of palliative care. I am an individual that wants to opt out of palliative care, potentially, at a given point, and I want the absolute right to do that. It is not an either/or. You can embark on a palliative care process and at some point opt out and I think that right is denied, and I think will be denied by this Assembly today.

1985 I want Members, just for a moment, to reflect on the amendment that was before them, placed by Deputy Parkinson earlier. When we started this debate, when we started the process of drafting the Requête, people pointed everything that was not in it that they wanted in it. Bear in mind the emails we have had from the public: 'Please do not vote for this because we have not got capacity legislation'; 'Please do not vote for this because of vulnerable people'; 'Please do not vote for this because it does not stipulate how or why'.

1990 All of that would have been in today and States' Members will reject, it seems to me, assisted dying in any way, shape and form, regardless of the many emails that we have had from the public saying, 'I am not a supporter of assisted dying until you do this ...' Deputy Parkinson, just a moment ago, tried to do the 'this' bit and it was still rejected.

1995 There has never been a good time to talk about death, dying, loss, bereavement. We all have our stories to tell, but seldom tell them, actually. It is the telling that takes us to the place where we never wanted to be. To be reminded we are transient, passing through. That living is the process that takes you to an end. It is something not unreasonable we would rather not talk about.

2000 I have a story to tell. There have been lots in this Assembly today. It is not unique, such is the  
nature of loss and bereavement. As a 17-year-old, I was woken up by a commotion somewhere in  
our house. There were many voices. Someone was clearly shouting instructions, doors were being  
opened and closed and slammed. I nervously opened the bedroom door ajar, to be blinded by  
torchlight and a large spotlight, in particular. The landing was full of men trying to carry a  
2005 stretcher through an impossibly small space. My father was on that stretcher. He had had a  
catastrophic stroke. I did not know that at the time, but I caught a glimpse of him and it was the  
last time I saw my father alive.

In the days that followed, lots of people trooped through the house. I remember vividly being  
frustrated by hearing so many people tell me, and my sisters and my mum, what a 'blessing' it was  
– a 'blessing' that, at the age of 54, my father had died, leaving a widow and three young children.  
2010 A 'blessing'.

Of course, over time, I became aware that my father's life, if he would have lived, would have  
been a challenge of a spectacular nature. Delivered with significant paralysis, without the power of  
speech, to be blind. These issues got me thinking about not just life, but the quality of life, a good  
life, a full life, and of course, importantly, a good death.

2015 So I come to this debate having considered these issues not from the date the first requête  
was lodged, but for over 37 years. In fact, my father's illness – that is to say his frequent trips to  
hospital for many years – gave me an exposure and a tolerance to the hospital setting that, years  
later, I took a temporary job as a health care assistant. A job I did, incidentally, for many years,  
because I thoroughly enjoyed the work.

2020 For those out there who argue those of us who support the Requête are somehow removed  
from the care process, uncaring, is unfair and inaccurate. I chose to work in some of the most  
challenging settings and, by that, the elderly, mentally infirm unit, the extremely challenging  
environment of what was the former Castel Hospital.

I opted to work with those who were living and dying with Parkinson's, with Alzheimer's, with  
2025 vascular dementia, with a myriad of conditions that made every day a real challenge to them. The  
very idea I would seek to bring any one of those people into the scope of this Requête is  
repugnant to me and should be to you too.

For those who fall back so comfortably on the slippery slope argument, what are you so  
frightened of? I would ask we all look deeply, think hard about what we try to project into the  
2030 minds of others. I know what I believe; what do you truly believe? Deputy Le Tocq, in his speech  
earlier today, referred to, 'There is no such thing as society'. Well, there is such a thing as society. I  
have faith in society, I just wish more people with faith had faith in society.

A community cannot stop caring. You cannot turn off care like you can a tap. You cannot flick a  
switch off and stop an entire community caring for its loved ones. Yet, we are told the Requête  
2035 gives out that type of message. Will you stop caring? Of course not. Will I stop caring? Of course  
not. I would make just one observation, however, and it is an area that needs a lot more focus, in  
my view, than palliative care. Society is incensed to any subtle abuse of a child, and rightly so. We  
must have the same regard for the elderly in our community. Because I believe there are many  
subtle abuses that go on undetected every day.

2040 In an email to all Members some weeks ago, I made the point that we were closer to assisted  
dying on Guernsey than perhaps some might imagine. I feel that personally. I stand by those  
remarks and I have made it clear that I have concerns about the double effect, drug  
administration and how it is not discussed enough with the patient. The language which says we  
will get your mother comfortable, we will get your father comfortable, return in a few hours, why  
2045 don't you, just to see how your parent, or your son or your daughter is getting on?

The medical profession need to be far more explicit with their language. In fact, in an address,  
a leading physician to the GMC conference recently said exactly this:

We recognise the relief of pain may have a secondary consequence, the hastening of death. It is well recognised, as  
with all medicines, there are side effects and adverse consequences.

2050 Deputy Dorey said before that, in places such as Oregon, it does not always go right the first time. You can administer sedation, you can give the lethal dose, and it does not go well the first time. How long does the dying process take now and who has control over that? It will not be me, I am afraid, because by the time, if I am unfortunate enough to be in that position, by that time the decisions are taken out of my hands and it is a very highly medicalised process.

2055 For far too long we have needed a much more open discussion regarding what you stand to lose, along with the pain. Deputy Stephens actually said yesterday, 'Kill the pain, not the patient.' It is a statement of fact to say, in killing the pain, you can also kill the patient. We need to not dance on the head of a pin over that. We need to be much more open in the conversations that we are having. Her faith dictates, as she acknowledged, I think Deputy Le Tocq has said the same thing. I do not share that faith and I do not want anyone else's faith to influence any treatment that I get.

2060 In referring to what senior physicians think, I realise that I am lapsing into referring to the top of the medical hierarchy to help my case but, actually, leading physicians, doctors, do not actually do very much of the everyday care. For that, we have to look at our nurses. Doctors do not tend to you – this is a generalisation, but broadly true – they do not bath you, help you to the showers, change your dressings, feed you, toilet you, take you out of the bed, out of the bath, put you to bed, talk to you throughout the day and night, sit up with you in the early hours to talk you through fears, to listen to the stories, to share memories and experiences.

2065 Nurses do all of that and nurses do much more beyond that. I would also add it is the nurses that immediately deal with the deceased individual. Doctors assess, prescribe, refer, monitor, report back. You may have a good relationship with your family doctor. You may know him intimately. But the doctor, the locum on the day, may be an absolute stranger to you and there is no guarantee that your family doctor or – I cannot remember what they are called; we are talking about the geriatricians, if that is what they are called these days, I am not too sure – they may not be the person you are most familiar with.

2075 There is, sadly, an absence in this Chamber, because when we have had debates like this in the past we have had doctors in this Assembly and we have had nurses in this Assembly and we know well that if Hunter Adam was in this Assembly today, he would be a big supporter of assisted dying. Someone who spent his lifetime in medicine. We know that Sandra James, who spent her entire career within nursing, would be supportive if they were present in this Assembly today.

2080 I know, we had a presentation from palliative care nurses, so people may think that pulls the rug from beneath my feet but remember palliative care nurses opt into palliative care. It is an area they are drawn to, it is an area where they want to be. So you would expect palliative care nurses to be supportive of, promote and defend palliative care.

2085 At the public presentation facilitated by Deputy Dudley-Owen, I was alarmed at the suggestion that people nearer the end of their lives were placed into a medically induced coma. I was alarmed that suggestion got a warm round of applause in the room. Essentially, you sweep under the carpet the necessity to be open and candid with the patient and cut short those long, difficult conversations regarding death with dignity, by simply leaving someone motionless, removed, remote, unconscious, life ebbing slowly away, without being too morally inconvenient for anyone else.

2090 What I found truly jaw-dropping were the remarks made by Robert Preston, an opponent of assisted dying. He thought – and this is important, Deputy Roffey may have referred to this, – that some people may be moved to assist a family member with their own death and if that were the case the Law should show some discretion. So he is fully aware that the Law is flawed. He is aware of families who have moved to assist relatives out of sheer compassion and is happy for that to take place behind closed doors. Net curtain morality of the worst order. Why are we criminalising people? Why do we criminalise families for an act of what can only be motivated out of compassion?

2095 I thank Deputy Yerby, sir, through you, for putting her thoughts out there in her blog. I believe it was published in part in the *Press* too. It has had a very high readership and it has been a real

2100 catalyst for debate. But I obviously disagree with Deputy Yerby profoundly. There is no one better to disagree with than Deputy Yerby, because she does it with such class, so it is relatively easy!

2105 But I cannot agree that, in pursuing the rights of one vulnerable group, we are threatening the rights of the masses yet to be identified, who reach through the water. I would say to Deputy Yerby, with every meticulously placed gentle word stitched into the tapestry of Deputy Yerby's argument, she is taking the thread from a vulnerable group who would not appear in the final picture. Those people are few in number. They are a minority whom we seek to refuse a right to die with dignity. Why would we choose to leave that small group of people to fend for themselves, because if you are rich enough you could buy that right in a foreign country?

2110 That is what strikes me about this debate. We are talking about very low numbers. If we spoke in terms perhaps of road fatalities, wouldn't we be doing all that we could to prevent and, if we have very small groups of people advocating for intervention at the end of life, why should we devalue that in any way and not give them the opportunity?

2115 I believe passionately assisted dying is a compassionate intervention. I do not understand why some people would tolerate the suffering of others to assist in underpinning what they see as the more moral side of the fence to be on. I do not know quite where the moral high ground is, but we cannot reserve a space there on the back of quite so much indifference to others.

2120 Deputy Yerby has set out her objections very clearly. Some of the other opponents have not. Or, at least, the opposition appears to be more general. Now is not the time. It is not a priority. The Laws are not in place. It is resource hungry. How will we be viewed by the outside world? As Deputy Inder said, one national journalist posed the question, 'Will these tax havens become death havens?' Crass journalism of the worst order. Guernsey should always, wherever possible, hold its head above the water. We are a sophisticated, democratic society that punches above our weight and, even in having this debate today, we are demonstrating that.

2125 Two years into this term and having been a Member of the States now for 14 years, it disheartens me to hear politicians, parliamentarians talking down the role of this Assembly, or appearing to be intolerant of the legitimate political and legislative process. Parliaments around the world discuss these profound moral and ethical issues. Why should Guernsey be any different? The idea we should not be discussing this Requête until we have sorted out air links or the wider economy is a great soundbite and feeds the negative narrative out there, but it fundamentally misrepresents what our respective roles are and the role of this Assembly.

