Assisted Dying:
The Debate Britain Can No Longer Avoid

A considered case for compassion, safeguards and parliamentary courage at the end of life

Adam Tugwell | 15 June 2026

When Parliament returns once again to the question of assisted dying, the same objections surface almost immediately.

"It's a waste of time."

"There are more important issues."

“We shouldn’t be opening this door.”

These refrains are familiar. Some are sincere. Some reflect legitimate anxieties about coercion, disability rights, clinical safeguards and the pressure already placed on health and social care.

Those concerns deserve to be heard carefully, not brushed aside. But they cannot be allowed to become a permanent excuse for paralysis.

Assisted dying is not an abstract moral puzzle. It is not merely a symbolic battlefield for competing ideologies. It is a practical question about whether terminally ill, mentally competent adults should have a safeguarded choice at the end of life when suffering has become intolerable and death is already close.

The current law does not prevent suffering. It exports it, hides it, criminalises compassion around it, and leaves only the wealthiest or most physically able people with any practical route to control.

That is not a neutral settlement. It is a failure of policy.

This piece builds on my previous writing about the distinction between assisted dying and suicide, the reality of safeguards, and the uncomfortable truth that our present law can be crueller to human beings than the compassion we routinely extend to animals at the end of life.

The political detachment problem

The uncomfortable truth is that many of the people most relaxed about delay are not the people living with its consequences.

For those untouched by this reality, assisted dying can look like a philosophical dilemma. For those living it, it is a crisis.

They have not watched a parent suffocate slowly from terminal lung disease.

They have not held the hand of a partner who begs for relief that the law forbids.

They have not sat through the long, degrading decline of someone they love, knowing that the only legal option is to endure every moment of it.

There are families who know that palliative care can be extraordinary but also know that it cannot relieve every form of suffering.

There are patients whose fear is not only pain, but the loss of autonomy, communication, control, dignity and the ability to say goodbye on their own terms.

Delay is not cost-free. It is paid for by dying people and by the families left to carry the memory of how they died.

That is why Parliament cannot continue to treat this issue as a discretionary moral seminar.

It is a question of representation: whether legislators are prepared to confront suffering that may be distant from their own lives but immediate, intimate and devastating for others.

Conscience must not become a hiding place

Assisted dying is routinely framed as a matter of conscience. That framing matters, because it sounds noble. At its best, conscience protects MPs from party pressure and allows them to weigh evidence, ethics and public duty seriously.

But conscience cannot be allowed to become a hiding place. A representative democracy asks MPs to legislate for people whose lives, beliefs and suffering may look nothing like their own.

Personal discomfort is not, by itself, a sufficient reason to deny others a safeguarded choice at the end of life.

No MP is elected only to protect the moral comfort of people who already agree with them.

They are elected to legislate for everyone, including people whose final weeks may be defined by suffering that the law currently forces them to endure.

Safeguards are a design challenge, not a veto

The strongest objection to assisted dying is not that suffering does not exist. It is that any new law must protect vulnerable people from coercion, pressure, poor care or a sense that they are a burden. That concern is serious and should shape the law.

But a safeguard problem is not a reason to refuse reform indefinitely.

It is a reason to legislate carefully.

The Terminally Ill Adults (End of Life) Bill has been framed around a narrow model: terminally ill adults, expected to die within six months, with mental capacity, assessed through multiple layers of medical and independent oversight.

Whether that model is sufficient can and should be scrutinised, but scrutiny is not the same as obstruction.

My earlier piece on safeguards argued that the real task is not to pretend risk can be eliminated, but to design a system that reduces risk more effectively than the present law does.

The status quo has no formal eligibility test, no independent approval process, no transparent data, and no compassionate route at home for those already determined to end their suffering.

That is the comparison legislators must make: not between a proposed law and a fantasy of perfect safety, but between a regulated framework and the unregulated cruelty of what happens now.

The expertise exists.

The comparative models exist.

The public mandate exists.

What doesn't exist is political will.

Public opinion has remained consistently supportive of reform. Parliamentary material has cited polling showing around three quarters of respondents supporting a change in the law in principle, including when safeguards are explained.

That does not mean MPs should simply follow polling. It does mean they cannot pretend the demand for change is marginal, reckless or uninformed.

