

### ABOUT HUMANISTS UK

At Humanists UK, we want a tolerant world where rational thinking and kindness prevail. We work to support lasting change for a better society, championing ideas for the one life we have. [Our work helps people be happier and more fulfilled, and by bringing non-religious people together we help them develop their own views and an understanding of the world around them. Founded in 1896, we are trusted to promote humanism by 100,000 members and supporters, including many on the Isle of Man, and over 115 members of the UK All-Party Parliamentary Humanist Group.

We support assisted dying for those of sound mind who are terminally ill and incurably suffering, provided there are robust safeguards. We gave oral evidence to Jersey's citizens' jury in 2021 and to the UK Parliament's last assisted dying inquiry in 2005. We intervened in support of the claimants in Nicklinson and all subsequent assisted dying cases in England and Wales, each time being the only organisation to have done so. Our Chief Executive was a member of the Department of Health and Social Care's Moral and Ethical Advisory Group during the pandemic, and our Wales Coordinator was a member of the Welsh Government's Moral and Ethical Advisory Group. We are directly involved with hospitals and hospices through the provision of non-religious pastoral carers, a dozen of whom are now employed by NHS Trusts. Around 40% of Trusts have a staff member or volunteer, and two employ a humanist as their Head of Chaplaincy and Pastoral Care.

### SUMMARY

In many cases, those wanting an assisted death will be terminally ill. However, we do not think that there is a strong moral case to limit assistance to terminally ill people alone and campaign for a change in the law that would be responsive to the needs of other people who are permanently and incurably suffering. Humanists defend the right of each individual to live by their own personal values, and the freedom to make decisions about their own life so long as this does not result in harm to others. Humanists do not share the attitudes to death and dying held by some religious believers, in particular that the manner and time of death are for a deity to decide, and that interference in the course of nature is unacceptable. We firmly uphold the right to life but we recognise that this right carries with it the right of each individual to make his or her own judgement about whether his or her life should be prolonged in the face of pointless suffering.

We recognise that any assisted dying law must contain strong safeguards, but the international evidence from countries where assisted dying is legal shows that safeguards can be effective. We also believe that the choice of assisted dying should not be considered an alternative to palliative care, but should be offered together as in many other countries.

We have only answered questions where we believe there is a specific perspective relevant to humanists or we have specific expertise we can contribute.



## RESPONSE TO QUESTIONS

### 1. What is your name?

Richy Thompson

### 2. What is your email address?

[richy@humanists.uk](mailto:richy@humanists.uk)

### 3. Are you responding on behalf of an organisation?

Yes

### 4. If you answered "yes" to the previous question please state which organisation

Humanists UK

### 5. Are you responding as an individual or a group?

Group

### 6. Are you resident on the Isle of Man?

(Required)

Yes

### 7. May we publish your response?

Yes, you can publish my response in full

### 8. In principal, do you agree or disagree that assisted dying should be permitted for terminally ill adults on the Isle of Man?

Agree

### Please explain the reasons for your response

We have long supported attempts to legalise assisted dying in the UK and crown dependencies for adults who have made a clear decision, free from coercion, to end their lives and who are physically unable to do so themselves. In many cases, the person in question will be terminally ill. However, we do not think that there is a strong moral case to limit assistance to terminally ill people alone and campaign for a change in the law that would be responsive to the needs of other people who are permanently, intolerably and incurably suffering.

In recent years we have intervened in support of our members Noel Conway, Omid T, Paul Lamb, and Tony and Jane Nicklinson, throughout their attempts to overhaul the law on assisted dying by taking human rights cases through the courts in England. We have also supported parliamentary attempts to legalise assisted dying.

Humanists support the right of each individual to live by their own personal values, and the freedom to make decisions about their own life so long as this does not result in harm to others. Humanists do not share the attitudes to death and dying held by some religious believers, in particular that the manner and time of death are for a deity to decide, and that interference in the course of nature is unacceptable. In fact, advancing medicine means that we are now keeping people alive for much



longer than would be possible if nature alone were to decide. This extends many people's quality lifespans but can also lead to people suffering for longer. We firmly uphold the right to life but we recognise that this right carries with it the right of each individual to make their own judgement about whether their life should be prolonged in the face of pointless suffering.

We believe that the current law against assisted dying disregards the needs and autonomy of patients. Families are forced to make an intolerable choice between either letting their loved ones suffer, or supporting them and risking criminal investigation. Since 2002, 498 UK citizens have travelled to Dignitas, one of the three assisted dying centres in Switzerland. This figure doesn't account for the many more who wanted this option but could not afford the ~£10,000 costs. We believe that being able to die, with dignity, in a manner of our choosing must be understood as a fundamental human right, a position supported by the European Court of Human Rights following Debbie Purdy's leading case.