2130 Committees have mandates; they are working to them. Under this new system and particularly with regard to such things as delegated authority, this Assembly should have more time to deal with the items such as we are discussing today. Criticisms of this amendment or the Requête are to be expected, but how frequently are we criticised for not listening, for not taking heed, for not adapting to a changing set of circumstances?

2135 Let us think about emails we have received in opposition. Some people are opposed, full stop, an absolute no to assisted dying. Others have said, 'No, not now. Wait until we have capacity legislation in place. Wait until we have fathomed out how it would impact on groups perceived as vulnerable. Let us resolve palliative care concerns, let us define terminally ill. What about conscientious objection?' When those issues were detailed in an amended version, 2140 notwithstanding the amendment that was placed by Deputy Parkinson before and I think the community would have been receptive to all of the changes detailed in the Requête or the amended Requête.

2145 But just a note, briefly, on conscientious objection. We would not be introducing that perceived problem. This Requête does not present a new challenge in that regard. For many years, some nurses recruited from outside the Island have chosen not to work in the DPU as they are opposed to abortion. Their religious and moral views are respected. We have conscientious objection now; it exists. To imply that this introduces another moral dimension that has not been considered before is incorrect.

2150 One aspect of this debate that perhaps has frustrated me is the linkage between assisted dying and suicide. I know some of you may smirk at that. Some of you argue that I am toying with the

semantics of a lost cause, but the conditions, broadly, that lead to suicide are very different from the context of assisted dying and I will tell you a very brief story to underscore the difference.

2155 For many years, as a young adult, I travelled to West Yorkshire to visit my brother and his family. His wife Agnes was a midwife and his two boys, Peter and John, were keen students, usually to be found by the Bradford-Leeds Canal, on the banks of the canal, fishing. In the late 1980's and early 1990s, life was good for the family. Tragically, in 1997, three days before the death of Princess Diana, my sister-in-law was diagnosed with leukaemia. She died on her 42nd birthday. Both of her boys were absolutely devastated.

2160 Peter, the eldest, moved to Guernsey a few years later and spent lots of time down at Saints Harbour. The harbour was a favourite spot where the family visited, and it was there that Peter's body was found at the age of 26. He had taken his own life. When I was training to do a bicycle ride to do the 2012 30/30 Challenge, my phone was ringing in my back pocket and it irritated me, so I stopped and answered the phone. It was the West Yorkshire Police on the telephone to me. It was a call from the West Yorkshire Police that simply asked me to confirm my details.

2165 I will not go through too many details other than to say my nephew John, who was by that age 33 years old, lost his father, his mother and his brother and he committed suicide in his home in Thackley at the age of 33. Those lost boys had a life ahead of them and that is the tragedy that is suicide. That is not assisted dying. When people so cosily wrap up the two arguments of suicide and assisted dying, they overlook the real tragedy that is suicide and how it impacts on the family.

2170 I support this Requête because, although I am accused of being a lover of death, as one contributor to *Guidelines* on the BBC would have you believe, I am in fact a lover of life. I care deeply for those who wish to die with dignity at a time of their choosing. We know they are small in number, but we should not ignore their voices. The right thing to do, the most compassionate thing to do, is to support this amended Requête.

2175 Yesterday Deputy Roffey implored you all to vote with your conscience and do what was right by you and not to vote as a group or block vote to underscore a political difference and I would make exactly that same plea to you today, please. Because I appreciate this issue is difficult at election time, whenever that may be, if this matter was an election issue, but the electorate vote for the people you are.

2180 You have been in front of the electorate before. They know you. Please have the confidence to make a tricky decision and go back to that electorate and express to them just the sort of person that you are.

2185 I will finish by thanking Deputy St Pier for having the courage to bring this Requête to the Assembly. He has had a great deal of criticism for doing so, but that is what you get at times when you are prepared to lead from the front. The last Assembly had a reputation for flip-flopping, for procrastination, for putting off. Those of you last time were motivated to stand to put an end to that. So please vote for this Requête. Assisted dying will not go away. Let us deal with it today and deal with it now.

2190 Finally, this point of burden that comes through it. I love my family. Like every father I care for my wife and I care for my children. They love me. If I am unwell and they care for me and they are upset, that mutual dependency should not be expressed as a burden. I can fully understand why relatives who visit patients that are in immense pain want that pain to go away. It may be altruistic but, at times, they have suffered too much themselves that it may be seen as a little selfish, but the care and affection that is wrapped up, the relationship between the dying individual and the family should not be constantly expressed as a burden.

2195 Thank you, sir.

**The Bailiff:** Deputy Green.

2200 **Deputy Green:** Sir, Members of the Assembly, I start by saying I think it is absolutely right this States' Assembly, parliament, has had the opportunity to debate this matter of moral conscience. I say that as somebody who will be voting against this Requête. We probably need the wisdom of

Solomon to make this decision and, like other Members of the States, I feel a certain amount of a burden on my shoulders in making this decision. I also feel the weight of that decision very keenly.

2205 But I have decided that I am going to be voting against all of these Propositions, save for Proposition 5. I am going to cover three points. Many of the points have been raised already but I will seek, at least, to try to be a bit more nuanced in some of the arguments that have already been made.

2210 The first and overriding reason why I will be voting against the majority of the Propositions in this Requête is an overriding concern, which I think is a genuine concern, for the rights of vulnerable people in our community. I do think that legalising assisted dying will leave some people vulnerable to some pressure from others. I consider that vulnerability to pressure of the old or terminally ill, in particular, to be something of a formidable difficulty that we should not try to get away from.

2215 The issue is not so much concerned with people who lack mental capacity. It is not a concern that those people will seek to end their lives, because we know that mental competence can be assessed objectively by health care specialists under an appropriate regime, one that we will have. The real problem, in my view, is that even the mentally capable people can have reasons for deciding to end their own lives, which reflect either pressure upon them by others or from their own assumptions about what other people might think or expect of them.

2220 Many people considering suicide for health-related reasons are very much aware that their illness will make them highly dependent on other people and that dependence makes them highly vulnerable. I do not think we should ever try to get away from that. We should not disregard their best interests in all of that. I think Guernsey, rightly, is a civilised society and I think in a civilised society the strong have to always try to safeguard and look after the interests of the weak and the vulnerable members within our society.

2225 There is, moreover, a material difference between on the one hand an appropriate regime to determine somebody's mental ability to form a judgement and, on the other hand, to discover that person's real reasons for their decision to end their own life. Genuinely, I am not sure that we can really clearly differentiate between those who have genuinely formed a desire to end it all and those who have done so in reaction to real or perceived pressure as a result of the effect of their illness on others, particularly relatives.

2230 There is, I think, an extremely fine line between one person's choice and another person making a decision to do something because they think it is what others would want them to do. The point is that we can never really know whether a choice has been 100% freely given or not and, when we are dealing with matters of life and death, which we are no doubt doing here, I think we need to know with absolute certainty that vulnerable people will not be caught up out of a genuine, sincere desire to give the people choice and autonomy for some people.

2235 One issue which has not been debated much in this debate so far is the element of having a judicial layer of oversight. Some people will argue that a court procedure might help to alleviate some of these concerns about the potential effect on the vulnerability of some. I am not sure that a court process of any sort here would deal sufficiently with the fundamental difficulty. The fundamental difficulty is that the wishes expressed by a patient in the course of legal proceedings, may be as much affected and coloured by covert social pressure as the same which is expressed to doctors or to the family.

2240 One of the real issues is how much risk to vulnerable people do we wish to accept in our Island in order to enable perhaps a relatively small number of people, without such vulnerabilities, to end their lives. There is an obvious and substantial tension between the right to an assisted death and the right for the vulnerable to be properly protected and I do not think we are in a satisfactory position today to reconcile those two rights on the evidence that we have.

2245 Moreover, I do not believe that there is a way to make an assisted dying regime watertight, when all is said and done. Eliminating all risk is probably not feasible but we are, in any event, talking about an unacceptable level of risk in my view and one wrongful death in this scenario, from an assisted dying regime, would be too many.

2255 The second reason that I want to talk about is about palliative care, but I am conscious that an awful lot of discussion so far has been on palliative care, so I am not going to stress this to the same extent as others have already done. I do just want to say a few comments on this. Really, in actual fact, the sentiment that I want to get across was encapsulated in a letter by Dr Carol L. Davis, to the *Guernsey Press* on 14th May. There were two points that I just wanted to quote. The first was:

If we refuse or discontinue life-sustaining treatment, our doctors have a duty of care to ensure that our dying is peaceful. With modern palliative care that is almost always achievable.

She goes on to quote:

In Guernsey there is a good standard of palliative care provided by GPs, community nurses and acute hospital staff. You have high quality, though limited, specialist palliative care services provided by HSC in the community and in the Princess Elizabeth Hospital and the seven-bedded, 100% charitably funded in-patient hospice at Les Bourgs. Currently palliative medicine input is two days/month on island with 24-hour telephone advice from Southampton. That is not enough; there is a tangible unmet need on-island and expansion of your specialist palliative care service, particularly to care homes, people's homes and your acute hospital, is required. This expansion needs to include dedicated staff to work in the hospital, a seven-day-per week community service, a resident palliative medicine consultant ...

I associate myself with that comment and I endorse it entirely. For me, the starting point is a full review of where palliative care is now, with a view to the expansion and enhancement of that service. I think it is fair to say on this side of the argument, I think Deputy Roffey and others are right when they say palliative care and assisted dying is not an either/or. For me, it is a question of where your priority is. My priority would be to emphasise palliative care first.

Turning to the third matter that I wanted to raise, and I wanted to just say a few things about the current state of the Guernsey Law in this regard. A lot has been said so far about the Guernsey Law. I think it is important in this debate not to overstate the difficulties of the current Law, because it is perhaps not as inflexible as some might believe it to be.

I do want to start with a few areas where we clearly need to reform the Law. Obviously we need to have a mental capacity Law and we will have that. We need that in particular because we need to be able to have so-called advance directives or living wills. I also think we need to see a provision for enduring powers of attorney. There is definitely a case for Law reform.

But, in terms of where the Law is on the question of assisted dying in Guernsey at the moment, I would acknowledge that the Law in this area in Guernsey is imperfect, as others have said, but I would much rather work with what we have now and improve what we have now, rather than introduce entirely new legislation, an entirely new regime for assisted dying, which we know, in my view, will come with a whole host of new problems and new risks.

