

5. LEAVE TO INTRODUCE

A Bill to amend the law with respect to assisted dying – Leave to introduce – Motion lost

The Hon. Member for Rushen (Mr Watterson) to move that:

Leave be granted to introduce a Bill to amend the law with respect to assisted dying and for connected purposes.

The Speaker: We turn to item 5, Leave to Introduce.
I call on the Hon. Member for Rushen, Mr Watterson.

Mr Watterson: Mr Speaker, it is with a great deal of trepidation that I rise to speak on this subject today. There can be no more sensitive issue: the right to life and the individual's right to control it, combined with the state's desire to protect the vulnerable in a way which pricks everyone's conscience, which underpins very personal feelings and experiences of people inside and outside this House.

I should perhaps say that this is all about personal choice for the individual, which is currently denied by the state. For those who do not wish it, I respect that. It will never be forced on anyone. It is essential that the Bill safeguards against that.

However, I would contend that the present system has, as the stated will of Tynwald, been 14 years in prison for those who help a person fulfil their wish to die on their terms. For their part, I believe the prosecutors have seen the humanity and have tried their best not to enforce that, and rightly so in the cases I have seen.

I point to the recent case of Cathy Pridham, which I do with the consent of her husband, Mike. She was suffering from a terminal condition and committed suicide. Her body has never been found.

Is it fair to put those who wish to die through not just the physical pain at the end of their life, but knowing the risk they place their loved ones in if they help? I do not think that it is.

I think it is up to us to provide better legislation, a framework for this personal choice, not leaving it up to the prosecutors as to which are deserving cases, while officially denying all choice. It is wrong that people are dying alone and earlier than they want or need to because of the fear of putting their loved ones through the criminal process.

Good quality end of life care can alleviate much of the suffering of the dying process, and we must continue to strive to improve it. I applaud the excellent work done by Hospice Isle of Man, and many others, who help with the physical and emotional trauma at the end of people's lives. There is no doubt it makes a real difference.

Likewise, I accept that we may be able to do more in supporting the mental health of the terminally ill. People should not die because they are depressed – that is not what this Bill is for and I hope it will effectively safeguard that.

However, a minority of those dying, no matter how good the end of life care, do not wish to go on struggling.

The principle of this Bill is that those who are terminally ill should have their choice over how they die, but subject to effective safeguards that prevent pressure or abuse. It would not lead to more deaths, but would lead to less suffering. Disabled or older people without a terminal illness would not be eligible for assisted death. The Bill does not legislate for voluntary euthanasia, where a doctor directly administers life-ending medication. Rather, it provides that the final act in an assisted death must be taken by a patient who has the mental capacity, both at the time of the request and at the time of their death.

In writing to Members in September to gauge interest, I made no apologies for using Lord Falconer's Bill in the House of Lords as the starting point for legislation. I have therefore offered up a template based on the model in Oregon, which has been operating for about 17 years. It stands in sharp contrast to other models, such as those in the Netherlands, Belgium and Switzerland, whose approach I do not believe in and I do not believe are a good fit for our society.

It is this specific model that I seek support for. If you agree with the principle, but not the approach, I would suggest you vote against leave to introduce today. If you do not think you can see it through to Third Reading, based on the model of Lord Falconer's Bill, I would suggest you vote against leave to introduce today.

I appreciate that I did set this out in my letter, but as a courtesy to the House and to inform the general public, I feel I ought to set out the contents of the Bill.

Only those who are terminally ill may be provided with assistance to end their own life. 'Terminally ill' is defined as having been diagnosed with a medical condition which is inevitably progressive and cannot be reversed by treatment. Treatment of the symptoms is not regarded as something that will reverse the condition.

Assistance in dying will require the consent of the courts. The court must determine that they have a clear and settled intention to end their own life. The person must be over 18, and in a divergence to the UK Act, I suggest that that person must have lived on the Isle of Man for at least five years.

As well as the mechanics of the process, the Bill will protect any person with a conscientious objection from having to participate in any aspect of the Bill's provisions. It will provide for criminal safeguards against those who aid or abet a suicide which is not performed according to the Bill – this is an essential part of safeguarding the vulnerable in society.

There should also be effective monitoring and review of the use of the system to ensure it is operated as intended – this as a further safeguard. However, I do not wish to labour this point without a Bill before Hon. Members. Hopefully Members have had the chance to study the draft circulated with my e-mail of 28th September.

If leave to introduce is granted today, I will return with a Bill. I do not intend to rush its passage. I would like to arrange presentations by campaigners on both sides to come to Tynwald and present to Members before the end of the year. Given the gravity of the subject matter, I would also support the Bill going to a Bill Committee for detailed scrutiny and recommendations. I feel that it is important to put my feelings on this on the record.

To return to the principle, Mr Speaker, the noble and learned Lord Neuberger, President of the Supreme Court, said in his recent judgment, and I quote:

'A system whereby a judge or other independent assessor is satisfied in advance that someone has a voluntary, clear, settled, and informed wish to die and for his suicide then to be organised in an open and professional way, would, at least in my current view, provide greater and more satisfactory protection for the weak and vulnerable, than a system which involves a lawyer from the DPP's office inquiring, after the event, whether the person who had killed himself had such a wish, and also to investigate the actions and motives of any assister, who would, by definition, be emotionally involved and scarcely able to take, or even to have taken, an objective view.'

Lord Carey, former Archbishop of Canterbury, has changed his view and is supporting similar legislation to this in the House of Lords. This underlines the fact that this is not a matter of religious views versus secular views, but a matter which every person must deal with. Lord Carey says, and I quote:

'Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the Church could actually be sanctioning anguish and pain – the very opposite of the Christian message. Indeed, there is nothing anti-Christian about embracing the reforms that Lord Falconer's Bill offers.'

Mr Speaker, I feel I have put a case to Members that the present law is not fair on the terminally ill or their families. This Bill will provide a clear and open process where people can come to the

attention of agencies whose services may not have been considered. I hope this Bill will reduce the number of suicides on our Island. I would contend that it is for Tynwald to decide how this should work, not as Lord Neuberger describes, a matter for the Attorney General's prosecutors to fill the void.

Polling in the UK indicates that 70% support this personal freedom with appropriate and robust legislation and working practices. Whilst there is no polling on the Isle of Man, I do ask Members to consider that point. We are here to serve the public and shying away from a subject because it is troubling or sensitive does a disservice to the public.

