OFFICIAL REPORT
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Meeting of the Parliament

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Session 6

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Pàrlamaid na h-Alba

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CONTENTS

Scottish Parliament

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[The Presiding Officer opened the meeting at 14:00]

Time for Reflection

The Presiding Officer (Alison Johnstone): Good afternoon. The first item of business is time for reflection, and our leader today is Richard Raggett, Quaker.

Richard Raggett (Quaker): Good afternoon.

How good are we at listening—really listening? Listening to others and to our own hearts is a deep strand of how Quakers try to live. Public discourse encourages division—to be for or against. Abuse, ridicule, extreme language and threats follow—as you are all too well aware. How do we break the grip of bitterness and find kinder ground?

The multiple crises that we face have become all too serious. As global carbon emissions continue to rise, deferring climate action compounds the problem for future generations. We are caught in a terrible moral and pragmatic knot. Scotland desperately needs to harvest the collective integrity and good will of this place. Think of the chamber's watchwords: justice, integrity, wisdom and compassion.

We all have to face the reality of the coming decades. No one can underestimate the burdens that are resting upon the shoulders of all national Parliaments. No single person or group has the answers. Solutions will span the next five sessions of parliament, and lasting consensus is essential. Therefore, it is vital to speak with humility, not because we lack confidence in our convictions but out of respect for others' knowledge and perspectives. In turn, we must listen with humility and a desire for understanding. There is a deep need for plain, honest, open speaking from society's leaders—a group that you are all part of.

You are privileged to be in a position to foster understanding and trigger change. Do you debate possible solutions with open minds? Do you look for the wisdom in proposals that are from those who would not normally be allies?

Quakers challenge each other in the following way:

> "When words are strange or disturbing to you, try to sense where they come from and what has nourished the lives of others. Listen patiently and seek the truth which other people's opinions may contain for you. Avoid hurtful criticism and provocative language. Do not allow the strength of your convictions to betray you into making statements or allegations which are unfair or untrue. Think it possible that you may be mistaken."

That is no small challenge, but we all have to try much harder.

Thank you for your time, and go well this week.

Topical Question Time

14:05

United Kingdom Government Immigration Proposals (Impact on Public Services)

1. **George Adam (Paisley) (SNP):** To ask the Scottish Government what assessment it has made of any implications for Scotland's public services of the UK Government's proposed reforms to the immigration system. (S6T-02522)

The Minister for Equalities (Kaukab Stewart): Scotland's public services, communities and economy all benefit from inward migration. The Scottish Government does not support the majority of the proposals in the UK Government's immigration white paper and calls on the UK Government to reverse those deeply damaging measures. The decision to end international care worker recruitment and planned changes to the graduate visa and skilled worker visa are short-sighted and will prove damaging to sectors that necessarily rely on international talent.

Scotland's working-age population is growing only because of migration. Scotland requires a tailored approach to migration to meet our distinct demographic and economic needs.

George Adam: Scottish Care has warned that Labour's plan to scrap the care workers' visa route would be

> "profoundly damaging to Scotland's social care sector and fails to recognise the country's distinct demographic and workforce challenges"

and that it would be

> "putting vital services at risk and directly harming those who rely on them."

Does the minister share those concerns, and can she confirm whether the Scottish Government was consulted? Or is Scotland's demographic reality once again an afterthought for Westminster?

Kaukab Stewart: I fully agree with the comments that were made by Scottish Care. The plan to end the international recruitment of care workers will be devastating for the care sector in Scotland.

I can confirm that the Scottish Government issued a comprehensive evidence-based proposal document to the Home Office during its development of the immigration white paper, but there has been no substantive engagement on any of the Scottish Government's policy proposals, and the white paper completely fails to account for Scotland's distinct demographic needs.

The ban on the international recruitment of care workers must not be implemented. Scotland is a welcoming nation, and one of the key principles that underpins our approach to migration is that we encourage and enable long-term settlement in Scotland, welcoming people from across the world to Scotland to work, raise families and make a positive contribution to society.

George Adam: Labour's plan to pull up the drawbridge mimics that of Nigel Farage's Reform rather than challenging it, and it puts Scotland's public services at risk. Inward migration is vital for our economy and society. Will the minister assure us that our Scottish Government will reject Labour's pandering to Farage's politics? Does she agree that the UK Government's stance betrays the open and welcoming nation that Scotland aspires to be?

Kaukab Stewart: It is concerning that we have not heard anything from Scottish Labour on the plans, which are, frankly, designed by a Prime Minister simply to pander to Nigel Farage instead of considering any of Scotland's demographic needs.

Scotland is a welcoming nation. One of the key principles that underpin our approach to migration is that we encourage people to come here, live here, raise their families here, contribute to the economy by working and make a positive contribution not only to our society but to our culture. Scotland will continue to actively welcome inward migration and recognise the benefits that it brings to our communities, public sector and economy.

Through our online platform, Scotland's migration service, we will continue to attract talent to Scotland and address the barriers that are faced by migrants and employers when navigating the UK's increasingly unsuitable immigration system.

The Presiding Officer: I call Tess White to ask question 2.

Tess White (North East Scotland) (Con): After that rah-rah by the Scottish Government minister. To ask the Scottish Government—

The Presiding Officer: Ms White, I have called you to ask question 2 of topical questions, and I would you ask you to restrict yourself to that, thank you.