As I understand it, the present Law is that a person who is mentally and legally competent is fully entitled to refuse food, water, entitled to reject any treatment or invasive procedure, which if not given will lead them to die. We know about the doctor and the double effect, I will not go into that in much detail, but it is also the case that, although a doctor cannot advise a patient to kill him or herself, they are in a position where they have to give impartial guidance on clinical options, which might be available if the patient did form that intention.

Also, we know that the States is not entitled to interfere to prevent a person on full capacity, who has arrived at a settled decision to end their life from doing so. Suicide is not a criminal offence, ever since the 2006 Homicide and Suicide (Bailiwick of Guernsey) Law. It is, however, an offence for a person to aid or abet a suicide or the attempted suicide of another. But we do know that prosecutions in the UK for encouraging or assisting suicide are rare. The point is, if they are rare in the UK, they are even more rare in Guernsey.

There is this point, Deputy Roffey and Deputy Brehaut and others have referred to this and comments that were made by the gentleman at the public hearing and I have a lot of sympathy with the points they were making, it is the case that the prosecution authorities in Guernsey have

a discretion whether to prosecute people or not. They have to decide if there is a public interest in prosecuting any crime or not. That is the case.

2300 The point I am driving at is this: even though, clearly, the present state of the Guernsey Law does not resolve all of the problems arising from those who suffer pain and difficulties on the approach of dying, I think we should dial against an unreasonably narrow view of what actually can be done lawfully at the moment to alleviate suffering of the terminally ill under the present Law, albeit with those difficulties. We should not overstate the difficulties of the existing Law.

2305 There is just one other thing I need to mention about the Law. When Deputy St Pier opened the debate, which seems a very long time ago now, in what I thought was a very good speech, he talked about the position in Law and he talked about the level of uncertainty and he talked about the problem of leaving individuals, their families, doctors and lawyers in a legal no-man's land, which was the phrase he used. But I think one of the difficulties here is that if we do legislate for assisted dying you are still going to have difficult cases, you are still going to have uncertain cases at the periphery.

2310 New legislation would not change that. It would change where the boundary is, where the periphery is, but it would not actually change the fact that there will always be some cases where there is uncertainty. You are always going to have that in cases of life and death, particularly where issues about whether somebody has proper capacity or not, will inevitably mean a certain amount of uncertainty in that area.

2315 That is probably all I have got to say. I am perhaps surprising Deputy Brouard because he thought I would be on the fence. Very much not on this occasion. I will be voting against this Requête, save for Proposition Five, for the reasons that I have given. In the main, an overriding concern for the vulnerable people in our society, but also the arguments about palliative care and the points I have made about Law.

2320

**The Bailiff:** Deputy Kuttelwascher.

**Deputy Kuttelwascher:** Thank you, sir.

2325 I am just going to primarily focus on one aspect of this debate, which has not really had a lot said about it, other than mentioned in name. That is the whole issue of conscience. When you talk about conscience, one has to try and have some sort of definition and when you have abstractions like conscience and morality, it is not easy.

2330 I am going to revert to rather a simple definition, which was made famous by a former American President, Abraham Lincoln. He actually plagiarised some other words, of another American, somebody called Glenn, from Indiana, and his definition was this:

When I do good, I feel good. When I do bad, I feel bad. That is my religion.

Now that is very basic and my problem with this Requête, now we are talking about Proposition 3, is it makes me feel bad. Having been through the education system and trained as a scientist, scientists always try and find reason for things. I have drilled down to two issues which, particularly, I find difficult.

2335 In spite of what Deputy Brehaut said about his view of assisted dying is not really suicide, I am sorry, I still think if you kill yourself, that is suicide, whether you have got a day to live or 50 years to live. That is my position. I do not support suicide at all, I certainly do not promote it. What I find particularly difficult and uncomfortable is to try and get a third party legally involved in the process. That I find totally unacceptable. That is my first conscientious objection.

2340 The other one, which may be the most important, is this: if I was to vote for Proposition 3 or, indeed, abstain, and the objective of the Proposition was to materialise, and we had this Law in place, I would consider myself jointly and separately responsible for every subsequent death that took place, because I would have been party to enabling that to happen; aiding and abetting. That, to me, is a no-no. A complete deal-breaker. That is my position, irrespective of all the other arguments, most of which I also find acceptable, as to why we should not support this.

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I just want to touch on two items. One is about life expectancy, trying to estimate it. I refer to the late Professor Stephen Hawking. At the age of 21, I think he had just graduated at Oxford, he had been diagnosed with a form of motor neurone disease and he had been given two years to live. That prognosis was out by more than half a century. Incredible. I presume these guesses at how long you have got to live are getting better, but that is an issue.

It is not possible to give an accurate prognosis. If you say something like, 'only people with less than six months', what is the pressure on the doctor who thinks the guy has got a year, or nine months, to say, 'give them six months'? You cannot prove anything. There is no way you can make an accurate prognosis, except if someone is really on the verge of death and about to go.

The other thing I find difficult is that, when you make something legal, it gives it a legitimacy. Historically, legality and legitimacy do not go hand in hand with morality. History has quite a lot of laws, in the past, which, although they were legal, if you like, were totally immoral. If you go back towards medieval times, when protestants might have been the ruling power, they used to burn Catholics; when the Catholics were in power, they used to burn protestants. Most probably all very legal, but hardly moral.

The other thing is there are a lot of people out there who are opposed to progressing this at all and, on this occasion, I am very happy to represent them. And they should be represented. I am not going to set aside my personal conscience because somebody thinks that I do not have the right to tell someone else what to do or not to do. I am not telling anybody what to do or what not to do. I am just voting according to my conscience, as indeed was suggested by Deputy Roffey, and I agree with him, because that is what I was going to do anyway.

What I did not agree with him about was that he also said you should only vote according to your conscience. Some people consciously may have approved this in the longer term but, in the shorter term are not happy with the journey to that and what it involves in terms of resources and all the rest of it. I am only going to vote for Proposition 5 and I will be voting Contre to the rest.

Thank you.

**The Bailiff:** Alderney Representative Jean, I know you have tried to stand a few times.

**Alderney Representative Jean:** Thank you, sir.

This is the second time I have debated this issue in public. The States of Alderney have already considered the matter in a debate, without resolution. Of the nine States' Members present, I was one who spoke against assisted dying, in contrast to the views expressed at our People's Meeting, when the electorate can ask questions and comment upon Billet items.

The issue had come to the States following lobbying by a former resident. It is no coincidence that it has now been brought to this Assembly, and the same resident, who now lives in Guernsey, again brought it here and he found willing ears. But, as is the case here, the debate was driven by emotion, instead of consideration of practical issues and it has been without formal consultation, or not enough of it.

Those with strong, personal views, often borne out of painful family experiences, have been clamouring for action. There are strong emotions on both sides. Moral arguments about freedom of choice and the sanctity of life. All our email boxes bear witness to the strong views. Although I am in Alderney and this debate is specifically about Guernsey, I have received more correspondence on this than on any other subject in my years in Government. Even more than about Aurigny's performance on the Alderney air links and their supposed losses.

While I do hold strong views on the sanctity of life, I am fairly orthodox when it comes to family and gender issues. I feel the practical considerations are paramount in this case. How could it work and what consequences might there be? Assisted dying would involve medical advice, the involvement of doctors, not only in considering individual cases in medical terms and ensuring that the patient is entirely determined in their wish to die and is not being influenced, directly or indirectly, by relatives.

2400 But doctors would also be involved in the administration of the act, which, whether we like it or not, does run counter to the Hippocratic oath. Rather than trying to guess what their attitudes might be, I consulted the general practitioners in Alderney, to see what their view was. Two of them responded. I lifted sections of what they said.

2405 Alderney GPs support the current legal framework, which allows compassionate and ethical care, so people can die with dignity. They care for patients who are dying in their own homes, the Connaught Care Home and the Mignot Memorial Hospital. They manage sympathetically for the terminally ill, using evidence-based life care pathways, thus ensuring the patients die without pain or other distressing symptoms. This is palliative care and it is very different to assisted dying. Safeguarding the vulnerable is paramount. In such a debate, there is no mention of the capacity legislation in Alderney, which is an essential safeguard to ensure the patient has the ability. We have no Capacity Care Act.

2410 The other parts of this from the GPs I consulted: they have three organisations which they sign up to: the union, the BMA, the MDU – they provide legal advice to doctors. The BMA is essentially the doctors' union, whose involvement in providing guidance and advice is a large part of their work. There are other organisations and sub-organisations, of course, with various remits. The essential point is that these organisations have laid down expected best practice for doctors and whose guidance they, as doctors, should follow.

2415 There are ethical considerations, as well as the four pillars of ethical behaviour – Beauchamp and Childress, principles of biomedical ethics: autonomy, the right of the individual to choose or refuse treatment or procedure; beneficence, always act in the interest of the patients; non-maleficence, to do no harm; justice, a fair distribution of limited resource. These principles are entrenched in more medical practice and will be seen by most doctors as being incompatible with the concept of assisted dying.

2420 The expectation that doctors working in the Channel Islands could be expected to agree to a development of this, should it become legal, would unquestionably restrict interest in practising here in Guernsey, or in Alderney. Palliative medicine, which is the speciality of managing patients with incurable disease, provides the framework for evidence-based care of the dying patient and their family. This specialty has its own consultants and palliative care teams, available at all times, who can advise on symptom-control and other problems related to terminal illness, where they are managed in the community.

2430 Many GPs are now highly trained in managing terminal illness and, of course, their involvement with the patient and family may well have been from well before the diagnosis to providing support for those who remain afterwards. The use of the concept of dignity in death is not the sole preserve of those in favour of assisted dying. It is perfectly possible and, indeed, it is usual for death at home, hospital or hospice to be dignified.

2435 Modern drugs are highly effective in controlling symptoms in a situation where treatment is an option but a cure is not there and their judicious use as part of the management of the patient who is terminally ill. It allows him/her the choice of dying at home, if they wish, with their family nearby. Dying is a part of life. It involves the patient, the family, the friends, the community, and it should be allowed to happen naturally with adequate and appropriate care and perhaps not hastened by artificial means. Those are the comments from the doctors in Alderney.

2440 Legislation is the easy bit. Lawyers can find the words and write the clauses which appear to sew everything up, with no room for doubt or misunderstanding. The application is much harder and, in Alderney's case, surely impossible? We only have one doctor's practice. There is no availability of an independent second or a third opinion, which you might be able to get here.