The Isle of Man's population holds many different beliefs and worldviews. The 2021 Census saw 44% of respondents tick 'No religion'. The best way to serve all those in our society is by letting people choose for themselves. Individual determination is the only way to ensure freedom of religion or belief.

We recognise that any assisted dying law must contain strong safeguards, but the international evidence from countries where assisted dying is legal shows that safeguards can be effective. We also believe that the choice of assisted dying should not be considered an alternative to palliative care, but should be offered together as in many other countries.

**9. Do you think that there should be a limit on their life expectancy?**

Longer

**10. Do you support the provision of assisted dying for someone who has a condition which causes unbearable suffering that cannot be alleviated by other means but which may not give a terminal diagnosis?**

Yes

**11. If they are unable to take oral medication should a health care professional be permitted to administer medication intravenously to achieve death?**

Yes

**12. Do you agree that assisted dying should be available only to people over the age of 18 Years?**

Yes

**13. Should they have to be permanent residents of the Isle of Man?**

Yes

**14. If you agree they should be permanent residents please state for how long.**

For over 1 year



**15. Do you agree with the proposal that two different doctors should meet with the person independently and establish they are mentally competent to make an informed decision without pressure or coercion?**

Yes

**16. Should any health professional be able to conscientiously object to being part of an assisted dying programme?**

Yes

**17. Do you agree that if either doctor is unsure about the person's capacity to request an assisted death, the person should be referred to a psychiatrist for a further capacity assessment?**

Yes

**18. Do you agree that the two doctors should ensure that the person has been fully informed of palliative, hospice and other treatment and care options?**

Yes

**19. Do you support the proposal that the person signs a written declaration of their request, which is witnessed and signed by both doctors?**

Yes

**20. Do you agree that there should be a waiting period of 14 days from this time to the provision of life ending medication to allow the person to reconsider their decision?**

Yes

**21. Do you feel that this period should be shortened to 7 days if the person is expected to die within 30 days?**

Yes

**22. Should the person themselves or a relative be able to collect the relevant medication from a designated pharmacist?**

No response

**23. Should this be able to be stored securely in the person's home until they decide whether they want to take it or not?**

No response

**24. If they change their mind should the medication be returned to the pharmacy immediately?**

No response

**25. Should a health care professional be required to be with the patient once they have taken the medication until they are certified to have died?**

Yes



**26. Should an annual report be produced regarding the number of people who have taken advantage of assisted dying, and be published?**

Yes

**27. Should it be possible to include the provision of assisted dying in a “living will” or advanced directive?**

Not Sure

**28. Do you have any comments on the process to provide Assisted Dying which will be included in the draft Bill?**

The entire process to provide assisted dying should be developed with the voices and experiences of people who are dying of terminal illnesses or who are incurably intolerably suffering. Their lived experience is vital in creating safeguards, systems, and processes that are safe, kind and compassionate.

The Isle of Man can also draw upon the 27 international jurisdictions that have assisted dying legislation. Many of these jurisdictions have had legislation for many years. We suggest some safeguards in what follows.

**Written consent** must be made by the individual and signed by an independent witness who will not gain anything from the individual's death.

**Two independent healthcare practitioners** must sign off that the individual meets the criteria on suffering, has the mental capacity to consent to end their life, and that all other options have been exhausted.

**A waiting period** between the first and the final assessment of two weeks. This can be waived in extreme cases of pain and suffering, or if death is imminent. We know from international evidence that the rates at which individuals change their minds are incredibly low.<sup>1</sup>

**Regulation** by a special body created to provide oversight of the service. This body should be able to provide information and guidance to applicants as well.

**An implementation period** after the passage of assisted dying legislation in order for doctors to be trained, safeguards to be put in place, and services to be set up.

**A matter of healthcare** where courts, lawyers, and tribunals should not be required for every single case, as they add little expertise to the process. Medical professionals are trusted to help patients make decisions about very serious treatments, such as aggressive cancer treatments and major surgeries, without judicial input. Only extreme or controversial cases should be subjected to external reviews.

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<sup>1</sup> In 2021 in Canada less than 2% of people who were approved decided not to go ahead in the end. Health Canada. *Third annual report on Medical Assistance in Dying in Canada 2021*. July 2022 <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>



**Protect autonomy** for assisted dying decisions. Guidance and legislation can ensure that informed decisions are made without coercion. Family members should not be able to delay, disrupt, or be a barrier to an individual's choices.

**For more details, information, and evidence, contact Humanists UK:**

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