NHS Grampian

2. **Tess White (North East Scotland) (Con):** To ask the Scottish Government what its response is to the announcement that NHS Grampian has been escalated to stage 4 of NHS Scotland's national performance framework for finance, leadership and governance. (S6T-02523)

The Cabinet Secretary for Health and Social Care (Neil Gray): First, it is important to acknowledge that staff in NHS Grampian continue to work tirelessly to deliver the high-quality healthcare that we expect. I have been able to see that at first hand in the visits that I have made in Grampian of late.

Escalation to stage 4 will bring enhanced support and scrutiny from the Scottish Government. That will include a whole-system diagnostic to be carried out by an external consultancy, which is expected to conclude in June and will help to inform a tailored package of support. That intervention will provide a robust basis for the wider transformational work that is required over the longer term in NHS Grampian to ensure the sustainable delivery of high-quality healthcare services.

Tess White: The Scottish National Party Government has repeatedly been warned about the perfect storm in NHS Grampian. Wherever we look, from waiting times to ambulance turnaround times, NHS Grampian is on its knees. That is little wonder, given that it has the lowest bed base in the whole of Scotland. A decade of chronic underfunding has put unsustainable pressure on national health service staff, and there are huge implications for patient safety. Just this week, front-line workers raised the alarm in *The Press and Journal* about patients dying and getting harmed because ambulances are still queuing for hours outside Aberdeen royal infirmary. Does the cabinet secretary finally accept that his Government has short-changed NHS Grampian for years?

Neil Gray: No, I do not. In 2025-26, health boards will receive increased investment in their baseline funding totalling £16.2 billion, with NHS Grampian receiving more than £1.34 billion. NHS Grampian is receiving a 3 per cent baseline uplift of £39.2 million, which represents a 0.6 per cent real-terms increase compared with 2024-25.

The NHS Scotland resource allocation committee—NRAC—formula is an objective measure of the need for healthcare services across Scotland, and the Scottish Government's approach has been to move boards towards NRAC parity. NHS Grampian's £800,000 share of the £55 million additional parity maintains the board within 0.6 per cent of NRAC parity.

It is quite something for Ms White to raise the matter of funding of our public services when her party wants to take £1 billion out of public investment in Scotland.

Tess White: This is not about taking pops. The deepening crisis in NHS Grampian is not just about board meetings and balance sheets; it is about people. A mother in her mid-70s, herself a nurse by profession, had a bad fall. Her husband spoke to NHS 24 and called 999, and an ambulance was eventually dispatched. He was advised that the wait would be four to eight hours. As she was drifting in and out of consciousness, her family took the difficult decision to lift her and drive to Aberdeen royal infirmary. Tragically, after they arrived, they were told that she would soon pass. Her family are shocked and are massively traumatised by what happened. Above all, they are haunted by how it happened.

We have had enough of the cabinet secretary's excuses. He needs to know just how bad the situation is on the ground, so that families are not asking the same difficult questions. My ask, cabinet secretary, is for you not just to do visits that are pre-arranged. Will you please do a shift with an ambulance crew in Grampian—a shift that interfaces with accident and emergency—-and see it for yourself?

The Presiding Officer: Always speak through the chair, please.

Neil Gray: First, I have shadowed front-line shifts—although not in NHS Grampian, I accept—in order to see what the situation is like for those who serve our public services on the front line in health and social care.

Secondly, on the constituency representation that Ms White makes, she paints an unacceptable picture for that family and for those who are served by NHS Grampian, referring to some of the pressures that have been felt.

I declare an interest in that I have a family member living in Grampian and served by NHS Grampian. We all have a personal vested interest in ensuring that our public services work well, which is why we have escalated NHS Grampian to level 4, and it is why we continue to provide that additional support and scrutiny.

Jackie Dunbar (Aberdeen Donside) (SNP): Will the cabinet secretary advise what support is provided to the board of NHS Grampian at level 4 of the escalation framework? Will he advise when the board will set out a recovery plan to deliver an improved position with that support?

Neil Gray: Escalation to stage 4 of the framework brings enhanced scrutiny and support from the Government, and we will work with the board to ensure sustained improvement. Action taken and any support provided at level 4 is tailored to the circumstances and will take account of the context in each case.

NHS Grampian will receive a tailored package of support as a result of the escalation to stage 4, starting with the diagnostic report being delivered by the external consultancy. We expect the report to be delivered in June and to set out key areas of focus for the board to improve sustainability. A more detailed, tailored support package will be designed on the basis of the recommendations in the report, and NHS Grampian's financial recovery plan will be provided to the Scottish Government on 7 June, with the external diagnostic being delivered later in June. That will allow the diagnostic report to verify or improve on NHS Grampian's financial forecasts.

Michael Marra (North East Scotland) (Lab): In a briefing on 7 March, the leadership of NHS Grampian informed MSPs that the health board was projecting a £68 million deficit in 2025-26. That was to be submitted to the cabinet secretary on 17 March, so he has known about the extent of the deficit for two months. What has triggered the escalation of NHS Grampian to stage 4? Do those figures remain the same? What has changed?