2445 I am worried about the vulnerability of people who might consider assisted dying. This has been dismissed in some cases here. Many in these Islands, who live apart from their family, and may see themselves as a burden on their grown-up children who live in the UK or abroad. They love their family and realise they have their own lives to lead. The family may be happy to come and visit from time to time, but the mum or the gran may feel it is wrong to expect them to do so.

Visits are time-consuming, often difficult and expensive to arrange. When they do come, one side or both may feel awkward in these circumstances.

2450 The old folk may well feel they are a burden and in the way and better to end it all. Less likely, but still needing to be considered is the possibility the family, living elsewhere, will indeed consider their parent or grandparent a liability, sitting on the valuable asset of property while they struggle to make ends meet in the UK. How difficult would it be to turn the mind of a frail, elderly person living alone in Guernsey into considering whether they should call it a day and be assisted to die? Is that right? I do not think so. Or should there ever be any risk of that?

2455 I know that what is presently being suggested is limited to people only having six months to live, but how precisely can that be calculated? A case will be made for people paralysed by motor neurone disease, or severe injury. They may want to die, but is it right that those who are charged with doing their best to preserve life, and having taken Hippocratic oaths and all the advice given to them to save life, keep life, cherish life, with responsibility for sanctioning and participating in ending it, would that be right?

2460 I have read the many views in the past few weeks of those who advocate assisted dying. They have not yet persuaded me, and I will definitely vote against. I am also even concerned about Proposition 5 because, to me, there is no necessity for it. So, if we vote for Proposition 5, we leave a spearhead of the assisted dying Requête in place. That, to me, is dangerous and unnecessary. We have a situation where Proposition 5 is not necessary.

2465 As I end what I have to say, I never thought that I would be in a situation where my life would be long enough to say this. This year I will reach the age of 62 and I have looked back on a lot of people, and I had quite a large family, my grandmother's brothers and sisters all still living through my childhood, really an amazing family, a very loving, very close family. I watched them as they came towards their final years. Each and every one of them, if they could have lived another day for their partner and for those that loved them, they would have. All of them. They cherished life to the last day that they lived. They wanted to live, and they did not want to die. But when they died, they died with dignity.

2470 That is the example I would follow and in the main, to me, that is the broadest consensus of opinion that I can come up with. Personal views may upset us and what has happened to some people, some of the harrowing stories that we have all read and heard about – and each and every one of us would extend our sympathy to those dear people and the suffering they have seen – but they are not, unfortunately, the broadest consensus of opinion and that, for me, is what I must go with and where I go.

2475 Having examined this well, having listened, read, looked, genuinely thinking about it as much as I could possibly think, and, to me, the broadest consensus of opinion is where I am aiming for and that is where I am going. That is not for assisted dying. Let me be clear that I hope, for me, I will hear no more of it.

2480 Thank you. (*Applause*)

**The Bailiff:** Deputy Ferbrache and then Deputy de Sausmarez. Can I suggest we just pause while Members who are not in their seats resume them? Including Deputy Inder, who is not sitting in his seat.

2490 **Deputy Ferbrache:** I am glad I am attracting an audience.

**The Bailiff:** Thank you for waiting, Deputy Ferbrache.

2495 **Deputy Ferbrache:** Not at all, sir. Patience is a virtue that I rarely possess but, in connection with this particular matter, let me say something that other people have referred to, but I think it needs emphasising. We have all, as Members of this Assembly, received literally hundreds of letters and emails on this topic from people having varying views. I am sure we have all read them.

I respect each and every one of them. They have all been written in what I regard as civil terms. Some are longer than others.

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Therefore, whatever view that we may take, and I have not responded to a lot of them and I apologise for that – that has not been out of discourtesy – but I have certainly paid attention to them, so I am grateful for the people of the Bailiwick to respond in the way they have. I also think that the speeches of persons such as Deputy St Pier, Deputy Le Tocq, Deputy Roffey, have been truly excellent. Whether I agree with their content or not is irrelevant, I respect the effort they put into it, the sincerity of it.

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When I hear compassion, it is not limited to Deputy St Pier, to Deputy Trott, to Deputy Graham, to Deputy Lester Queripel, to Deputy Laurie Queripel, to Alderney Representative McKinley or Deputy Roffey. I have as much compassion as any of them. What the people of Guernsey want is not only compassionate Government, they want practical Government. They want people to make practical decisions.

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I am almost starting where I did not expect to start, and it really was the remarks of Deputy Le Tocq. Now, Deputy Le Tocq said he was a right-winger when he was young, and he is now moving towards the left. I was, as a young man, a long-haired radical. I have now got neither hair nor is it long, but I feel that I am still radical. That just means, simply, because I do not agree with this particular proposal does not mean that I do not have progressive views.

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There is no moral high ground here. No one side has the right of God, or not the right of God, whether they have got faith or otherwise on their particular side. It is an issue of considerable conscience. I was moved yesterday, genuinely moved, by comments made by Deputy Roffey about the loss of his stepdaughter, Deputy Paint about his daughter and Deputy Tooley about her mother's condition.

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It was a remark that Deputy Le Tocq made, which Deputy Fallaize said he had got it wrong and he corrected it or whatever about valuing the last part of somebody's life. I cannot remember the exact words, but I remember the sentiment. I have been influenced a lot by what happened in my family, recently, because my father died when he was 53 – when I was 30 – 36 years ago. My mother was a widow a long time. About 10 or 11 years ago, she decided to go and live in the UK, near one of my sisters, who lives in a very pretty village called Much Wenlock in Shropshire. So she went to live near her daughter. I visited mum from time to time.

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Also the point that Deputy Brehaut made about the doctors do not necessarily know, it is the nurses. Well my mum was an auxiliary nurse for many years. She wiped people's backsides, she took them to shower. She looked after them. She turned them. When they were dead, she occasionally laid them out. My mum did that for many years. I respect my mum's views and I know what she was like.

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I knew my mum a long time, not only all of my life, but my mum was three months short of her 19th birthday when I was born. So, therefore, I knew her for most of her life. Sadly, over the past few years, her physical condition was diminishing. Her spirit and resoluteness has never diminished, it never diminished to the minute she died.

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She had cancer. I used to go and see her. I remember the last time I actually spent a long time with her, before she died, she said, 'We will go to Shrewsbury.' So, we went to Shrewsbury. This woman could hardly walk from here to where the Deputy Greffier is, but she walked around Shrewsbury on that particular sunny day as though it was her last walk. I value that time with her. I will remember it for the rest of my life.

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Now 27th December of last year, I got a call from one of my sisters to say, 'It's mum's final page, you have got to come.' So, on the 28th, I flew to Birmingham, went to hospital. My sisters were there. They said, 'We think you ought to spend time with mum on your own, because we have been here.' My mum was unconscious. They left and for an hour, I held my mum's hand, I told her how much I loved her, something I should have done much more over her life, and I regret not doing it. But there we are, that is life.

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I told her lots of stories about the times we had spent together when we were young, because she was young, and I was young, and all the wonderful things she did for me up until the time I

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went off to law school and became, as it were, independent. My sisters came back in and, for the next two days, until my mum died at 5.30 p.m. or thereabouts on 30th December, we spent time talking to mum. I do not know if she heard. We spent time exchanging with each other our recollections of our childhood and our collective time together. It brought my sisters and I closer together and we were there when mum went. Now, that to me, was so valuable.

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Let me just say this. We hear criticism of the National Health. Mum was in the Royal Shrewsbury Hospital, which is not exactly sin city, but the palliative care that my mother received from the National Health was second to none. Truly, truly wonderful. I will be grateful to the National Health for the rest of my days. In connection with that, this was a hospital, as I say Shrewsbury is not exactly sin city, it is not inner city, but because one of the days I was there was a weekend, there were three police officers in accident and emergency, to make sure that people behaved themselves. Just about every ward, there were people on stretchers and trolleys, waiting to get a bed. So, this is a precious topic to me too.

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I received – I cannot remember, a few weeks ago now – a very courteous and civil email from Deputy Roffey. He was in Herm so, very nice of him to think of me when he was having his day off in Herm and send me an email. It was about something I had written to one of the people who had approached us, given us their views. I was basically saying, in polite terms, that I did not agree with the proposals that were then going to be before the States. In connection with that, Deputy Roffey said, quite rightly, 'Hang on, years ago, when you were in the States last time, this was one of your key topics, assisted dying.'

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He was absolutely right to remind me. I had not forgotten anyway, but he was right to remind me. I do not mean to be glib when I quote somebody I often quote, Winston Churchill, because Winston Churchill said:

A person who does not change their mind changes nothing.

Over the years, my mind had changed, over a progressive period of time. Not because I was getting old, although I am getting old. Well, I am not getting old – I am old! I just changed because I believed that, in relation to this topic, it is such an important topic, you cannot do it on the hoof. I have to say that the first attempt at the Requête, the Requête dated 7th February 2018, bearing in mind the importance and the sensitivity of this topic, was an absolutely appalling piece of work. It was an inept document, badly drafted and it was almost offensive in some way.

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I will take you to one particular in just a moment. We know we have had effectively three replacements of that. We had the Deputy St Pier/Trott amendment. Then we had a consolidated amendment. Then we had, and I imagine it would have had the support that it did, of the requérants, the Deputy Parkinson amendment. So we have had four versions to try and move this matter forward.

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I think that is poor, because this should have been thought out considerably and in detail before it ever became a public document, particularly bearing in mind the main requérant is the President of Policy & Resources and another main requérant is the Vice-President of Policy & Resources. Deputy Graham talked about the poster boy Oregon situation. It reminded me, a bit like a cartoon where you get these balloons that come out and you see what Dan Dare or Andy Capp is thinking. In relation to that, I thought of Oregon.

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I thought America has got President Trump; we have got President St Pier. Perhaps we are better in that regard. But then again, they have got Vice-President Spence and we have got Vice-President Trott, so is it one-all, or is it two-nil? That is a matter for the Assembly to judge if they see fit. The point is, as Deputy Dorey said, we are a much better society than America. We are decent people. We do not have people going and shooting people in schools. We are law-abiding by and large and we can still walk down the streets and not be attacked. We can do all of the things that most other societies in the liberal, western world cannot do. Long may that continue.

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When I think about liberalism, because again I want to make the point that I tried to make before about right not being on one side and right is not on one side. I can remember when I was in the States from 1994-2000, I was one of the main proponents of the change in the abortion

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Law. I was one of the main proponents in the change in the age of consent for gay sex. I can remember I was really disappointed when the States at that time said, 'Well, people might change and therefore we will have it 18 instead of 21.' I wanted it to be 16.