There is a common goal, whichever side of the debate you are on, for a law that shows compassion to the well-motivated who help somebody to end their life when they already have a terminal illness, but in a way that provides proper safeguards against abuse and pressure. I believe we can craft such a law. To me it is a travesty that those rich enough to afford it can travel to Switzerland to end their life the way they want to; this is just not acceptable to most people on our Island.

To conclude, Mr Speaker, let me reflect the following words of Isle of Mona, by John Gelling:

'Mother Homeland, grant his favour
To thy children far and nigh,
When life's weary days are over
In thy bosom let us lie.'

I beg to move.

The Speaker: A seconder?

Mr Karran: Vainstyr Loayreyder, I am seconding to give it the opportunity to debate it, and reserve my remarks.

The Speaker: Hon. Member, Mrs Beecroft.

Mrs Beecroft: Thank you, Mr Speaker.

I think that is quite an impassioned speech by the hon. mover and I can understand completely where he is coming from, but I cannot support this leave to introduce today and I would like to put on record my reasons for not supporting it.

It is an emotive subject. I can genuinely see both sides and I can emphasise with the motives of people who would move such a Bill. I can understand the argument that people use when they say, 'It's my life, so I should be able to decide what I want to do.', and at that basic level it makes sense. It really does, but the subject is not as simple as that. It involves all sorts of other dilemmas – and dilemmas which other countries who do allow this thing to happen are still struggling with. (**A Member:** Hear, hear.) Models change. Whatever model would be introduced here, whoever we copy, models change – as can be seen from the other countries.

I apologise to Members. I did actually ask for an article from *The Telegraph* to be circulated earlier (*Interjections*) It has been circulated now, but I did want Members to have chance to read it earlier.

But if I could just quote from the beginning of that article. It is from *The Telegraph*, and it is written by a Dr Yuill. The headline is 'The case of Tom Mortier shows how euthanasia advocates will never stop at the terminally ill', and it says:

'Tom Mortier never paid much attention to the discussion about voluntary death in his country. "I was like just about everyone else here in Belgium: I didn't care at all," he said. "If people want to die, it's probably their choice. It didn't concern me."

But in April, 2012, 10 years after the law changed to allow euthanasia, Mortier, a university lecturer, received a message at work. His 64-year-old mother, Godelieve De Troyer, who suffered from severe depression, had been euthanised the previous day. Would he be able to make the arrangements at the morgue?

His mother had largely broken off contact with the family but had informed him by email three months earlier that she was looking into euthanasia. Mortier did not dream that her request would be taken seriously because she was in perfect physical health. After his mother's death, the doctor who gave her the injection assured Mortier that he was "absolutely certain" his mother didn't want to live anymore. The shock felt by Mortier at the sudden – and unnecessary – loss of his mother inspired him to become a leading campaigner against Belgian euthanasia law.'

A review committee later decided that the decision to end his mother's life had been careless.

I know that the mover is not suggesting legalising euthanasia. I know he is not suggesting this model, but I do not think we should be introducing legislation where a *possible* careless decision can cost someone their life.

There are certain illnesses that some people say should be the exception because they cannot be treated effectively yet. Mr Speaker, I would suggest that 'yet' is the operative word. Scientists are working on ways to treat these conditions now and will no doubt find a cure or something at least to make the symptoms bearable. However, if all those with the illness then decided to end their lives, how long would the research continue? (**A Member:** Hear, hear.) Not very long, as there would be nobody to treat! So instead of finding a cure, it would become accepted that once somebody was diagnosed, they would be eligible to end their lives.

How long ago was it that breast cancer was fatal in just about all instances? If everyone diagnosed with breast cancer had chosen to end their lives, as some would surely have done had they had that choice, the treatments available today would never have been evolved, because people would have stopped looking for them.

We are told this is to give us a choice, but we do have a choice now. We can refuse medical intervention. Whether it is an operation or drugs, we can say, 'No, we don't want them.' We can complete an advance directive so that in certain circumstances such as a stroke or a heart attack, or whatever else we stipulate, it is *our* stipulation that goes into an advance directive; everyone will then be aware of *our* issues over these issues, such as resuscitation. Maybe you do not want to be resuscitated: put it in an advance directive. They are legally bound to obey your wishes. We do have a choice now.

I do think people are rightly worried that this legislation would be the start of a slippery slope – I think they are right to be concerned. The slope has proved very slippery in other countries.

We have all received correspondence signed by a number of health professionals on the Island who have put their concerns very clearly – and far better than I could hope to do. They refer to the slippery slope by saying, 'Legislation in other jurisdictions, notably Oregon, Holland and Belgium, have shown that the slippery slope occurs as the involuntary euthanasia of the demented, and disabled children, is now occurring.'

I would suggest to Hon. Members that people are also very open to suggestion, particularly when they are at a very low ebb. I can remember reading the consultation that was on the Island here not so long ago about end of life care and one of the questions went something along the lines of 'Do you worry about becoming a burden?'

That might seem a very sensible question to ask but, for someone who is at a low ebb emotionally and has never before considered themselves as a burden, it raises the question 'Should I consider myself to be a burden?'

I think that is the wrong idea to plant in people's minds. Life and its choices are not straightforward and are full of nuances; it is extremely difficult to legislate for all the variances of emphasis. We know that palliative care has improved drastically and is still making great strides; but we know in countries that allow assisted suicide and/or euthanasia the investment in palliative care reduces and, because of this lessening of investment, the standard also falls and people can end up choosing to die early because they are frightened by the remaining alternative.

We are fortunate as we have excellent palliative care and end-of-life care here on the Island and it is improving all the time (**A Member:** Hear, hear.) and this is where our focus should rightly be.

Our efforts in the future should be focused on finding cures for disease and medical conditions, and continuing to make improvements to palliative care and to end of life care. I believe that is what we should be doing, not introducing legislation which, as our own medical professionals have told us all, is unnecessary and dangerous.

Thank you, Mr Speaker.

The Speaker: The Hon. Member for Douglas South, Mr Cretney.

Mr Cretney: Yes, thank you, Mr Speaker.

I want to congratulate the mover of this resolution in terms of his brave, thoughtful and thought-provoking presentation this morning in terms of seeking our support. I am offering *my* support because I believe that the best way that we should consider this matter is if it is to go to a committee where *all* those who have an interest – on whatever side of the discussion – can have the opportunity to present their views to a committee of this House.