Neil Gray: Michael Marra rightly points to the financial position, which is one of the primary considerations, because we want to ensure that the board has a grip on that as quickly as possible. That is why we are sending in the external consultants, and it is why there is additional Scottish Government support—to get a handle on the financial position in NHS Grampian and to get an assurance that any savings that are required to be made will not impact on front-line services and will contribute to an improvement in service delivery in NHS Grampian.

Douglas Lumsden (North East Scotland) (Con): I fully support the escalation to level 4. I called for that during a members' business debate just two weeks ago.

Two months ago, I asked the cabinet secretary whether he had confidence in the board. I ask him today whether he has confidence in the chair of NHS Grampian.

Neil Gray: Yes, I do.

Beatrice Wishart (Shetland Islands) (LD): Pregnant women, people waiting for surgery, cancer patients and other people across my constituency rely on NHS Grampian. What reassurances can the cabinet secretary give that the stage 4 measures will not negatively impact patients from Shetland who have to access NHS Grampian services?

Neil Gray: I readily recognise the situation that Beatrice Wishart reflects of her constituents having interaction with NHS Grampian, which is also the case for her colleague Liam McArthur and his constituents. My officials and the consultancy will be working to get NHS Grampian to a more sustainable financial position, with improved service delivery, to ensure that residents of the NHS Grampian area, as well as Beatrice Wishart's constituents and Liam McArthur's constituents, see an improvement in service and financial sustainability.

Kevin Stewart (Aberdeen Central) (SNP): I welcome the escalation to level 4 of the framework and the support that the cabinet secretary will give to NHS Grampian. Will those who are going in to help NHS Grampian take a look at the excessive bureaucracy that exists in the organisation—in my opinion—to ensure that it is eradicated, so that folk can do their level best for patients?

Neil Gray: I thank Kevin Stewart for his question and recognise the considerable contribution that he has made in regard to the issue over recent months. I am clear that my officials and those who are supporting NHS Grampian should be looking at all possible options to improve the financial position and service delivery.

I reiterate the point that I made at the outset of my first answer, which is that the staff at NHS Grampian are doing an incredible job in challenging circumstances to deliver for people across Grampian and, indeed, Orkney and Shetland. I recognise that, and I want to enable them to go even further.

Jackie Baillie (Dumbarton) (Lab): In April, NHS Grampian warned that the health board has too few acute hospital beds and too few staff to cope with demand in some key service areas and that it does not have enough funding or physical space to make any significant improvement. What assurances can the SNP Government give that moving to level 4 will see patients in Grampian getting the treatment that they need?

Neil Gray: Jackie Baillie's question recognises what is at the heart of the escalation, which is the improvement of services and financial sustainability in NHS Grampian with a view to improving patient services. That is why we have escalated the board to level 4. The decisions and options that come through from the support package and from increased scrutiny are all about ensuring that the patient experience improves and that we see services being delivered in a more sustainable way, so that we satisfy Jackie Baillie's concerns.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): A letter from Alan Gray, the Scottish Government director of health and social care finance, confirmed that brokerage would not be available for 2025-26 and that NHS boards would be expected to work towards a break-even trajectory in their three-year financial plans. If breaking even is not possible and no deficit is permitted, how much flexibility is there with brokerage repayments, and will the Government consider a different funding formula for NHS boards that are struggling?

The Presiding Officer: I remind the cabinet secretary to answer only in relation to the substantive question.

Neil Gray: NHS Grampian has been provided with brokerage in two consecutive years, and everyone has been able to see the public scrutiny of that. I am clear that I want all boards to move as quickly as possible to a break-even position, and more boards are now in that position than was the case in the past.

NHS Grampian is in particular difficulty, which is why we are putting in support and scrutiny to turn that board around. As I set out, we want that financial sustainability to happen in a way that is not detrimental to front-line services, which is why we need to provide additional support through escalation to level 4.

Assisted Dying for Terminally Ill Adults (Scotland) Bill: Stage 1

The Presiding Officer (Alison Johnstone): The next item of business is a debate on motion S6M-17416, in the name of Liam McArthur, on the Assisted Dying for Terminally Ill Adults (Scotland) Bill at stage 1. Members who wish to speak in the debate should press their request-to-speak buttons.

I call Liam McArthur, the member in charge of the bill, to speak to and move the motion.

14:22

Liam McArthur (Orkney Islands) (LD): Almost four years since I announced my intention to introduce a bill to allow terminally ill, competent adults the choice of an assisted death, Parliament finally has the opportunity to debate and vote on the general principles of that bill. I confess that I do not recall having felt this nervous since I gave my maiden speech in 2007, not because this will be—by some margin—the longest contribution that I have ever made in the chamber during my 18 years as an MSP, although that is a thought, but because I know how much the bill matters to those dying Scots and their families who are desperate to see the law changed to allow more choice, compassion and dignity at the end of life. It is their voices, needs and interests that must be at the centre of this debate, at the heart of our considerations and at the forefront of our minds as we come to vote this evening.

I know that there are colleagues across the chamber who feel conflicted, are wrestling with many profound, complex and sensitive issues and are anxious not to be seen to make the wrong decision. That is entirely understandable. However, the decision that we have been asked to make here is not on the final bill but on the general principles of a potential change in the law and on whether Parliament should be given more time to see whether it can agree on a bill that commands majority support.