2605 I was also the proponent of a Requête which changed the divorce Law practice, against the then strong opposition from the judiciary of this Island. That was that petitioners, as had been the practice in the UK for many years, in uncontested divorces, should not have to appear. In Guernsey, you used to have to trundle up with these poor, terrified people, who would sit in, often, this Courtroom.

2610 There would be other people at the back, waiting for their divorces to come up, and they would hear terrible things sometimes about husbands who had beaten their wives, urinated on their wives, or whatever it may have been. We changed that. Therefore I do not hold any brook with anybody who says they are more liberal than me. I just think this is a step too far at the moment.

2615 In relation to all the various letters, emails, etc., I think just on balance there are more against than in favour, but I do accept Deputy Trott's point. I do not know whether 79%, 80%, 23%, whatever it may be, whether any of those are right. I accept that he is telling the truth when he says them, but I do not know if they are accurate, in the sense that those [inaudible]

2620 But I believe, as I stand here, and I have got no scientific evidence to justify it, that probably the majority of people in Guernsey are in favour of some kind of assisted dying legislation. But we are not delegates here, we are here to exercise our own conscience. I respect the intelligence and integrity of every person in Guernsey, but they do not know necessarily – and that is not meant to be patronising – all the ins and outs of it. Whereas we should, because we are States' Members, and we should therefore look into it in more depth than some of those people. I do not mean any criticism of people, because I am sure lots of people have looked into it in considerable detail.

2625 I do not want to take myself away too much from one of the points that I was intending to make, because Deputy St Pier, before I come to that, had his 31 points that he then sought to knock on the head. He did so very well. There were some, as he said, which were absolute nonsense. This is not a personality cult; I am not going to vote the way I am because of other people of the Charter Group or the other association; I am going to vote because that is the way I am going to vote.

2630 I know he is not doing it for any money purposes, are we going to save pensions or whatever it may be. He is not doing it for that. I equally know it is not taking away his time as President of Policy & Resources, because he is an industrious person. He will work extra hours, rather than work less hours, on the clock that he is on.

2635 I do not have any concern about any of that. None of that has influenced me at all. But when he talks about liberal democracy – we do live in a liberal democracy, with a small 'l' – therefore I was very surprised when I saw the first effort at the Requête dated 7th February 2018, which is not 11 weeks and two days ago, that is now about 99 days ago, which is over 14 weeks ago. For most of those 14 weeks, all seven of the requérants were quite happy to propose at Proposition 2, sub-paragraph (f), that there should be a working party, etc. which should look into the number and roles of doctors under any proposed assisted dying legislation and whether ...

2640 I will give way to Deputy St Pier.

**The Bailiff:** Deputy St Pier.

2645 **Deputy St Pier:** Sir, I am grateful to Deputy Ferbrache for giving way. His reference to 7th February is, of course, the date on the Requête, but to be clear it was not lodged until Monday, 26th February. It is a small detail, but as he has made a point of it in terms of the time, I think it is worth, just for the record, making that point. I am sorry to interrupt his speech.

2650 **Deputy Ferbrache:** I am grateful for that. But it does not take away from the fact that the requérants knew of this from 7th February 2018. The fact that it was not published for another 19

days, to my view, is irrelevant. But I am grateful, because sometimes people make relevant interjections and sometimes they make irrelevant ones. Anyway, I am grateful for the interjection.

2655 The fact is, until the first attempt at an amendment, in relation to the requérants, which I think was amendment 3, proposed by Deputy St Pier, seconded by Deputy Trott, all seven of the requérants were happy with this.

That the working party should look into the numbers and roles of doctors under any proposed assisted dying legislation ...

– my emphasis but their words –

... and whether they would be permitted to have any conscientious objection to an individual request.

2660 So what the requérants were saying is that it is at least possible the working party could have said: 'It does not matter that you have got a conscientious objection, you cannot have it.' They could have corrected that, altered that, day one. They should have amended it in a nanosecond, because it is offensive. Deputy Trott said this document was an 'excellent' Requête. Therefore, Deputy Trott was saying it is excellent that we should count it as a possibility that the working party could have come up with a recommendation that doctors should not have conscientious objection.

2665 That to me – and I am not talking about Tony Blair, I am talking about the Blair who was known as George Orwell – is 1984 or Animal Farm. Telling people what they should think. Telling professional people how they should act. That is an abomination. That should not have been in that document. Yet the seven requérants, with all their concessions and all their compassion, were quite happy for that to continue until amendment 3 came about, a week or two ago, whenever that was. I do not mind being corrected or being told as to when that was. That is wholly unacceptable.

2670 Never mind, we are – to use that old expression – where we are. I am not a person that likes rules. Even though I have made my life, since the age of 21, as a lawyer, I am not a person who likes people telling me what to do. The state should only interfere in people's lives when it is absolutely necessary. When there is no option. We do not want our houses burgled, we do not want our property shut down. We want certain civilised Laws.

2675 When I hear people say, as some of the requérants say, 'Of course, we have got to have autonomy.' They are generally in the majority, where nearly States' meeting after States' meeting they bring forward proposals which are going to result in legislation which is going to restrict people's autonomy.

2680 I just think of one example. I am generally in the minority. I do not care, because I am right, and they are wrong. In connection with that, the ageing population and the flexible working time. Instead of doing that by persuasion, this Assembly decided that it has to be statutory intervention. There has to be legislation. I am not sure how that is autonomous, how that is letting people live their particular lives.

2685 I thought the letter from the three Members left, as it were, after the two Members properly excused themselves, of 8th May, from Policy & Resources, was truly excellent, because it says this, and we cannot it. We signed up to a Policy & Resource Plan which we said we are going to have to follow. We know there are limited resources in Guernsey; we know there is a shortfall and there is a greater ambition and greater need than there is facility to provide it. So we signed up to it and I know I was one of the reluctant ones to sign up to it but, nevertheless, we signed up to it.

What Deputy Stephens wrote on behalf of herself and her colleagues was that:

The Requête's ambition 'does not align with the current 23 priorities of the Policy & Resource Plan and, as the Committee is mandated by the States to co-ordinate and manage the Plan, it cannot recommend the Requête's support. The Requête will likely lead to resource-intensive investigations, working parties, consultations and similar, which, given the finite resources of the States, will draw from other prioritised areas which consequently will have to be de-prioritised.

2695 Let me just interject there. Not 'were likely to', 'will absolutely lead to'. You cannot get a quart into a pint pot. So, therefore, you cannot suddenly magic extra resources. Any resources devoted to this – and they would be considerable and if it is to be meaningful they should be considerable – will take away from the priorities that we, as a collection of 40 people, have signed up to over the last two years. I appreciate this was under the old Requête as it was.

The Requête is currently very general and many issues could require formal legal advice.

2700 Let me just pause there. They will require lots and lots of legal advice. Just one of the points made about you cannot have a Law that is necessarily bulletproof and will cover everything. I do not necessarily agree with that. Just because something is difficult does not mean you do not try to sort it out, because otherwise you would never do anything. You would go, 'Oh dear, this is too difficult, cannot do it.' There would be areas of contention in relation to however well-drafted the Law would be. But I am not saying that is a showstopper. I am not saying that at all.

2705 Let us look at the legal argument that could happen. It is the point that Deputy Graham made, if you start with six months, why should it not be 12 months? Why should it not be two years? Why should it not be the 40-year-old who wants to end his life, as I understand it? Where would you draw the line? Even if you drew the line –

Sorry, I give way to Deputy Trott.

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**Deputy Trott:** I just wondered sir, that when Deputy Ferbrache was such a proponent of the abortion Law back in the 1990's whether he felt a time limit was appropriate or not?

2715 **Deputy Ferbrache:** Yes I did, because I am not a medical expert and medical experts said the time limit should be, I cannot remember what the period was now, whatever that period was. I think that period would now be reduced, because medical science has improved over the last 25 years. So I do not see a conflict between the two.

2720 Where I do see a difficulty is, in practical terms, one of the presentations that I attended – it may have been the one at the Côtils – said, 'What about someone who is terminally, within their last six months, but they suffer from motor neurone disease? They will not be able to administer the tablet or medication themselves. What would happen to them? They would not be able to take advantage of this particular provision.'

2725 So I do not think the average citizen understands that. I do not think the average citizen would understand a six-month time limit. I do not have any concern with the fallibility of doctors; Deputy St Pier made that point. It is very difficult to judge, but you have got to make a judgement. If somebody said they were within the last six months of their life and they happened to live another year, no one can really be critical of that, because that was a genuine assessment that Dr he or she made at that particular time.

What the letter from Policy & Resources said, it concluded this:

In summary, it is the unanimous view of the Committee, sitting without its recused Members, that whatever one's personal beliefs on this contentious matter, it would be poor governance to support the Requête and then to not discharge it because it is not reduced or funded. These requirements are not quantified in the Requête.

2730 We have had lots of very able speeches. They have still been not quantified today and it is now 4.40 p.m. They still have not been quantified as I stand and speak now, and I am going to come to that again in a minute. I have come into here before and I used to sit up there, so I had a clearer view, but standing here, I cannot see any money trees out there. I cannot see any trees out there that will produce more able people to come and assist us in these provisions.

2735 I have considerable respect, they know that. I may disagree with them, because they are entitled to be wrong on occasion! I have considerable respect for Deputies St Pier and Trott, but I am surprised – although I accept their integrity and their conscience on this particular issue – that they have not thought of the wider implications and they have not given due weight to them.



2740 We talk about doctors. We have all had the same emails, but very recently we have had emails from three most-respected local GPs, Dr Jenny Turner, Dr Julia Rebstein and Dr Beverley Workman. I think they are from different practices, but they have all said the same thing and I have got to now, for the first time, look at my notes, to make sure I quote them accurately.

Dr Turner said:

I am both saddened and horrified that the States are in any way considering legalising assisted dying.

2745 Bear in mind these are people with 15, 16, 20 years' experience. Dr Workman says she believes the proposals would have 'irrevocable, negative changes' in our society. She refers to the already existing ethical and compassionate care. Dr Rebstein makes similar points.

2750 Now those are middle-aged professionals in our jurisdiction that have practised for a long time and are seeing people, a bit like Deputy Le Tocq says, the 100 people or so he has been present at or assisted in the dying process over the 25 years of his religious practice. He also made another good point. He said this is not a matter of faith, because Deputy Le Tocq is well known and much respected for his religious views. I have been an atheist since I was a teenager and I have no equivocation about that. I do not believe there is any God, I believe when you draw your last breath, that is it. Therefore I am conscious of the fact that whenever my loved ones draw their last breath, that is it.