I, as much as any other Hon. Member in here, have connections within the hospice movement. I have done things for the hospice movement and I think they do a *wonderful* job on the Isle of Man. However, I do believe that this matter is worthy of consideration by a committee, and I do hope that Hon. Members will be brave enough to allow that to happen.

The Speaker: Hon. Member for Glenfaba, Mr Anderson.

Mr Anderson: Thank you, Mr Speaker.

First of all can I put on record the excellent contribution from the Member, Mrs Beecroft, from South Douglas. (**Several Members:** Hear, hear.)

Mr Speaker, the subject we are debating today is, as has already been said, one of extreme sensitivity with strongly-held views on both sides of the argument. It was, Mr Speaker, for this reason that, the last time leave was asked to introduce such a Bill, this House set up a Select Committee to take oral and written evidence on the matter; and it went into great detail and research to see the practicalities of such a measure being introduced in the Isle of Man.

I had the benefit of being a member of the House of Keys Select Committee, along with Mr Alex Downie, Mr Quintin Gill, Mrs Hazel Hannan and Mr John Rimington. The purpose of that Committee was to collect as much information as possible of what was happening in other jurisdictions at that time and what other similar proposed legislation was being considered by our neighbouring jurisdictions. Interestingly, none of the neighbouring jurisdictions has introduced such measures, for many different reasons.

The most compelling evidence given against its introduction to me personally came from the medical profession on and off the Island, particularly the hospice movement, and the significant advances that have been made in palliative care. We are a further 10 years on from there and I know that palliative care has advanced even further, with new drugs and hospice services on our Island at the forefront of this care.

I would commend to Hon. Members the evidence given to the Select Committee by Dr Ben Harris, who was spokesperson for the Isle of Man Medical Society and Director of Hospice, who clearly set out in his contribution that the pro-legislation was contrary to the calling of those in the profession, and quoted the Hippocratic oath. I think Mr Downie has recently reiterated some important facts to come out of that Select Committee and I would concur with him that, for us to try to go it alone on such a Bill, it would probably not only raise constitutional problems but also many practical problems. It would, as suggested in evidence to the Committee, make vulnerable people feel more vulnerable; however tightly you might phrase and create legislation it will inevitably create grey areas – and I am sure it would be a nightmare to draft.

If we had such legislation here I am sure recruiting of medical professionals to the Island would become even more difficult than it is at present. We have seen examples recently of jurisdictions

where such legislation exists and that the slippery slope argument is evident, and where the practice is becoming wider than the legislation intended. I am not going to re-quote what the Hon. Member for South Douglas said but, only yesterday, we had that article in the *Daily Telegraph*.

The point I am making is that, once legislation is introduced, it becomes apparent there are so many grey areas that had not been considered when it was thought to be a compassionate measure. I, like other Members, have constituents with different views on this very sensitive subject. We have been elected to make difficult decisions and I would normally vote for leave to introduce, but to do that today would send out the very wrong signal. Yes, we must be compassionate, but we must channel that compassion in the right direction and support such fantastic care that is given by our own treasured Hospice.

I appeal to Members to reject leave to introduce. We have looked at this in detail through a committee before, the evidence put forward was comprehensive, and I do not believe that actually having a committee again and taking an enormous amount of time and pressure would actually help the situation.

I would like to close, Mr Speaker, with a quote from another bishop, Archbishop Justin Welby. He said recently that elder people and others would be put under pressure to end their lives if assisted suicide were permitted by law. Lord Falconer's Bill would be:

'bound to lead to sensitive individuals feeling that they ought to stop being a burden to others. What sort of a society would we be creating if we were to allow this to hang over the head of every vulnerable, terminally ill person in this country?'

Hon. Members, it is not usually procedure to reject a leave to introduce, but I hope people will reject the leave to introduce today.

The Speaker: The Hon. Member for Douglas North, Mr Henderson.

Mr Henderson: Gura mie eu, Vainstyr Loayreyder.

Vainstyr Loayreyder, I had not intended to speak to the debate but, having listened to how Mr Watterson has introduced it, and certainly the view of Mr Cretney which I would support – the issue of going to a committee for a wide range in views – I think that is a given in this debate and that the community should have their say.

However, what we did not hear from Mr Anderson was the public vote on the issue that was raised last time because, if I can recall correctly voting cards, or return postcards, were sent out, and I think there may well have been a majority response to the issue. I cannot remember if it was for or against, but we did have that... and the whole thing was aired fully in public at that time.

What I want to say, Vainstyr Loayreyder, is that I do not know if any inputters to the debate so far – all the people who are doing the writing in – have actually spent 24 hours, 48 hours, a week, two weeks, a month, or six months nursing somebody who is dying.

Having had that experience myself over and over again during my time in the Health Services... and I especially allude to care of the elderly, the dying elderly and specifically to the confused elderly, where we have somebody who is completely demented. They are not aware of person, place, date or time; orientation is completely gone, they are in a semi-comatose state, for instance, because of the degenerative process; they are doubly incontinent, they are requiring 24-hour nursing care, as it were.

We end up keeping them alive, pumping them full of antibiotics and other medications because of all the reasons that we have just heard from Mr Anderson and Mrs Beecroft, and others. You are just keeping somebody alive for the sake, sometimes it appears, of keeping them alive. And when you are turning them, when you are washing them, when you are changing them and, even when you are trying to administer the medication that you are supposed to administer, you are causing them great pain and distress. Their bodies break down, they have bedsores and other issues and, every time they are cared for, you are increasing the physical pain and agony of that person.

I would like the mover to take into account that kind of situation where a family can say, 'Well, actually Doctor, I do not want the medication to continue because I do not want my mum or dad to continue in that state', when there is absolutely no hope whatsoever of that person ever recovering. I think those kinds of situations – and, as I say, I am concentrating on care of the elderly – but there are other situations which I have been actively involved with as well. It is quite obvious that, because of the Hippocratic oath, people's strongly-held moral views, the culture of these isles, if you like, keeps us wanting to keep that person going. Yet when you are changing their bandages, their dressings, moving them round a bed when they are in that state, we are actually almost just keeping them alive, for keeping them alive's sake, as I said.

We need to consider things like that: perhaps, a family meeting to discuss how long do you keep keeping them alive goes on, and how much agony do you keep putting them through?