I say this to members: if you simply believe, on the basis of faith or for any other reason, that change should not happen, I regret but respect that. However, if you accept that the current ban on assisted dying results in too many bad deaths, which traumatise patients as well as the families and friends left behind, if you recognise that legal uncertainty is placing patients, families and medics in an invidious position and if you believe in the principle of allowing dying Scots more choice of and control over the way in which they die, you must, even if you feel that my bill needs to be amended and have its safeguards strengthened, vote to allow Parliament the opportunity to consider amendments. If you remain unpersuaded at stage 3, you are free to vote the bill down, but it is surely not tenable for Parliament to say once again that this is all too difficult and to refuse to undertake the work required to find out whether a bill that commands majority support and public confidence can be agreed to.

Before turning to the substance of what is and what is not in my bill, I want to recognise the contributions of some of those who have helped to get it to this point. My staff, past and present, have performed heroics over the past four years, doing much of the heavy lifting, and the campaign groups Dignity in Dying, Friends at the End and the Humanist Society Scotland have been magnificent in their support. I refer members to my entry in the register of members' interests as well as to the detailed declaration that I made to the Finance and Public Administration Committee and the Health, Social Care and Sport Committee when giving evidence.

My thanks also go to the non-Government bills unit, along with my apologies for only belatedly coming to the realisation that it is a hidden gem in the way that this Parliament operates. I thank all the stakeholder groups and individuals, both here and overseas in jurisdictions where assisted dying laws are operating safely and successfully, who have spared time to share with me their thoughts, insights and expertise. There are too many to mention, but all have been invaluable in informing my understanding of assisted dying and end-of-life care more widely.

I thank the committees, and particularly the Health, Social Care and Sport Committee, which I know was inundated with written and oral evidence, but which worked its way through that and has come forward with a detailed, thorough and balanced report. It is owed a debt of gratitude.

Colleagues around the chamber, too, have been generous in taking time to speak to me over the past four years. I have come to recognise the look of mild terror in the eyes of colleagues when I saunter into the canteen or the coffee lounge, as it suddenly becomes clear that a short chat on assisted dying is now unavoidable. It is, I think, no coincidence that invitations to parties have rather dried up over the past four years. However, whatever views colleagues may have, I am so grateful that those discussions have never been anything other than respectful and considered.

I am confident that this afternoon's debate will be conducted in the same measured and respectful manner, doing justice to the seriousness and sensitivity of the issue, but also reflecting the fact that, whatever our respective views on whether to allow for a choice of an assisted death, we all come from the same place of wanting to reduce suffering and protect the vulnerable.

What will the bill do? As I said, it will allow terminally ill, mentally competent adults in Scotland a choice to be provided with assistance to end their life and avoid a potentially painful and distressing death. It is a choice that, for so long, so many of our constituents have asked us to provide clearly and safely in Scots law and a choice that they see is now available to more than 300 million people, and rising, around the world.

No two assisted dying laws are the same, but the model that I am proposing reflects one that is legally available across Australia, in New Zealand and in many US states. Closer to home, assisted dying has recently been legislated for in the Isle of Man, it is being progressed in Jersey, and it is currently being debated at Westminster, where a bill applying to England and Wales will have its third reading in the House of Commons on Friday.

We can learn from that international experience, but we need to get the detail right, reflecting our circumstances, legal framework and health and care arrangements. My bill sets out strict eligibility criteria and processes for multiple assessments, including specialist referrals if necessary. It contains what I believe are appropriate safeguards that balance this tightly controlled option and access, and it includes requirements on data gathering, reporting and review to ensure proper oversight.

To access assistance, a person must be aged 16 or over, be resident and have lived in Scotland for at least 12 months and be registered with a general practitioner in Scotland. Assessment would be required by at least two doctors acting independently of each other, who would need to be satisfied that the individual had a terminal illness, was sufficiently mentally capable and was acting on their own free will without being coerced or pressured.

Liam Kerr (North East Scotland) (Con): I am grateful to the member for bringing his bill forward and laying it out in detail, but many constituents have raised with me that the definition of terminal illness could be seen as being too broad or too vague. How does the member respond to that challenge? What might happen as the bill progresses?

Liam McArthur: I thank Liam Kerr for that intervention. He is correct in that concerns have been raised about that definition in some quarters, although the evidence that was given to the Health, Social Care and Sport Committee by the likes of the Royal College of General Practitioners and other medical bodies was more relaxed about the definition. However, there is an opportunity at stages 2 and 3 to further tighten it up or, indeed, to recognise where further clarity can be provided in secondary legislation.

An individual would have to be made aware of all the treatment options that were available to ensure that any decision was fully informed, and there would be time periods for reflection and consideration. Once an individual had been deemed eligible, there would be no requirement for them to act on the decision within a specific timeframe. Indeed, in jurisdictions around the world, we see that around a third of those who successfully apply for an assisted death do not ultimately end up using it. Often, it is enough to know that the option is there, should it be needed, allowing the dying person the peace of mind to get on with getting the most out of the rest of their life.

Should a person wish to proceed, however, the medication would be prescribed by a pharmacist and delivered by a medical professional, who would check capacity and intent and remain present; it would then require to be self-administered by the individual.

Although, clearly, there is overwhelming public support across Scotland for a change in the law, I have, throughout stage 1, engaged with and listened closely to those with concerns. For example, I have reflected on concerns on the minimum age threshold and am persuaded of the case for amending the bill at stage 2 to raise that to 18.