2755 Just to finish off my mum's story. My sister is bringing over her ashes this weekend and we will scatter them. That will be the end of mum, except she will live in our memories. But there is nowhere she is going, sadly, except St Martin's Cemetery, to have her ashes scattered.

2760 So it is not a matter of that. I accept that the faith arguments are not all on one side, because I think it was Deputy Trott who made the point about Archbishop Carey and Archbishop Tutu, not in his speech but in previous things, and we also had the very able Rabbi Romain, who spoke at the debate at the Côtils.

2765 It is not all one side and I am not overly influenced all the time by religion. Religion gives people comfort, it gives them certainty. It gives them boundaries and most religions are decent. But they have not always been very liberal. Look how long it took for the Church of England to recognise that there should be women priests. Look how long they were given conscientious objection rights to gay marriage. The Catholic Church, although I respect it because my grandmother was a Catholic and she had 14 children and my father was the last of those – so I am grateful that she carried on that long! (*Laughter*) – in connection with that, my father went to Les Vauxbelets School; I do not think it did him any great benefit.

2770 I do not have any religious belief and the Catholic Church has much to credit it, but equally it has some questions it has not answered. That does not particularly influence me, albeit I respect everybody's religious belief. Simply because I do not hold them does not mean I do not give them any value.

2775 What I do have concern about is that, when we look at amendment 6, the Propositions that we are going to vote on, there is one other thing I would like to say. There is a person who is in this Assembly whose views I respect considerably. We have not really talked very much about Proposition 2. I credit them for it, it is the Hansmann Rouxel/Merrett proposals which is now borne out in Proposition 2.

2780 The person in question, we have not talked about that, but we should. I will briefly. That person sent me a note yesterday saying there were an impassioned set of speeches yesterday afternoon. He said, I think the word 'debate', however, in this instance does not apply. I do not think that matters, because most of us have come here with a fixed view. We have listened to what people have said, but nothing anybody has said has changed my view. Nothing anybody has said has changed Deputy Trott's view, unless he wants to jump up and down and say he has seen the light.  
2785 Nothing has changed most people's view.

This person goes on about his own situation, because we talk about pain and suffering. Twenty-two years ago, this person had just returned from a successful set of concerts. He was involved in a hit and run accident. Following some complications, not only was he left wheelchair-

2790 dependent, but he was in nappies as he was doubly incontinent. He struggled to breathe. He was barely able to feed himself and certainly not at all in the beginning. He was told not only would he most likely never sing again – they got that wrong – but just being alive was really his lot.

2795 He had the resolution of a true donkey and over the last two decades we have benefited from him for the work he has done both inside and outside of this Bailiwick in connection with disability issues. What he says is this. He has been in pain since the time of the accident and sometimes that pain is intolerable.

He is a friend of the gentleman who spoke, Mr McIntyre, who wants assisted dying, in fact he has been asked to sing at that gentleman's funeral. He said, for all these reasons, he has examined his conscience – those reasons and a great many other – he believed that this Requête needs to be rejected.

2800 Now that is a person who has suffered physically more than, thankfully, we have. A person who has worked and immersed himself in disability matters for many years. So respect I his views. I know we had Deputy Trott saying that 79% of disabled people voted in favour of assisted dying. But again, this gentleman does not just know the theory, he knows the practice.

2805 We come to other issues in relation to all of this. We talked about Oregon. As I understand Oregon, when the Oregon poster boy issue was approved, Oregon had very little hospice care, almost no palliative care. Now there was an exchange, which I actually thought was a waste of two minutes of States' time yesterday, between Deputy Le Tocq and Deputy Roffey, about the nature of palliative care we had back when this matter was debated 14-15 years ago.

2810 Whether we had none or we had a bit, it was not as good as it is today, and it has still got a long way. That is not a criticism of the excellent people that work in the service, both in Guernsey and elsewhere. It will always need to be improved. It is never going to be perfect. You can never do enough, but we should try and do more.

2815 I think we would be better spending time doing the practical things, rather than theoretical things. When we look at the Propositions, where are we going to go? When Deputy St Pier gives his speech before television cameras in due course, I would like him to be able to answer this question, because Proposition 1 says:

To agree that effective capacity legislation, to which the States is already committed, is essential in any event but to further agree that any assisted dying regime shall not take effect in Guernsey until capacity legislation (and any relevant implementing provisions) shall have been enacted and is in force.

2820 Now my good friend – we have been sitting together for two States' meetings together – Deputy de Sausmarez, did some arithmetic a few States' meetings ago which said that she totalled out all the current legislation the States has to provide, it is 620 years late. Some of it is 30-odd years late. How long before that legislation, which the States is committed to in Proposition 1, is actually on the statute books? My best guess – and it is just a best guess – is it would be at least three years before that is on the statute books.

Then we have got the real miasma at number 2:

To acknowledge that the Human Rights (Bailiwick of Guernsey) Law, 2000 already gives statutory protection in relation to human rights and freedoms guaranteed under the European Convention on Human Rights but to further agree that any assisted dying regime shall not take effect in Guernsey until as a minimum:

- a. a legal framework ensuring non-discrimination and equality for disabled people, consistent with the UN Convention on the Rights of Persons with Disabilities shall have been enacted and is in force;
- b. the completion of outstanding work enabling the States to seek UK extension of the international human rights conventions to which it is already committed, in particular the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and Convention on the Rights of People with Disabilities (CRPD); and
- c. an independent body concerned with islanders' equality and rights, consistent with the States' Disability and Inclusion Strategy has been established and is in operation.

2825 How many years away are we from that? Because previous States passed disability legislation, I have probably got the wrong terminology, but not much has really happened between then and now. We are light years – *light years* – away from this being able to be fully implemented. My best

2830 guess, and I know you can do the two from current legal drafting of the Law and this, five or six years. That is just a guess, plucked it from the air, and I hope it is better researched than the original 7th February Requête but, no doubt, when Deputy St Pier responds, he will be able to deal with that and tell us when all of those, he expects, will be completed and in operation. I look forward to him telling us that authoritatively and not speculatively.

2835 What Deputy St Pier did, he gave these 31 reasons. I thought he dealt with them very well – and there is no hint of sarcasm about that at all. I can be sarcastic, but I am not going to. But Deputy Langlois said he had to wait for numbers 29-31, in his very brief speech yesterday, before he got to his. It reminded me, when I was a young lad, I used to listen to Alan Freeman, *Pick of the Pops*, and you would have the countdown every Sunday, from 20 down to number one. What I appreciate is what Deputy St Pier was trying to do, build a *Bridge over Troubled Waters*. I appreciate that is what he was trying to do. What a magnificent record that was by Simon and Garfunkel. I say that before my good friend Lester Queripel starts singing it to me! (*Laughter*)

2840 I think I can conclude by saying this. I know Deputy Roffey criticised this particular person about some comments he made on a Radio 4 news programme, but it is a person I thought, I had never heard of her before. I looked her up on Google when I read this letter in the *Guernsey Press* on 24th April 2018. I think she is a particularly eminent person, having read her CV, Professor Baroness Finlay, of Llandaff, FRCP, FRGP. Fellow of the Medical Science, FHEA, FLSW and a Member of the House of Lords. She says:

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My name is Ilora Finlay. I am a consultant physician, having specialised since 1987 in palliative medicine. I was vice-dean of the Cardiff Medical School and I am honorary professor of palliative medicine at Cardiff University. I was President of the Royal Society of Medicine, 2006-2008, and President of the BMA, 2014-15. I am also a Member of the House of Lords. In 2005, I was a member of the House of Lords select committee which examined and reported on the Assisted Dying for the Terminally Ill private member's bill. The committee's six-month inquiry included detailed evidence gathering in Oregon, the Netherlands and Switzerland. In my 40 years of practice in palliative medicine, I have provided treatment and care for literally thousands of patients.

2850 She talks about Oregon. It is a point made about hospices and palliative care, in the history of medicine, is still pretty new. I think 30-40 years we have had hospices – less than that in Guernsey. I did not even know what a hospice was until probably 25 years ago. Palliative care, I did not really know what it was. I particularly know what it was now because of what happened to my mum in December 2017. What she says is this:

Oregon has only recently recognised palliative medicine as a specialism of medicine. The select committee was told that the state's physician-assisted suicide law was a vote of no confidence in some aspects of the life care inside Oregon. Britain is not and never has been in this position. Britain was a founder of the modern hospice movement. Palliative care was developed here as a recognised medical speciality 40 years ago. It is little wonder that the UK ranks first in international surveys of the quality of end of life care. However, the sponsors of the Requête are asking Deputies in Guernsey to cast their net far wider than Oregon's law. They are asking for other practices to be considered, including Dutch-style physician-assisted euthanasia, which currently accounts for one in 25 of all deaths in Holland includes ending the lives of people with a wide range of non-terminal illnesses or mental disorders.

I appreciate this has been changed, but only recently. What she says is this:

The Requête even leaves open the question of whether doctors would be permitted to have any conscientious objection to an individual's request. Given the unwillingness of most doctors to engage in such practices, that may well deter some excellent doctors from practising in Guernsey. The subject of assisted dying has been studied in depth in both the Westminster and Holyrood parliaments and legislation has been resoundingly rejected as unsafe. The BMA, Royal College of Physicians, general practitioners and surgeons are all opposed to legislation, as are the majority of practising doctors. In 2014, a survey of its membership by the Association for Palliative Medicine, the professional body of doctors who specialise in the care of the dying, found 96% would not be willing to participate in hastening the death of patients. This is a complex subject. It needs careful and sensitive thought, serious evidence and respect for the opinion of both sides of the often-emotive debate. The Law is there to protect us from self-harm, especially when we are at our most vulnerable. The Law that we have is entirely in line with the ethical principles that underline medical practice. We tinker with it at our peril.

I will just turn to Proposition 3, which reads we will have a working party, etc. It says:

The working party shall report back to the States as soon as reasonably practical ...

2855 Originally, there was an 18-month time limit, until it was taken away, because it was aspirational, Deputy St Pier told us. It was not aspirational, it was wholly unrealistic. I do not know when it is going to come back. As soon as reasonably practical. That could mean anything. I think it is years away and I invite somebody to tell me that I am wrong. It also goes on:

... cognisant that it will be necessary for the requisite resources to be sourced and prioritised in accordance with the normal prioritising process of the P&R Plan, alongside competing policy priorities.