I do not want to labour the point, Vainstyr Loayreyder, but, as I say, I have had to go through that time and time again. I think it is time to take a sensible, mature approach to how we are delivering care. I am not advocating euthanasia in the way that we have heard illustrated; far from it. But what I am saying is perhaps we need to look at some of our ethics and morals in care, and so on. It is a very deep and an emotive subject, but one that does need looking at, Vainstyr Loayreyder, even more so in the... *[Inaudible]*

This seems to be an issue that this could cause someone to feel burdened. I can tell you, Vainstyr Loayreyder – and that is the thing which has caused me to jump up really – that plenty of elderly now feel a burden and our system causes that. It is nothing to do with Mr Watterson in particular and what he is trying to achieve, but the fact that an elderly person could fall at night in a nursing or residential home, an ambulance is called and they are taken to the general hospital, checked over, and *sometimes* – I am sorry to say – they are not kept overnight, they are shipped out as quickly as possible back to from whence they came; and then it is discovered that perhaps there were 'shipped back' too quickly because they were seen as a burden on the system in the acute care section.

I think we need to be looking at things like that, cultures and attitudes towards our elderly – and I can give examples, if necessary, on that particularly – but it is happening now and that needs to stop.

I think we need to support Mr Cretney in his view that, perhaps, a committee should be formed on this subject and wide-ranging views should be taken, Vainstyr Loayreyder.

Gura mie eu.

The Speaker: Hon. Member for Douglas West, Mr Thomas.

Mr Thomas: Thank you very much, Mr Speaker, I will be very brief – I am not commenting on the complex, difficult issues here, I just wanted to raise some questions for the mover and also make some statements.

The first statement is that I think I heard the mover say that a vote for leave to introduce should only be given if you intended to vote at the Third Reading stage positively. I do not think that is reasonable, especially in the light of what Mr Anderson has said about the issue with not giving somebody the leave to introduce.

It seems to me in this House it is becoming quite common, in actual fact, not to give somebody the leave to introduce. I was denied it for the Planning Bill; Mr Gawne was denied it for a Legislative Council Bill; and it could be that today you do not receive your leave to introduce – and that is a separate principle from the issues and merits in this case. I wanted that clearly on record. If I have not made up my mind about the issues or about my vote still, indeed the discussion and the presentations are very helpful but, to me, it is an entirely separate issue whether or not to give leave to introduce, or to vote at the second stage, or the clauses stage or the third stage.

The second point I wanted to make is a question to the mover, inasmuch as he has very kindly repeated his statement that he would insist however he could, that there was a legislative committee and also that there was fair presentation from all sides. I would ask him to reflect on

whether, in actual fact, we need a referendum about this; and in fact I will be trying to move, if it ever was to get to the legislative stage, that a clause was introduced such that we could not have the Appointed Day Order until there had been a full referendum under the 1979 Act. To me this seems exactly the sort of issue that should go to a referendum of all of the people.

My second question is one about: does the mover actually feel this is the right time to be requesting this leave to introduce? He might even choose to withdraw it today, because is there really time between now and September 2016 for us to get through all the consideration and discussion and so on that he intends. I ask, is it the right time for a parliament to actually even be bringing it?

Finally, the third question is: does the mover actually think we can go ahead if the United Kingdom, or other neighbouring places in this matter...? It seems to me it has got *profound* difficulties associated with it, and that might in itself be reason to hesitate at this stage.

The Speaker: Hon. Member, Mrs Cannell.

Mrs Cannell: Thank you, Mr Speaker.

I will be brief as well, having gone through the last debate in this place when a motion was moved and leave to introduce and we referred it to a committee of the House. I can remember it then, all the same sad, very emotive stories coming to surface; but we are here as legislators, purely and simply as legislators, and cannot be swayed by any kind of personal experience argument in this area.

I would not go into details such as the Hon. Member for North Douglas did when he explained elements of his former career before he entered parliament. Yes, we have all had to deal with very sad cases, and family cases, but we deal with them because they are family and because we love them. This is not about that: this is about giving leave to introduce a Bill to run with this issue.

It is not commonplace for the House to give leave to introduce, the Member has to really make a case that, in fact, 'In the absence of Government bringing forward legislation in this area, I am making case to bring it forward instead.' That is the principle of the leave to introduce.

So, what have we heard? We have heard the Hon. Member say he thinks he wants to do it, and I take my hat off to him. It will be a very controversial issue, but he has got a very strong field within his constituency for this to happen. So it is hardly surprising, is it, that it comes back to the House again when it was two former Members of Rushen who were running with it all those years ago?

So it is before us, he is asking for leave to introduce. I will not be supporting him because I do not want to give him false hope that, in fact, by supporting his leave he is going to get an easy ride, if you like, in having this legislation supported. It is premature. It was premature then, it is still premature now.

We have the Lord Falconer Bill in the House of Lords which is making its way (*Interjection*) yes, it is making its passage – Falconer. We know that that is happening, we also know that the United Kingdom have gone out to consultation on no less than, in fact, seven times and on each occasion the public said by majority, 'Yes, we want to have this freedom to do this.' And the minority said, 'No!' That is since 1976.

So, in view of the public opinion, why has this not happened? It has not happened because it is very difficult to enshrine in law and put in all the necessary safeguards that you would need to put in to prevent disaster from happening in going forward – and abuse of the system, and monetary issues coming in, and all sorts of issues coming in. That is why the United Kingdom have not done it. So, we are wise to wait and see what the United Kingdom does with their legislation before we even attempt to consider going down this road.

There was one issue that the Hon. Member for North Douglas mentioned about the public opinion in the Isle of Man. The Hon. Member, Mr Anderson, who was a former Committee member looking at this area, kindly passed me the Report – the old Report that was delivered in those days. It was about 14 years ago, I think it was, or 10 years ago. In fact it was a private campaign, it was the

Manx Death with Dignity campaign that was set up by a couple who send out postcards across the Island – it was in August in 2003. Not everybody received a postcard, but 3,195 postcards came back in *support* of bringing this type of legislation in.

But there was no provision on those postcards at all to give an opposite view, or to give a different opinion; so one could not regard it as a fair and unbiased poll of the public view at that time. But it was an indicator – and probably still is an indicator in certain areas – of the strength of public feeling on the issue. That is not in doubt.

It has been illustrated just the same in the United Kingdom, but they still have not got the legislation right yet, and it is still not in place. I would suggest that we should do the same and wait and see what happens in the United Kingdom before giving the Member false hope in running for leave to introduce with a Private Member's Bill.