Concerns have also been raised by some disability groups and campaigners about the impact that, they say, the bill would have on efforts to improve the rights and lives of those in the disability community. I have taken those concerns seriously from the outset and have done my best to engage. At this point, I pay tribute to Pam Duncan-Glancy for the time that she has spared me to discuss the issues. Fundamentally, we are arriving at different points, but I am enormously grateful for her insights.

I know from family experience that many in the disability community face discrimination in a society that, too often, devalues them. Disability campaigners who wrote to MSPs last week agree, pointing out:

> "It is unacceptable that people with disabilities continue to face social stigma, inequalities ... and inadequate support, including at the end of life. These problems need urgent attention."

They go on to say:

> "However, it would be a mistake to conclude ... that we should oppose legalising assisted dying for terminally ill people until those wider problems are fixed.
>
> It is paternalistic and offensive to imply that reducing choices will resolve inequalities."

Denying dying Scots more choice will not enhance the lives of those with a disability; nor would it be acceptable for a person with a disability who meets the eligibility criteria under my bill to be denied the same choice as anyone else.

The Cabinet Secretary for Health and Social Care (Neil Gray): I thank Liam McArthur for taking an intervention as he sets out his introductory points. I will ask two practical questions. First, how does he envisage the delivery of the service? Does he expect it to be as available in his Orkney Islands constituency as it would be in my Airdrie and Shotts constituency, or would it be more centrally operated?

Secondly, in the determination of their decision making, how does he envisage accounting for those who have fluctuating capacity?

Liam McArthur: I thank the cabinet secretary for those questions—which, again, were raised during evidence to the Health, Social Care and Sport Committee. On delivery, there has been much discussion about whether there would be an opt-in or an opt-out model of care. I am reasonably relaxed about that but would need to understand how an opt-in model might work. As happens across the board at the moment, health and care are delivered in a way that meets the needs and circumstances of different parts of the country. The decision on how best to deliver would be for the respective health boards, working alongside partners.

On fluctuating capacity, there are questions around capacity as a whole. The medical profession consistently wrestles with that issue at the moment and, ultimately, any legislation would need to reflect that. However, as I have said, there would need to be a determination that there was the capacity to understand the consequences of the decision that was made, not just at the point at which the request was made but at the point at which medication was provided. If it is felt that additional safeguards are necessary to ensure that that happens, that individuals have the protection that they need but that access is available, I am open to looking at those.

Importantly, it appears—as polls confirm—that a sizeable majority in the disability community support a change in the law every bit as strongly as the population as a whole. That said, I am committed to continuing to engage with Ms Duncan-Glancy and, if they wish, the three groups that have been most vocal in their opposition to the bill, to see what might be done at stage 2 to allay those concerns as far as possible.

Pam Duncan-Glancy (Glasgow) (Lab): I appreciate the comments that Liam McArthur has put on the record about the way in which the debate has been conducted, and I thank him for the respect that he has afforded to all views on the issue.

When people, including disabled people, are first asked about assisted dying, they consider it on the surface to be about choice. However, then questions start to be answered about what it could include and whether it is about real choice, with some people believing that it is about the withdrawal of care and others believing that it is about palliative care, albeit that the bill is about neither of those but is about assisting someone to take their own life. Does he accept that, when that is explained, the majority of people do not support it?

Liam McArthur: I thank Pam Duncan-Glancy for that intervention. I do not think that that is the case. Polling consistently shows support, not only in the population at large but across the disability community. That is not to say that there is not a very real need to open up that discussion in order to answer the questions that people have.

There are those who have a firm view in support and those who have a firm view in opposition, but many simply have questions about the practicalities of how assisted dying might work in practice, such as those that the Cabinet Secretary for Health and Social Care asked. Research by the University of Glasgow's Professor Ben Colburn into the way in which assisted dying laws work in practice around the world found no evidence that they harm people with disabilities, undermine access to healthcare or promote disrespect of people with disabilities. However, if we have the opportunity, I will continue to engage with Pam Duncan-Glancy at stages 2 and 3, to address any other concerns.

I turn to the definition of terminal illness, which Liam Kerr mentioned in his intervention. The bill requires a person to have an illness, disease or condition that is worsening, will continue to worsen and is at an advanced stage. The illness must be one that a person will not recover from, and which is expected to result in their early death. I do not believe that the definition should include a specific period of life expectancy, and I note that the committee agreed. I remain confident that the definition gives clear effect to the policy intent, which is to cover terminally ill adults in the final stages of their illness. However, as I said to Liam Kerr in response to his intervention, those and other aspects are matters for debate and amendment at stages 2 and 3.

To those who argue that we should be focused solely on improving palliative care, I make the point that it is not a case of either/or—we need both. Investing in improved quality of and access to palliative and hospice care, as well as good social care, is imperative. It will be what the vast majority of dying Scots continue to rely on, even after any change in the law.

However, we know that there are those who find themselves beyond the reach of palliative care and who are desperate for more choice. We know, too, that in jurisdictions with assisted dying laws in place, not only have those laws often gone hand in hand with increased investment, but, as the committee heard, there has been improved understanding of and engagement with palliative care. Therefore, we can and must do both, and I pay particular tribute to the work of Miles Briggs in that area.