2860 I do not think I am stupid, and I have read lots of documents in my time, but I do not really understand what that means in practical terms. Because there is no policy, there is no resource detail for it in the current P&R Plan. If it is going to be amended, if it is going to be put in, we need to know what that means, we need to know what the costing is, we need to know what the timeframe is. No doubt, as President of P&R and proponent, our main requérant will be able to tell us that. We then have other details that need to be dealt with later.

2865 Anyway, enough of me. I have spoken for long enough. (**A Member:** Hear, hear.) Thank you very much! (*Laughter*) I am grateful to that jolly japes chap that is known as Deputy Trott. He is always Mr Bouncy, isn't he? I think I am going to call him Zebedee Trott in future. Actually, I am not sure he can jump up and down too much.

2870 In connection with all of that, sadly, and I do not say it with any great joy, I do think assisted dying will come in due course. I think Deputy Trott was right when he said the sea is going that way. I cannot remember the exact phrase he used, but he knows what I mean. But we are not there yet, and we have got to deal with it so carefully and with so much consideration and with so much sense, I ask you to reject the Propositions.

**The Bailiff:** Deputy de Sausmarez.

2875 **Deputy de Sausmarez:** Thank you, sir.

2880 I would have spoken much earlier in this debate, but every time I wanted to stand up, the person speaking immediately before generally came out with a very moving story and I found myself choked. I am slightly annoyed with myself that I stood up at the same time as Deputy Ferbrache earlier and, therefore, my speaking now is a done deal because I was very moved by his story of his mother, in particular, as well.

2885 I too would like to place on record my thanks to the hundreds of Islanders who have taken the time to get in touch to state or explain their views and apologise to the few, mainly the letter-writers rather than emailers, to whom I did not manage to respond. We were inundated, but every message mattered, from the single sentence missives sent from a phone to the hand-written letters, several pages long, to the detailed emails linking to further research and from the phone calls, to the conversations in parks and supermarkets. (**Several Members:** Hear, hear.)

2890 The views that were expressed and the stories that were told left none of us in any doubt as to the strength of feeling across the full spectrum of this issue and helped us better understand why people felt the various ways they did or do. Like Deputy Le Clerc, I came into this debate not at all with a fixed view, in fact, but mindful of the full weight of our responsibility in making this decision and not knowing which way I would vote. The succession of amendments has helped me make that decision a little easier, but it is not simply a question of personal preference. The hopes, needs, concerns and fears for the whole community all have to be very carefully considered.

2895 I have given a lot of thought to the fears and concerns, in particular, many of which, I have to say, I shared. Chief among them, for me, were the concerns around safeguarding the vulnerable. Many in this debate have acknowledged that no safeguard is 100% guaranteed and that is a serious concern. But, for me, what it comes down to is weighing up the risk of such imperfections against the imperfections we have now.

2900 I have agonised over this. I am keenly aware of our duty as a Government to protect the people of the Bailiwick, but I could not think of any other area where our safeguards are 100% watertight. In most cases, we actively accept that there is a balance to be struck, as other people have mentioned in this debate, between rights and responsibilities and that there is a degree of compromise on both sides.

2905 What has swayed me, however, is the fact that there are such inadequate safeguards in the *status quo* – something touched upon by Deputy St Pier in his opening speech and expanded upon by Deputy Laurie Queripel. There is pressure and coercion in our current system. (**A Member:** Hear, hear.) Some people cannot have honest conversations with their doctors. Some people, no matter how few, feel there is no better option than to end their life more prematurely and perhaps in far more traumatic ways than they would have had to have done had we had a better a range of options and had better safeguards in place. (**Several Members:** Hear, hear.)

2910 Deputy Green said that, whilst he accepts we cannot eliminate risk, this is an unacceptable level of risk. I wonder what is an acceptable level of risk? Let us set aside, for the moment, the fact that risk exists in our current system. We have heard several people in this debate say that any risk is too much risk and they reject the Requête on that basis. Deputy Smithies used a road safety analogy earlier and, as road safety and the safety of vulnerable road users in particular is a topic dear to my heart, I will expand on the theme.

2915 If we wanted to ensure no one died on our roads, we would ban motorised traffic. We do not, of course, and I would like to make absolutely clear that I certainly would not advocate it. But I suspect no one in this Assembly rejecting the Requête on the basis any level of risk is unacceptable would advocate a ban on all motorised transport either. We seem to accept as a society that the deaths of one or two people each year, sometimes children or the elderly, and the serious, life-changing injuries of many others is an acceptable price to pay for the autonomy of being able to use cars, motorbikes, and move our goods around by HGVs.

2925 So, instead of removing the choice of using motorised transport from everyone, we continue to allow its use, whilst seeking ways to improve the appropriate safeguards, such as driving licences, speed limits and seatbelts.

2930 Deputy Paint said that this issue has divided the community. In one sense perhaps it has, but in another sense it has opened up an important conversation about death. A fact welcomed by some of our correspondents on both sides of the debate and it is never more appropriate now in Dying Matters Week. Death and dying should not be a taboo. In that respect, I welcome this and, regardless of the result of the Requête, I hope that public conversation will continue.

2935 As a slight aside, on something else that has arisen out of some of the fears expressed, another conversation that I actually welcome is around the role of older people in our society. I do not believe that there is a single person in this Assembly who sees older people as a burden on society. In fact I think everyone in this Chamber understands the really quite unique value that older members of our community add, not just socially and culturally, but economically as well. Whatever the result of this amendment, I hope we will all reinforce that message at every opportunity. (**Several Members:** Hear, hear.)

2940 Deputy Paint and Deputy Inder fear that future Assemblies may relax whatever parameters we agree initially, if we pass the Requête. Of course, future Assemblies may. We cannot, nor should we be able to, bind future Governments. They echo a common theme raised by many of our correspondents: the fear of where this might lead in the future. I am sure that there are many issues that I hold dear today that I would hate to see changed in the future. However, as a citizen of the 21st Century, I am glad we are not beholden to Laws frozen in time for hundreds of years.

2945 I can well imagine the finger-wagging 100 years ago, when women's suffrage was the controversial issue of the day. 'Mark my words, if we give women over the age of 30 and with property the vote, before long *all* women will have it, and where will that lead? One hundred years from now, they will be demanding equal pay for equal work and shared parental leave and, heaven forefend, equal representation in parliament. What then? Who will look after the children and do the housework?' (*Laughter*)

2950

It is important that Laws adapt over time to society's changing needs and circumstances. Too often, Laws lag behind those changing needs and circumstances, which is one of the reasons I am not scared of the slippery slope. Another reassurance, though, is that we, as a society, have no problem maintaining those important lines in the sand that Deputy Inder referred to. Just because our Laws enable consenting adults to marry, I am not aware of any recent government seriously considering allowing adults or children to marry children. That is a line in the sand that I suspect will only be reinforced over time, rather than eroded.

2955

Michel de Montaigne, who was a 16th Century French philosopher, an essayist, said something that caught my eye recently. Well, he did not say it recently, he said it quite a long time ago! (*Laughter*) It caught my eye recently. He said:

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He who fears that he shall suffer already suffers what he fears.

Deputy Dorey, among others, quoted the very small number of people who might actually resort to this measure in Guernsey each year, if it were an option. But what that number does not capture is the much greater number of people who would be hugely comforted by the knowledge that that option is available to them, even though they dearly hope they will never need to use it.

2965

I was struck by something that Deputy Langlois said in his speech yesterday, attributed I think to his brother in Australia. Having the option to have control over your death does not encourage you to die, it allows you to live. Do I still have concerns? Yes, of course. Am I sure the safeguards will be good enough? No, of course not. Am I confident that I will be comfortable with the terms when they are eventually in front of us or, more likely, a future Assembly? No.

2970

But that is not what we are being asked to decide today. As Deputy Fallaize explained so well, we are being asked to endorse precisely the kind of work that will enable us to make that decision, of whether or not a change in the Law should be implemented. I cannot possibly say at this stage, without seeing what those precise terms and conditions would be, and without knowing what safeguards would be recommended, whether or not I would support such a change in the Law. But I do know that I do not want to shut down this important debate out of fear.

2975

I would rather approach this from a position of hope, by supporting this Requête, as amended. I want to keep this important conversation going and facilitate further consultation so we, as a community, and the Government of the time, whenever that is, can make a properly informed decision when we reach the stage that we will be able to do that.

2980

For these reasons, I have decided to support all the Propositions in the Requête. (*Applause*)

**The Bailiff:** Deputy Merrett.

**Deputy Merrett:** Thank you, sir.

2985

Firstly, although sensitive and emotive as it is, I consider this debate to be an opportunity for the Assembly and our community to have a respectful – and I will come back to 'respectful' shortly – mature, open and constructive conversation; to have deliberation, debate on a subject that is not often spoken about – death.

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However, I implore you to be more explicit, as this Requête is about terminal illness and impending death. The subject of death, although there is nothing more certain in all of our lives, is still very personal and perhaps, to some, taboo. Therefore, I wish to place on public record my heartfelt thanks to everyone who has engaged with this debate.

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I cannot express in words the admiration, the respect and the privilege I feel for the members of our community who have contacted me; those in opposition, those in support, those who have shared their deepest fears, their life experiences, their concerns, their hopes and their wishes for their own deaths and the deaths of their loved ones.

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On either side of this debate, the passion, the dedication, the love for our community and others have for their families and friends, in this glorious Island, are apparent. We have been elected to govern and, as such, must do so by staying true to our conscience and our integrity. But, sir, I did not intend referring to anybody else's speech today, because I believe we should be

making this decision as independents. However, as Deputy Leadbeater alluded to being disappointed at Deputy Hansmann Rouxel, because she is the Disability Champion, because the Guernsey Disability Association does not support the original Requête, is disappointing.

3005 In my opinion it is disrespectful, and why? Because this debate, of all debates, is a matter of conscience. It is very disappointing that one Member should criticise another Member merely for expressing their conscience decision. Disrespectful, because Deputies are elected by the electorate, not by a particular organisation, or charity. We are not delegates.

I will give way to Deputy Leadbeater.

3010 **Deputy Leadbeater:** Sir, I thank Deputy Merrett for giving way.

When Deputy St Pier opened up at the start, he referenced the work done by the Disability Champion sat over there, Deputy Sarah Hansmann Rouxel. So, when she delivered her speech, I assumed she was delivering her speech as Disability Champion, not as an individual. Maybe I was wrong. Thank you.

3015

**Deputy Merrett:** Can I just repeat that Deputies are elected by the electorate, not by a particular organisation or charity, and we are not delegates. Champions are not elected by the Guernsey Disability Association, as far as I am aware. I am happy to be corrected.