What will happen as a consequence, if he does get leave to introduce, this will become an election issue. It will probably become an election issue anyway for some Members in some constituencies. But I would hardly recommend it as a focus for positive campaigning if you are thinking of standing and defending your seat – what the public want to know is how are you going to stabilise the economy, how are you going to boost the coffers in the back pocket of ordinary men and women, and how we are going to provide those jobs in order to do that. That is the important issue of the day.

So I give my apologies, Mr Speaker, to the Hon. Member, but I will not be supporting him.

The Speaker: Hon. Member for Rushen, Mr Skelly.

Mr Skelly: Gura mie eu, Loayreyder.

Certainly, a hugely emotive and massively complex issue and, like others, I would like to congratulate my hon. friend and colleague for bringing it forward; very brave, without a doubt, and I do congratulate him for that.

A couple of Members have mentioned – Mrs Cannell just now, and Mr Anderson previously – the debate that happened, I think it was the best part of 10 years ago. The first question I would have is: what has changed since that debate that we are bringing this forward at this time?

Mr Thomas made a very good point about the timing – the timing we have left to introduce and give this the appropriate level of scrutiny. And I have to, once more, just congratulate my hon. colleague because I know he would have done a considerable amount of research and the process that he has described is entirely appropriate to take something forward of this particular nature. But do we really have the time to do that before an election next year?

We have time and time again in this place, and the other place, talked about legislation priorities, and it is always a big issue. And that is what we are really here for: to create law and deal with legislation, and that is vitally important. Mr Watterson has highlighted, I think, an area that does need to be addressed, but how should that be addressed and do we have the time to do that?

One or two other Members have also said, 'Should the Isle of Man lead in something of this particular nature?' And that is a very serious question to ask. You have only got to look – and it has been mentioned several times also, with regard to Lord Falconer's Bill through the House of Lords – at the time that has taken, the 150-odd amendments to get to this particular point; and already nothing will happen before a general election in the UK. So that does highlight, I think, how difficult and complex this actually is.

I know we will all have our own opinion and we will certainly hear from the religious arguments – very strong no doubt about it; the medical argument, again, very strong; and we will give those the appropriate and due respect. Hospice: very few people on the Isle of Man have not been touched by Hospice in one way or another. We understand, we appreciate the quality of care. And it was interesting in the e-mail that was sent on behalf of many people in Hospice, and Mrs Beecroft quoted the two main reasons why they would oppose this: it is dangerous and it is unnecessary.

And I come back to what has changed with regard to that debate 10 years ago? In 10 years there have been – and they quoted it – advances in medicine, so care has improved and it will continue to improve. Just purely on my Government role with regard to Economic Development: biomed and the opportunities that are around the corner could help vulnerable people – and that is what we all want to do, I am sure. But the other point they make with regard to Hospice, they highlight a very important point – and it jumped right out to me – which is, today, patients can refuse life-prolonging treatment right now. So that is a very valid point.

I thank Mr Henderson because he highlighted an important issue with regard to the culture and attitudes towards our elderly – something we really need to work on. And it is *very* simple in my view: the word is ‘respect.’ (**Mr Henderson:** Hear, hear.) Many cultures value the elderly much greater than, perhaps, Western civilisations do; so we do need to work on that culture and adopt that attitude, because we want respect, we want them to be dignified and, of course, that is one of the issues.

If you do support this – and I know Members will want to support this and the direction this is going – the big question you need to ask yourself, and I think Mr Watterson has already highlighted: if you push this through do you really have the confidence in the legislative integrity? If you do not, it will be a haven for lawyers. And who is going to win there? Not the patients. And that is what we are here for: protecting the vulnerable.

This is honourable, what Mr Watterson is trying to do – I *know* absolutely that his heart is in the right place with regard to doing it. But I do question the timing, the legislation priority, the integrity – should we really be leading with it?

There is one area I do think he does need to consider, and Members need to consider where this issue needs to go, and that is the Social Policy and Children Committee. There are representatives of six different Departments on that Committee, including Mr Watterson – I think he is Chair now – which is great. That is a perfect vehicle to actually review this matter. This will not be done in the few short months that we have left, with regard to introducing legislation. This is something that will take years, and I do encourage him, if he wishes to pursue this, to look at that particular route of the Social Policy Committee.

So with that, I implore Members to consider what the implications are by granting leave at this particular time.

Gura mie eu.

The Speaker: Hon. Member for Middle, Mr Quayle.

Mr Quayle: Thank you, Mr Speaker, and may I clarify from the start that comments made by me are my own personal viewpoints, not as that of Health Minister – obviously my Department has a role to play in this. But, also, my comments are made from experiences having been Health Minister.

I will not congratulate my hon. colleague for bringing this forward, but I will admit that he has put a lot of work into this; and I did specifically like the fact that he had thought out the five-year residency part because, should this go through, the last thing we want is the Isle of Man to be seen as a ‘death tourism Island’. You just would not want that. So I was pleased he had thought that one through and come up with a clause to stop that from happening. But I will not be supporting it.

I would just like to comment on a comment from Mr Henderson – I do not know if he necessarily *meant* it – but I thought I should rise to my feet to defend the healthcare that we provide on the Island. Healthcare professionals on the Isle of Man are committed to the prevention and cure of illness, and the relief of suffering where cure is not possible; and have the utmost respect for human life. That is what all our medical healthcare professionals strive to deliver on the Island, so I would hope that there are no instances where people are sent home because it is not financially right, or whatever, to keep them going. If he has any cases, or examples, of that then please come to me and I will look into it instantly, because that should not be the case and I sincerely hope it is not the case.

Mr Henderson: Treated from the nursing homes and put back again...

Mr Quayle: We move on to: is it necessary? I think a number of speakers have contributed on this.

Palliative care has made major advances over not just the last 10 years, but over 30 years. It is constantly getting better. But there are concerns: requests for assisted dying are associated with fear, such as loss of dignity – and we have all had letters from medical professionals – loss of autonomy and fear of pain. But once the patient is in care and realises that pain can be relieved, and their dignity and autonomy are preserved, then fears do tend to dissolve.

I think Mrs Cannell pointed out that patients are free to refuse life-prolonging treatment (**Mrs Cannell:** Mrs Beecroft) – Mrs Beecroft. One thing I have become aware of in my 11 months as Health Minister is that we are blessed with having our Isle of Man Hospice on the Island. New members of my senior management team in the Health and Social Care Department, who have come over here, have commented on the high standard (**Two Members:** Hear, hear.) that our Hospice provides on the Isle of Man; how it is better than anything they have come across in their careers in the United Kingdom. I do not think we should underestimate the quality of care that people in their final hours, days, or months receive. (**A Member:** Hear, hear.)