On the question of legislative competence, my view has not changed since the introduction of the bill, when, after careful consideration and advice from legal officers, I signed a statement of competence. That view is shared by the Presiding Officer. Should Parliament back the general principles this evening, I will engage with the Scottish and UK Governments and seek to facilitate discussions to ensure that the will of this Parliament can be delivered. I echo the committee's report in welcoming the Scottish Government's commitment, should the bill pass at stage 1, to open dialogue with the UK Government and keep this Parliament updated.

Today, we can take a significant step forward by giving terminally ill adults across Scotland more choice. Yes, it is a brave step, but it is a compassionate one, and it is a step that I believe Scotland is ready to take. As well as international evidence, my bill draws on understanding gained from previous attempts to change the law, led by colleagues including Jeremy Purvis, Patrick Harvie and the late Margo MacDonald.

Fifteen years ago, Margo MacDonald stood in this chamber, speaking in the stage 1 debate on her End of Life Assistance (Scotland) Bill. She said:

> "We, the Parliament that represents the wishes, beliefs, hopes and determination of our fellow countrymen and women, are doing something today that Parliaments are meant to do: we are trying to find an honourable, fair and equitable solution to a problem".—[*Official Report*, 1 December 2010, c 31042]

Fifteen years on, Margo's words remain pertinent.

As I said at the outset, it is the voices of dying Scots and their families that must be at the heart of today's debate. In bringing my remarks to a close, let me quote Ani, from North Uist, who was diagnosed with MND in 2022. She said:

> "I am not afraid to die. I want to live, I want my life to continue, but right now I am living with extreme anxiety about suffering.
>
> If I had the right to choose what is best for me I could let go of all the anxiety and fear. For me assisted dying is,

funnily enough, a life line. I could let go of sleepless nights, stressed filled days, and constant anxiety ridden thoughts."

Ani's words show that there are consequences, too, to not changing the law: the horrendous decisions and bad deaths faced by dying Scots; the trauma for them and those left behind; the higher suicide rates that we see among those with a terminal illness; and people spending their life savings to go to Dignitas earlier than necessary and far from home at the end.

However, those are questions for another day and another debate, at stage 3, when the final detail of the bill will be known. For now, I ask members to back the general principles of the bill to allow it go forward for further scrutiny and amendment. In the context of the stories that we hear ever more often, ever more loudly and ever more painfully from our constituents, that is surely not an unreasonable ask. We cannot continue to leave this issue in the "too difficult" box. That would be unforgivable.

I move,

That the Parliament agrees to the general principles of the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

14:40

Clare Haughey (Rutherglen) (SNP): As convener of the Health, Social Care and Sport Committee, I am pleased to speak to our stage 1 report on the Assisted Dying for Terminally Ill Adults (Scotland) Bill. Starting with two calls for views that ran during July and August 2024, the committee has undertaken detailed scrutiny of the bill at stage 1 over a period of 10 months. We have listened carefully to strongly held views from people who support assisted dying and those who oppose it. We have gathered detailed evidence on all aspects of the bill. I place on the record the committee's sincere thanks to those on all sides of the debate who contributed to our stage 1 scrutiny.

From the outset, the Parliament has agreed that voting on the sensitive topic of assisted dying should be treated as a matter of conscience. In recognition of that, the committee decided to make no overall recommendation on the general principles of the bill at stage 1. Instead, we highlighted a number of key considerations for members to take into account in deciding how they will vote today. We looked carefully at the human rights that are protected under the European convention on human rights and which might be affected by the bill. Those include the right to life under article 2, the right to respect for private life under article 8, and the prohibition on discrimination in article 14. In that context, members will need to consider how likely it is, or how serious a risk there might be, that a human rights-based legal challenge could result in the scope of eligibility for assisted dying being expanded over time, contrary to the original intentions of the bill. Equally, in deciding how to vote, members will need to judge for themselves whether the bill strikes an appropriate balance between providing a right for terminally ill adults to access assisted dying and giving adequate protection to vulnerable groups.

As part of its scrutiny, the committee took evidence on the related issue of palliative care. We heard how important good-quality palliative care is for people who are approaching the end of their life. No matter how the Parliament votes on the bill today, it is to be hoped that the debate will provide a catalyst for further improvements to be made to the quality and availability of palliative care services in Scotland. If the bill progresses to stage 2, we suggest that the safeguards that it contains and its compliance with human rights requirements could be strengthened. Those could be achieved through amendments to establish an independent oversight mechanism, such as an independent review panel, or to create a potential monitoring role for the chief medical officer.

We have looked carefully at the eligibility criteria for assisted dying that the bill sets out. On balance, the committee is satisfied with Mr McArthur's rationale for not including in the definition of "terminal illness" a timescale for life expectancy, and leaving individual decisions on eligibility to clinical judgment. However, we think that certain of the criteria, specifically those on minimum age and residency, might benefit from further consideration and clarification should the bill progress to stage 2. In that context, I note Mr McArthur's recent comment that, should the bill progress to stage 2, he would propose amending the minimum age threshold for eligibility from 16 to 18. I should add that the committee would wish to undertake further engagement on that aspect prior to stage 2 proceedings taking place.

The detail of the provisions on capacity would also be worthy of further consideration at stage 2. In particular, there should be scrutiny of the resource implications for the medical professions of their having to assess capacity, by ensuring that the capacity of people with mental disorders would be assessed in a fair and non-discriminatory way while also providing suitable protections for vulnerable adults, and defining how the eligibility of people with fluctuating capacity would be determined.