3020 Whereas I do believe that a government should protect its people, I also believe the role of a democratic government is to represent the majority while protecting the minority. But who is the minority in this debate? Is it the vulnerable people in our community? Is it the people who wish to make individual, informed, intelligence-led decisions about their death? Is it those who are terminally ill? Are they vulnerable? Are they the minority?

3025 The definition of 'vulnerable' in the *Cambridge English Dictionary* is to be 'easily physically, emotionally or mentally hurt, influenced or attacked'. So, arguably, the terminally ill are indeed vulnerable. Perhaps it could be said that the most extreme harm that can befall an individual is a tortuous and painful death. Add to that the possibility of this happening over many days or weeks or months and clearly these individuals are subjected to the most traumatic experience, but physically, emotionally and mentally.

3030 Currently, under the oversight of the Committee for Health & Social Care, there is a welcome focus on the five priorities of care for a dying person. The specialist palliative care team have instigated this in the last year. One of the five priorities is to ensure involvement of the dying person and those identified as being important to them are involved in decisions about treatment and care. Whereas I am pleased they are involved, should that involvement include the open and honest discussion of their terminal illness, their impending death and the assurance they will or can have a death without fear of incriminating others?

3035 Should they be able to self-determine their own treatment, in consideration of all the options the medical profession could provide? Clearly, assisted dying is an option that can be medically provided, but it is not lawfully provided. Should individuals be able to take complete control, if they wish, of their impending death? Have as many options, as many choices, open to them as possible to make an intelligence-based decision, be able to speak openly with the family and friends about those wishes, their very demise, without fear of incriminating others?

3040 If an individual has a moral or religious reason, or any other reason, not to seek assisted dying, let them make that choice. But should they be dictating the choice if others are available? Or, if a minority, those without legislative protection, those without capacity, those without rights of equality, arguably they are not in a minority. But I do not doubt for one moment the importance of ensuring the most robust, enacted and enforced legal framework and legislation needs to be in place before any assisted dying legislation could take effect.

3045 The importance of capacity legislation to me is an absolute pre-requisite to any legislation permitting assisted dying. A clear process, robust safeguards and an appropriate regulatory body to monitor proceedings or procedures. A legal system that allows choice but has adequate protection for various criteria.

3050

I agree with the Committee *for* Health & Social Care's letter of comment and I quote, referring to capacity legislation:

Only once legislation has been in place for a period of several years and is demonstrably effective and embedded across health and care practices, should it be considered sufficiently robust so as to be used in respect of any assisted dying regime.

3055 I agree, sir. For example and not limited to, I believe there needs to be an evaluation of the introduction of both the lasting powers of attorney and advance decisions to refuse treatment. It is to our shame that capacity legislation is not yet in place, but there is some comfort, in that the Committee *for* Health & Social Care's intention is to bring such legislation before the Assembly next year. I thank them for this.

3060 However, where I disagree is that I do not believe this stops any practical engagement in an assisted dying regime. I have been democratically elected to govern and, as such, intend to vote in a constructive manner which infers my intention to support or not support an investigation. A working party, to report back to the States, which will make recommendations for development of a legal regime permitting assisted dying. But broadly to infer my intentions regarding how I perceive assisted dying. This is that conversation.

3065 There is no hiding for me, behind religious implications. I will not blame it on recruitment or retention of doctors or nurses. I am not blaming it on the words of the Requête. I am not hiding from this difficult and complex decision. But what exactly am I voting for? If Members look closely at the wording of this amendment they will note that it says: 'To further agree an assisted dying regime shall not take effect in Guernsey until Propositions 1 and 2 are fulfilled.'

3070 Then, presumably, the Assembly would have to give affirmation to an assisted dying regime taking effect. That takes us, or myself, to Proposition 3, which asks the States if we even want a working party to consult widely and to report back with recommendations for the development of a legal regime to permit assisted dying.

3075 I believe it could, but what it could also do is give our community some certainty regarding exactly what assisted dying could mean and how it would be defined in our jurisdiction. At present, we have a distinct lack of certainty. We have uncertainty and fear, dear friends. Uncertainty and fear lead to confusion and discontent. Will it be a requirement the individual is terminally ill? Does that mean having an advanced progressive, incurable condition?

3080 Just how has to be determined and defined. Will it require an individual who is locally resident? Will it require an individual to physically administer the final act themselves? Ultimately I do not believe it is the role of the States to define someone's freedom to choose the timing and nature of their death, as now recognised by the decriminalising of suicide.

3085 Do I need to know more before coming to a definitive answer? Yes, sir, I do. But open questions should be at the core of the assisted dying debate, but they are not. Because we are not there yet. But I believe our community needs some certainty. They need to know what assisted dying could mean in their jurisdiction. What would the intent of their Government be? Our community has shown due concerns, not knowing what may actually be proposed – and rightly so.

3090 Then there are the practical questions that need answering and evidencing, so that we can consider them with some certainty in our deliberations. How could assisted dying affect the recruitment and retention of our medical profession? What will the roles of doctors and, as suggested by the Committee *for* Health & Social Care, nurses be?

3095 Scaremongering has suggested that it is fairly clear that doctors in Guernsey are against assisted dying. I have spoken with local practising doctors and I received the same emails. I can quote from an email for, from a doctor, or against. I do not intend doing that. In my opinion I think it is fair to say that some are supportive and that some are in opposition.

3100 Arguably that is why the conscientious objection is so important, for they also need clarity regarding if conscientious objection is permitted or not. Again, I can confirm, I believe that conscientious objection is another pre-requisite.



3105 What I believe simply cannot continue is that end of life decisions, assisted dying, within the options that are currently available for terminally ill people, are being made by the medical profession and restricted by the Government. The individual only has an involvement. Shouldn't the individual, the person, have all the choices that the medical profession can give to them? A choice to speak openly to their family, their friends, to the medical profession, without fear of those they trust being pursued by the courts?

3110 I believe self-determination should generally be a matter of personal conscience and not to be judged by others. It should be a matter of personal choice. If the terminally ill individual wishes to wait for God or death by induced terminal coma, or they wish to have starvation, or hydration removed, that is their choice.

If a terminally ill individual is so minded they wish to release themselves from their physical body, their pain and suffering, I believe that should be their choice. Do I want them to? No. Should it be my decision? No. Should I limit their choices? No. Should their options only be palliative care, terminal sedation, starvation? No.

3115 I do not believe the state should prescribe people's choice in this matter. However, I do believe that the state needs to ensure that vulnerable people are protected, whether that is through an assisted dying regime, enact and enforce a capacity Law, or if it is through the completion of the human rights work. I have been working on addressing this concern in an amendment laid by myself and Deputy Hansmann Rouxel that has ultimately been subsumed into Proposition 3 of the amended Requête and I thank sincerely Deputy Hansmann Rouxel for proposing that amendment.

3120 Any assisted dying regime must incorporate significant safeguards so as to protect the vulnerable in our community, regardless of which definition of vulnerable we are referring to. The enactment and enforcement of capacity legislation will also have to be dependent on the completion of vital human rights work. This will ensure that no resources are deferred to this important work to assisted dying, or at the very least they are progressed in tandem.

3125 In the interim, what I believe we should be deliberating and debating is if we believe the end of life decision should have more options available and if there should be a right to self-determination. I believe that palliative care and assisted dying are mutually compatible. Arguably they happen now. Medical advances and research are all of paramount importance. But are the options available to terminally ill individuals adequate? Does everybody want palliative care?

3130 Do we seriously think an individual deciding to withdraw from nutrients and hydration, by offering pain relief, does that seem a right way to allow someone to die? Is that 'do no harm' knowingly allowing someone to starve themselves to death in the hope it will speed up the dying process?

3135 Do we consciously support the administration of midazolam, which can cause sedation and amnesia? How about terminal sedation? I would consider that is an assisted death, but assisted by the medical profession and all the family. But without regulation, without open communication, without conversation, without a competent understanding from the individual concerned.

3140 Should terminal sedation be the only and arguably the final choice of a terminally ill agitated or very anxious dying person, their families or the medical profession should have or, if it could have? Should the family make that choice, or the medical profession or the individual? Human beings have a right to life. When will we infer on them the right to die? Many of our community believe they should have that right to die, a right that nobody of any philosophical, political or religious persuasion should try to restrict.

3145 It is alright to die. We all do it. We should be able to accept death, know that it is alright to die, even if there is no right to die. Should we not have the compassion to enable the conversation? The companionship of friends and family at the completion of one's life. The conversation includes all of one's choices.

3150 Should anyone have to die alone if they have full capacity, are terminally ill and are potentially hours or days away from a traumatic and painful death? Should they not be allowed to have their own autonomy, self-determination? Arguably they have that now in the form of suicide. But that

means dying alone. That means uncertainty of ensuring that one act is indeed the final act. That means a limited conversation for fear of incriminating others.

3155 I believe our community needs to have the conversation, needs to have compassion, needs to have choices, and needs to complete its life journey in control, confident that all choices and options for self-determination are available for each and every terminally ill person.

3160 Now to the glaringly obvious, but it is something I do not think any other Member has said yet. If you do not want assisted dying, you do not have to have it. The same as abortion. The same as getting married and please note that I make no distinction between same-sex marriage or any other sort of marriage. It is marriage. No one is forcing abortion or marriage onto others, but what we do have is a choice. I believe we should be able to have choice, conversation, companionship and completeness. Complete your life with the choice regarding your being and respect the rights of others for a private and family life.

3165 That is Article 8, as I am sure you know, of the European Convention for the Protection of Human Rights and Fundamental Freedoms, or Article 3, no one should be subjected to torture or inhumane or degrading treatment.

Thank you, sir. (*Applause*)

3170 **The Bailiff:** Deputy Yerby, we are reaching a point where we need to decide whether we carry on this evening or can come back tomorrow. My instinct is to come back tomorrow, I sense there are quite a few speeches still to be delivered. It is at my discretion and I think, on something as important as this, I am aware there are some people who need to leave, I think to be rushing a decision tonight or for people to feel that they are under pressure to deliver their speeches quickly I think would be quite wrong. So I am not going to even be putting it to the Assembly; we will be coming back in the morning. Are you going to be able to complete your speech by 3175 5.30 p.m. or would you prefer to deliver it?

**Deputy Yerby:** No.

3180 **The Bailiff:** Does anybody have a speech they would wish to deliver before 5.30 p.m. or thereabouts? No? In that case, we will come back in the morning.

*The Assembly adjourned at 5.27 p.m.*