The fear of pressure is real - and must be answered honestly

There is an undercurrent of fear, particularly among older people, disabled people and those who feel abandoned by the state, that assisted dying could become another way for society to make the vulnerable feel disposable.

In a political climate shaped by long NHS waits, stretched social care, austerity, loneliness and declining trust, that fear is not irrational. It is one of the most important issues Parliament must confront.

But the answer to that fear cannot be to deny every terminally ill adult choice. The answer is to build law around consent, capacity, independent scrutiny, access to palliative care, training, data, oversight and the right of clinicians not to participate.

People do not only fear assisted dying. They fear being failed by the systems around it.

They fear a system that has already:

- rationed care;
- closed or overstretched services;
- left people waiting months for treatment;
- allowed social care to reach breaking point; and
- too often treated dignity as an aspiration rather than a guarantee.

Those are not reasons to abandon reform. They are reasons to insist that reform is accompanied by better end-of-life care, stronger protection against abuse, and a political commitment that no one should ever choose death because life has been made unbearable by neglect.

Hypothetical risks must be weighed against present suffering

Opponents are right to ask what might go wrong. Any serious lawmaker should ask that question. But a responsible Parliament must also ask what is already going wrong.

The present suffering is not hypothetical.

People are dying in agony.

Families are traumatised.

Doctors are forced into impossible ethical corners.

Those who can afford it may travel abroad to die, often at enormous emotional and financial cost.

Those who cannot afford it are left with fewer, harsher and more frightening options.

Recent figures reported by campaign groups show dozens of Britons continuing to travel to Dignitas each year, with UK membership of the Swiss organisation rising significantly since 2020.

That reality exposes the inequality at the heart of the current law: choice exists, but only for those with money, mobility, time and the physical strength to leave the country.

A law that drives dying people overseas is not protecting dignity. It is outsourcing the hardest part of compassion.

The moral question is not whether risk exists. It does. The question is whether legislators have the courage to reduce risk while also reducing suffering.

Assisted dying is not suicide - and the distinction matters

One of the most damaging distortions in this debate is the casual equivalence between assisted dying and suicide. I have written about this before because the distinction is not semantic; it shapes how the public, the media and legislators understand the issue.

Suicide is usually an act arising from despair, crisis or treatable distress.

Assisted dying, in the context proposed for England and Wales, concerns terminally ill adults who are already dying and seek control over the manner and timing of an inevitable death.

Suicide prevention rightly aims to help people live.

Assisted dying asks whether a dying person should be forced to endure suffering they find unbearable when death is no longer preventable.

Conflating the two may be politically convenient, but it blocks honest debate. It allows opponents to talk as though compassion for dying people somehow weakens suicide prevention, when in fact the two require different legal, clinical and ethical responses.

What responsible legislation should do

A responsible assisted dying law should not be rushed, careless or ideological. It should be careful, limited, transparent and enforceable.

define eligibility tightly;

- require mental capacity and a clear, settled, voluntary request;
- involve independent medical assessment;
- include legal or multidisciplinary oversight;
- protect people from coercion and abuse;
- protect clinicians who conscientiously object;
- collect and publish transparent data;
- strengthen, not weaken, palliative and end-of-life care; and
- ensure Parliament reviews the law once evidence accumulates.
- listens to lived experience
- confronts uncomfortable truths
- designs safeguards
- protects the vulnerable
- trusts the public
- acts with urgency when suffering is preventable

That is not beyond the capability of Parliament. It is exactly the kind of complex moral and practical issue Parliament exists to resolve.

The return of assisted dying legislation, and the possibility of renewed votes after previous parliamentary delay, should focus minds. The elected chamber has already shown that this issue cannot simply be dismissed. The public continues to expect a serious answer. Dying people and their families cannot wait for political comfort to arrive.

Legislators now need to step outside familiar evasions: beyond personal discomfort, beyond procedural delay, beyond slogans about safeguards, and beyond the illusion that doing nothing is morally neutral.

The task is not to choose between compassion and protection. The task is to deliver both.

One person dying without dignity is one too many. Britain has already allowed too many.

Further reading from this series:

Assisted dying is not the same as suicide

Safeguards are the real policy challenge

The uncomfortable truth about dignity and suffering

Further Information

To explore more of Adam Tugwell's writing, including the online edition of this post, please visit:
www.adamtugwell.blog

Copyright Notice

This publication reflects the personal experience, views, and opinions of the Author.