We heard a range of views from healthcare professionals about the way in which assisted dying would be delivered in practice were the bill to become law. We recognise Mr McArthur's intention that assisted dying should be delivered via a service model that enables integration with existing services, rather than being provided as a stand-alone service. If the bill becomes law, we think that it will be important to monitor the impact on existing healthcare services over time. We believe that, if the bill progresses to stage 2, it might be appropriate to explore through amendments whether specific aspects of assisted dying would be better delivered on a stand-alone basis. In particular, that might be considered necessary to ensure consistent access across the country, including in rural and remote areas and the islands.

The committee has heard evidence of significant discrepancies in the estimates of the training costs associated with the bill. Those costs might also vary significantly according to a number of factors. Whatever the costs of training ultimately prove to be, should the bill become law, we would expect the Scottish Government to set out how it intends to meet them in a way that does not negatively affect available funding for existing services.

We welcome Liam McArthur's preparedness to consider further the sections of the bill that relate to the provision of assistance. The evidence that was submitted to the committee has led us to conclude that the provisions of the bill concerning self-administration and provision of assistance will require further clarification should the bill progress to stage 2. Whether through amendments or more detailed guidance, further clarity will be essential to ensure that all parties involved are suitably protected should the bill become law.

The committee has concluded that the wording of the section on conscientious objection will require further attention at stage 2 to ensure that it provides an appropriate level of legal clarity and certainty for all parties involved in the assisted dying process. Some stakeholders have called for the bill to include a no-duty clause, meaning that healthcare practitioners who decide to exercise a conscientious objection would be under no obligation to refer an individual who has requested assisted dying to a healthcare colleague who is able to deal with that request. However, we have also heard concerns that the inclusion of such a clause could create unreasonable barriers to access to assisted dying. We have concluded that, where healthcare practitioners exercise a conscientious objection, there should be a minimum expectation that they will refer patients who request assisted dying to a colleague who does not share such an objection. As a bare minimum, they should be expected to provide additional information about the process.

We believe that the potential inclusion of a no-detriment provision would merit further investigation at stage 2, as it could help to protect healthcare staff from potential workplace discrimination if they decide to be involved in an assisted dying or, equally, if they decide to exercise a conscientious objection in order not to be involved.

We have noted Mr McArthur's willingness to explore further the possibility of creating an opt-in model of participation in assisted dying for healthcare practitioners. That might merit further examination via amendments at stage 2.

Irrespective of the position that the Parliament takes on allowing or prohibiting institutional objection, we believe that amendments will be needed, should the bill progress to stage 2, to provide further clarity so that institutions understand how they will be permitted to act should the bill become law. We have taken a particular interest in potential alternative models for assessing coercion, such as those that were created in relation to living donors by the Human Tissue Act 2004. We believe that such alternative models should be explored further via amendments should the bill progress to stage 2.

We welcome Mr McArthur's preparedness, should the bill be approved at stage 1, to consider mechanisms for reviewing and updating guidance on coercion. That will ensure that health practitioners are suitably equipped to assess coercion effectively and will allow the related offence created by section 21 to be policed appropriately.

There has been a good deal of commentary on the provisions in the bill that may be judged to extend beyond the legislative competence of the Scottish Parliament. Mr McArthur has acknowledged the constraints that issues of legislative competence will place on the full implementation of the bill until they have been resolved. That will require an open dialogue to take place between the Scottish Government and the United Kingdom Government, with a view to reaching an agreed solution. Many stakeholders have emphasised that it will take time for a workable solution to those matters to be agreed and implemented. Nonetheless, our report welcomes the Scottish Government's commitment to enter into a dialogue with the UK Government should the bill progress and to keep Parliament regularly updated on progress.

Should the general principles of the bill be agreed to today, its information reporting and review provisions will be particularly important, and our report highlights a number of areas that will require further reflection at stage 2. Those include the information that is required to be collected as part of the review process; whether five years is an appropriate review period for the bill; and whether the bill should include a sunset clause, which would mean that the legislation could not remain in force beyond a defined period without a further vote in Parliament.

In conclusion, I reiterate my sincere thanks to all those who contributed to the committee's scrutiny of the bill at stage 1, whether by submitting written evidence, giving oral evidence, participating in informal engagement or contributing personal testimony of their lived experience. I also put on record my thanks to the committee clerks for their work on the scrutiny, and to Scottish Parliament information centre colleagues for their assistance to the committee.

The committee has very deliberately not made an overall recommendation on the general principles of the bill, out of respect for Parliament's desire to approach the issue of assisted dying as a matter of individual conscience. However, I hope that, in presenting the evidence that we have gathered during our careful scrutiny of the bill at stage 1, the committee has made a positive and useful contribution to today's important debate, and that the contents of our report will be helpful to individual members in deciding how they vote on the bill today, and in informing further scrutiny of the bill should it progress to stage 2.

The Presiding Officer: We move to the open debate.

14:51

The Cabinet Secretary for Health and Social Care (Neil Gray): First, I extend my thanks to Liam McArthur for introducing the bill. I think that every member, regardless of their personal view on the bill, would agree that Mr McArthur has undertaken careful and considered work on this complex, sensitive and emotive topic.