My other concern is it is dangerous: it is that perception, that obligation, on those who may be vulnerable, who feel themselves a burden on society to request assisted dying. That is a major concern to me. I have a constituent with severe cancer who was given three months to live, and five years later they are still alive. If they had felt ‘Let’s end it quick before the pain kicks in’ – or whatever their fears or concerns were – if they had gone with that... Treatment is improving all the time; life can be extended. So it does worry me.

The other thing is financial gain. I know the vast majority of families, when they are looking at their loved ones and seeing them in pain, want to do what is right for them; and if end of life is one way, then that might be their choice, and I do not doubt that they would do it for the most sincere of reasons. But I have to tell you that, as Health and Social Care Minister, I have also been exposed to an area where there are some families who have *no* respect for their elderly relatives, and the house that their elderly relative owns, money in the bank, the cost of their care draining into that etc. I have had my eyes opened to that. Whilst the vast majority of people would be honourable and love their family, there are a small number of people out there who, sadly, do not have that attitude. And, again, I fear how on earth do we legislate to protect those people?

Therefore, I just think I cannot support this. I will not be giving my support to leave, but it is a very emotive topic. I think there have been some very good points. I also think it would not happen anyway. Lloyd Falconer – I think Mr Skelly said there are 150, or it could be 140, amendments to his legislation – it is not going to happen, it is going to be time expired. Are we going to get Royal Assent when they are not doing it themselves? I would very much doubt it.

I think the strains on our legislative programme for something that is just not going to happen, is another reason why I am not prepared to give this any support.

The Speaker: Hon. Member, Mr Karran.

Mr Karran: Vainstyr Loayreyder, at the beginning of the day I was not expecting to have to second this piece of legislation, but I do believe – as I said to the Hon. Member – that my principle in respect of a Private Member’s Bill, unless it defies common sense or attacks a minority, I will always give the mover the opportunity to leave to introduce.

I have to say that I am somewhat horrified that he wants that vote on the basis that we will vote for it through to the Third Reading; (*Interjection by Mr Watterson*) that is something I cannot give, as far as that is concerned. I think he needs to clarify the point that, if he gets his leave to introduce today, it is on the basis of given leave to introduce on the basis of free speech.

My personal viewpoint might be totally different to some of the points in here, but I think it has been a very worthy debate today and it would have been a shame if people were not able to put their views into this Bill; and I think that we need to remember in future we might not *agree* with the person who is saying it, but we should defend the right of the person to say what he believes to be right, as long as it is not on a malicious basis.

So, Vainstyr Loayreyder, as far as I am concerned as long as he understands that he will have to do an awful lot of arguing, as far as further on in the procedures, I will let him have his debate. I think that the input from the Hon. Member was very good – excellent, in fact, as far as his leave to introduce. Just like the input from my good colleague for South Douglas, the leader of the Liberal Party is concerned, as far as her points on that. When we remember her particular expertise with the Liverpool Pathway Care Scheme, putting safeguards in that were not there, an excellent intervention that has happened – because some of us were not even aware that these things were going on, and they were not just going on in the Hospice.

I have to say, Vainstyr Loayreyder, that I would be horrified if we were to put it down to a referendum debate, to be perfectly honest with you. I believe in democracy but if we were to put stuff to a referendum, let's be perfectly honest with you there are so many things... And you do not have to think about the Sexual Offences Bill: I can remember having horrendous fighting when we tried to bring in family planning on the taxpayer and how it was a disgrace to *seek* that legislation; and how I was going to drown people and burn them to death by trying to follow the UK. I believe that we should make the decisions, as far as that is concerned.

I do think that the points that the Hon. Member for South Douglas has brought on... I remember the old Hospice, it was the C Block in the White Hoe. I remember having a fight with the Chairman of the Health Services Board at the time, telling him they should go and lie in that bed and look at the state of that place – and it is the last thing you see before you go through the hoop and find death.

So we have come on and there are very valid points that the Hon. Member for South Douglas has brought on, about whether this would stymie the social development that we have seen from those days to today, and how far we have got, as far as palliative care is concerned. Whilst I have empathy with the Hon. Member for North Douglas, I actually think that what Mr Henderson has brought in is the very thing that I am concerned about, (**A Member:** Hear, hear.) when I said in the letter to the Hon. Member, the mover of the Bill, on 14th October, what worries me is the opening up of a Pandora's box.

It is one thing to be discussing the issue of what the Hon. Member for Rushen is talking about, it is another thing to talk about other things... and whilst I have great empathy with the issue of what the Hon. Member for West Douglas is saying (*Interjections*) – I understand that – the problem is, as I had to say to somebody the other day, that my concern with this Bill is the black shirts and what they would use this for, as far as the cost evaluation. And, as I say, that concerns me.

What I would like to know from the hon. mover is: is he still intent that he wants us to vote for this on the basis of giving him leave, on the basis that we still are not convinced that there is a need for the piece of legislation, or he wants us to vote for it on the basis that we will vote it throughout its passage? I could not do that.

What my concern is on this Bill... and I have just seen somebody die of motor neurone disease, and I believe that there are certain diseases where I would have a lot of sympathy for it. But the Nazi death camps did not start out in the 1930s, they started out in the 1890s in Germany with the (**A Member:** Concentration camps.) development of how they brought in eugenics, as far as that is concerned. It did not start in Germany; it started 30 to 40 years beforehand which was a totally different way when the Kaiser was still in power.

The worry I have is that what the hon. mover is proposing today is one thing that could be tangibly acceptable, but it is the movement down that street of whether we end up where we put life as a financial commodity of the state – and that is the worry that I have. I know the hon. mover of the Bill is not trying to justify that, and not trying to say that, and I understand that; but

sometimes you start on a road and that road ends up going in the completely different way that people think.

So I think, Hon. Members, we have seen in this debate up to now, the road that the mover would go on and the road that the Member for North Douglas might go on, as far as this piece of legislation is concerned.

I honestly think that the mover needs to realise that if he wants our leave to introduce this Bill on the basis of his right as the people's representative for Rushen, and as far as this Bill is concerned, I am happy to give him that leave; but I am not happy to say that I am going to support the Bill when it comes back for drafting, as far as that is concerned.

He told me this morning that he did not want us to support him, but I think it would have been a disservice to this House –

Mr Watterson: That is not what I said!

Mr Karran: – for the Third Reading –

Mr Watterson: I will clarify what I said –

Mr Karran: As long as he wants leave to introduce, I will vote for that, but I am very doubtful that I could support this Bill, as far as it is concerned, in its future stages. But that right as the people's representative for Rushen is concerned, I believe he has a mandate to come to this House for Bills as far as Private Members' Bills are concerned. I think it is wrong, Vainstyr Loayreyder

And we had the Member for Glenfaba say we generally give leave to introduce: (**Two Members:** No) we do not generally now. It used to be unless it defied common sense or it was a blatant attack of populism against the minority, we always supported leave to introduce for that Bill. I feel, Hon. Members, whilst... and I do not agree with the argument, as far as this Bill is concerned, I defend the right as a democracy for the Hon. Member to debate this issue even further than it is now.

I do think that we should support the leave to introduce to let the Member debate this issue, but we need to be on the understanding that that support is to let him draft his Bill up and then debate the contents of this Bill, to make sure that the Member understands that we are *not* saying that we will support the Bill at its Second Reading, Clauses or Third Reading stage.

The Speaker: Hon. Member for Onchan, Mr Hall.

Mr Hall: Thank you, Mr Speaker.

This recognises a hugely sensitive and complex issue. I have to say I do take a neutral position on this issue and it has been interesting listening to people's various contributions so far – their views and opinions.

I am going to start, Mr Speaker, with a couple of comments that have been made by Members talking of a slippery slope. I kind of anticipated that, probably, was likely to come up in this debate and so I did a little bit of research and looked at evidence, I suppose, of this issue to underpin the opponents of this sort of change.

Certainly the mover who is bringing this, the Hon. Member Mr Watterson, mentioned Oregon. Looking at Oregon and the legislation that has been modelled there, it is quite persuasive, I guess, because in over 16 years there has not been one single prosecution for abuse of the law. Also the evidence is that in over 16 detailed annual reports by the Oregon Health Authority in relation to the Act – which it appears that the mover is trying to model this on. And, amongst other things, the reports also demonstrate what has already largely been said in some quarters, that the evidence does not really point to there having been any slippery slope as is claimed by some people.

Also, the numbers of assisted-dying deaths after over 16 years is 0.2%, or thereabouts, of total deaths; or one death in every 450. And there does not appear to have been, as far as I can see, any

widening of any legislation; and there has been 97% of assisted-dying patients died at home, and 90% were enrolled in hospice care.

If you look at the evidence that comes from Switzerland, which is a very conservative country within Europe, their statistics seem to be, as far as I can see, broadly similar at about 0.3% or 0.4% of all deaths. Of course the Swiss citizens do overwhelmingly support it and recently rejected a change. So I cannot see, from what I have seen, that there is any evidence to say otherwise.

Notwithstanding that, though, I do also have concerns. I think in the UK under the Bill that is being proposed there has to be two doctors: but I am not sure whether that actually provides assurance, because who is actually going to find the second doctor? And that second doctor is likely to be known to the first doctor and that person probably, I guess, will be seen as somebody who sees physician-assisted suicide as a reasonable response to a severe illness. I think Doctor Shipman had nearly 200 cremation forms and they were all countersigned by a second doctor. So I have concerns about that, which is just one aspect of many.

I think it was Mr Karran, my friend and colleague, who had concerns about motor neurone disease, but how would a patient with motor neurone disease – who cannot swallow and cannot move their arms because they are paralysed – be able to carry out that final act, because it does not seem that they would be able to? They might become excluded and, therefore, that compassion is rather selective in that case because it cannot apply to all people with very progressive neurological conditions.

So I think the danger as I see it with this, is not so much in general terms but it is when you actually go and drill down into the detail, that is where I think the danger lies. Certainly, in terms of palliative care, *that* has come on and the development of that is very welcome, and also the hospice movement. We have also seen improved drugs and facilities that are available to those people who are dying. However, I think the fact remains that, for some people, that process of dying is horrific. It is not just about pain – and this is what the Hon. Member for North Douglas, Mr Henderson, was saying – it is the bedsores and the ulcers, the decaying of the bodily organs, and the sheer misery; and not to mention the loss of autonomy and dignity. Many people who have seen a relative have to go through this, wish that the sufferer had had perhaps some choice at the end. (*Interjection by Mrs Cannell*)

Palliative care, I think, is not the magic, and it is certainly not a hundred percent. And I would refer Hon. Members to the account of Anne McPherson who was a GP, who campaigned very strongly in favour of a change in law, who had pancreatic cancer. Her daughter wrote a very moving account of the last three weeks of her mother's life, which was truly *horrific* and really showed and demonstrated that with the best medical care, with the best doctors and nurses supporting her mother, it was a horrific experience. That account ended with her daughter sitting in pools of expelled fluids from her mother... and so I will leave that for Hon. Members to read.

I will keep my comments to that, Mr Speaker, really, but it is two sides of the argument, I totally acknowledge that. I do also share some of the concerns and views by Hon. Members saying the timing of this... and I would question whether or not this would ever be able to be considered, certainly in this administration. It is hugely complicated; and it is being put on in the UK with nearly 150 amendments. I am just not sure if we are going to have to time, if the Member does get the leave to introduce this, to actually go and analyse this in detail. But I will leave my comments to that, Mr Speaker.

Thank you.

The Speaker: Hon. Members, we have reached the period where we adjourn for lunch.
Hon. Member, Mr Anderson.

Mr Anderson: Mr Speaker, can I propose that if there are not many more contributions that Mr Watterson be given the opportunity to wind up before lunch?

Mr Watterson: I would second that.

The Speaker: I am in the hands of the House. I am conscious that there is a lunchtime presentation being organised by Government –

Mr Watterson: Brevity is my watchword –

The Speaker: – But I am in your hands.

The motion has been made.

Does any other Member wish to speak in this debate?

In that case I put the motion that Mr Watterson be invited to sum up now. Those in favour, say aye; straight majority required. Those against, no. The ayes have it. The ayes have it.

Mr Watterson.

Mr Watterson: Thank you, Mr Speaker, the House will be aware of my love for brevity.

I thank my seconder, Mr Karran, for doing so.

In terms of Mrs Beecroft's contribution and the article from the Telegraph: I am surprised that the Liberal Vannin Member would be reading the Telegraph, but I do know her point about Belgium. (*Interjections*) But I did say in my opening statement that the Belgian model was not one that I would accept in the Isle of Man. She said that she would not be willing to accept something where a possible careless decision could lead to someone's death; and I would contend that the current law drives people to their death prematurely.

A number of Members made the comment about refusing medical help. That is fine. The only way you can do that, then, is to starve yourself to death, effectively – there is no other option. But to refuse treatment you cannot say, 'This is my time and I wish to make that choice.' Refusing medical help, I do not think, is a fair choice to put on an individual.

I do not argue with her contention that we should continue with palliative cares and cures; this was something reflected by the Minister for Health as well. This is *absolutely* essential.

A number of Members also referred to a letter from medical professionals, and a survey of GMC Members indicated that about one third are in favour. That is a significant minority. But two thirds of nurses agree with this principle and so there is a split in the medical profession.

I would like to thank Mr Cretney for his kind comments and support and I know this is a view that he has long held.

In terms of a couple of the points that Mr Anderson has raised about constitutional issues: I believe that the Select Committee did actually report that it was a matter for the Isle of Man to legislate on, and that gives us an issue of domestic legislation rather than something which the UK felt it had a right to interfere in. In terms of recruitment of medical professionals, the Bill does have that in mind and does have an opt-out for those with the conscientious objection – no person being forced to go down this route as far as giving the end of life pills, injection, whatever it might be, should they not wish to do so.

I appreciate Mr Henderson bringing his vast experience of nursing to this debate and I think I have reflected the views of the nursing profession by survey. But I would disagree with him on two points. Firstly, that this could ever be a matter for the family: it can only be a matter of choice for the individual. Likewise, he talked about dementia, and my Bill would not allow for that: the court would have to determine that an applicant was of sound mind both when they made the application and when they took the final treatment.

Mr Thomas, about the rights of leave to introduce – and a number of Members made this point. The point that I was trying to make is that I only want you to go through with this today if you feel that you can support the principle; if you feel that you could see it through to Third Reading. I do not want Members to waste their time or mine if, in *principle*, they cannot support this Bill .

If you cannot see a way that it could be done down the lines that I have suggested, that is the point that I was trying to make. And I hope that provides the clarity that Mr Karran was seeking as well.

I also disagree with the point that Mrs Cannell makes: it is *impossible* to separate the personal aspects on this and trying to deal with it in a completely detached fashion. We are all human beings with thoughts and feelings and consciousness – and it is impossible to detach it from that. But only *Manx* legislators... and to reflect a point about falling out of step with the UK, only *Manx* legislators – that is *us* in this House – can make a law that is suited to *Manx* needs. Waiting for the UK is a red herring.

Mr Skelly raised a perfectly valid point about whether we have the time for this before the general election. That is down to Hon. Members in this place: if you are willing to make the time it can happen – that is a matter for Hon. Members.

Is it a priority? This is another one that has been raised. I would suggest that sparing some time to consider the needs of our terminally ill is surely worth spending some parliamentary time on, even if we disagree about what should happen about it.

About it being a haven for lawyers: it is our job to clarify the law but, at the moment, that law is not clear and decisions that should be made by us as legislators are being made by prosecutors. And with regard to the final point about the Social Policy and Children's Committee, I do not think that is an acceptable vehicle to take this forward. I need to take my lead from you as Members of the House of Keys, as elected representatives, as to whether this Bill continues or not.

I do support the views of the Health Minister about the medical profession, although I may disagree with his conclusion. An awful lot of what he said, I really do support. He did talk about two things that are worth picking up on: about people feeling this obligation to end their lives. I think that is terrible and I hope that if a Bill was passed this would encourage people to seek help; and certainly it would bring people to the attention of the authorities and the inevitable need for counselling and suicide prevention.

He has also outlined quite clearly the reasons why families should not be involved in that decision, it should be an individual choice made by the individual – to pick up Mr Hall's point – to go to court to seek an assurance. The original model has moved on: it was a case of two doctors, it is now a case of one doctor but also making an application to court; so there is a judicial oversight that an individual is of sound mind when making that application, and the court have to be convinced of their settled will – not just a doctor, or two doctors, sorry.

I think I have provided Mr Karran with the clarification around leave to introduce. My view is that leave to introduce is something that you should be granted if you support it in principle. The point also that Mr Hall made – he stated about the Oregon experience. And I think he put that case a lot better than I would, so I will skip over the things I had to say about that, about no prosecutions in 16 years, no slippery slope – I think he put the case very well there and I thank him for that. One quote that I think will stick with me out of this is 'palliative care is not magic' – and I think that is a point well made and I would certainly agree with it.

I think we have demonstrated today through the opinions of Members and through some of the facts which have come out, that both medics and people of religion are divided on this. The House quite rightly, as a representative of the community, is divided on this and it is perfectly reasonable that it should be.

It is right that in a democracy we tackle difficult issues, we debate them in this Chamber; this is one such issue. To change the law on assisted dying is not in any way to undermine the value we place on life. However, it recognises that personal choice is pre-eminent and where a person's individual choice can be pursued without harm to others it should be permitted.

I would like to think that I have presented an option that includes appropriate safeguards, but represents an improvement on the current law. It is sad to say that some people choose suicide to end their lives; however, let us use this as an opportunity to draw them into the system not, as at present, to alienate them from it.

Let us educate them as to palliative care to deal with issues of depression in order to steer them from this course; but ultimately, after all of this, if they are dying and it is their settled will to do so let us not stand in their way and make them and their loved ones fearful of the consequences, but provide a process that we as legislators are content with rather than relying on the mercy of the Police and courts to mitigate bad law. (**A Member:** Hear, hear.)

I beg to move.

The Speaker: Hon. Members, I put the motion as set out under Item 5 'Leave to Introduce'. Those in favour, please say aye; against, no. The noes have it.

A division was called for and electronic voting resulted as follows:

FOR

Mr Cretney
Mr Hall
Mr Henderson
Mr Thomas
Mr Watterson

AGAINST

Mr Anderson
Mrs Beecroft
Mr Bell
Mr Cannan
Mrs Cannell
Mr Cregeen
Mr Crookall
Mr Houghton
Mr Karran
Mr Quayle
Mr Quirk
Mr Robertshaw
Mr Ronan
Mr Shimmin
Mr Skelly
Mr Teare
The Speaker

The Speaker: We have 5 votes for, 17 against. The motion therefore fails to carry.

Hon. Members, that concludes the business of the House today. The House will now stand adjourned until the next sitting which will take place at 10 o'clock on 10th February in this Chamber.