This debate is one of the most significant that we have faced during the current session of Parliament, and the vote is a matter of conscience for colleagues on all sides of the chamber. As you will be aware, Presiding Officer, colleagues will be wrestling with their individual consciences, recognising that there is no inconsequential choice before us today.

The Government has taken a neutral position on the bill at this stage—a decision that I outlined in my memorandum to the committee last year. As the Government's lead minister for the bill, I feel that it is important that I reflect the Scottish Government's position, and so, after careful consideration, I have taken the decision to abstain in the vote today.

I have paid close attention to the committee's evidence gathering, and before I address the recommendations in the committee's stage 1 report, I pay tribute to it for its diligent scrutiny. Although committee members will, of course, have their own personal views, they have put those to one side, listened dispassionately to the evidence and produced a sensitive and well-crafted report to assist MSPs in their deliberations. I thank members of the committee, those who gave evidence and the clerks for the service that they have given to us all.

The committee's recommendations included considering how the bill would interact with all other key aspects of end-of-life provision and consulting with specialist bodies to ensure that capacity provisions in the bill are fair, do not discriminate and offer protection to vulnerable groups. Although I, on behalf of the Government, will remain neutral at this stage of the bill process, should the bill pass stage 1, we will engage sensitively and constructively on the issues that the committee has raised; the need to be demonstrably objective in that phase is a second explanation for my abstention today.

The committee raised the issue of legislative competence. I am pleased that Mr McArthur has acknowledged concerns around legislative competence and has sought to propose options for remedy in his policy memorandum. I know that Mr McArthur takes the issues of competence very seriously, and I give him and every member in the chamber my commitment that, should the bill pass stage 1, the Government will consider his proposals carefully and decide on the best route forward.

I would like to reflect on the recommendation concerning end-of-life care. Although I do not wish to conflate matters, knowing that palliative care can benefit people for many years and not just at the end of life, it is important to restate the Government's commitment to ensuring that everyone who needs it can access well co-ordinated, timely and high-quality palliative care and care around dying. That commitment will remain paramount regardless of the outcome of today's vote. There is not a choice of one or the other before us today, but rather a decision on the principle of assisted dying.

We are currently finalising the consultation analysis report on our draft strategy, "Palliative Care Matters for All", and we will publish the final strategy and delivery plan this summer. The draft strategy focused on deliverable outcomes and actions that will help people of all ages get access to high-quality palliative care services, wherever they might be. It also focused on ensuring that our public services are sustainable, person centred and effective, particularly as the need for palliative care increases in years to come. The feedback from the consultation showed strong support for that person-centred approach, which will be reflected in the final strategy.

Palliative care that is delivered well can reduce hospital admissions and unnecessary treatment while improving outcomes for patients. That is why we want those who have responsibility for planning and delivery of health and care services to prioritise palliative care and invest in it some of the record £21.7 billion that we have put into health and social care services this year.

However, funding in isolation is not enough. We need everyone in Scotland to feel empowered to talk about living and dying well and to understand what services are available to them when they need them.

Whether or not we, as individuals, support the principles of the bill, we should be grateful for the spotlight that the debate has put on palliative care. I take this opportunity to put on record my gratitude to the NHS staff, hospice staff, community and social care staff and general practice staff who provide palliative care services across Scotland. They do a remarkable job.

Pam Duncan-Glancy: If the bill were to pass, what area of the health service budget would provide the additional training and support that would be required?

Neil Gray: That question came up during the committee scrutiny stage. Other than to say that we believe that there will be a cost that has not been fully factored in, that will be a decision for Government to look at, depending on the progress of the bill. We do not have a view on that at this stage of the proceedings.

I thank everyone in the chamber for the way in which members have handled the discussion around assisted dying thus far. I know that today's debate will continue to be conducted with similar sensitivity and respect. Irrespective of the outcome of this vote, we must use the momentum to ensure that Scotland is a place in which we can have open, honest and supportive conversations about living and dying well.

I will return to the point that I made earlier about the consequential choices that we have before us. Given the deeply held views in Parliament and among our constituents, whichever way Parliament votes this evening, we must show leadership to those whose views will not have been reflected in Parliament's decision and provide reassurance, support and clarity. Regardless of the position that Parliament takes today, I intend, as quickly as possible, to do what I can from the Government's perspective to provide just that.

14:57

Edward Mountain (Highlands and Islands) (Con): I stand to speak in this debate with sadness, because it is all about the ending of life. During life, there will never be a bigger decision than the decision either to take a life or to sanction the ending of life.

As a young soldier, my view was that death happened to other people, but age and cancer made me realise that death was inevitably coming closer, and I was forced to contemplate carefully how my life might end. That was not a comfortable or easy experience, and the bill brings all of that into sharp focus.

I speak not with any religious beliefs, but as a son, husband and father—and soon, I hope, a grandfather. Those are the things that drive me to ensure that what we do is right and they are the reason why I will always seek life.

I have attended many of the pro-assisted dying meetings and listened to why some people believe that they have the right to choose how and when they die.

Let us be clear that, if one has a terminal illness, knowing that one will automatically have access to the best palliative care is fundamental to feeling in control of one's illness. Indeed, it gives one options, which is why I support Miles Briggs's proposed bill to ensure the provision of proper palliative care. Indeed, my opinion is that the issue of proper palliative care was one of the key reasons why previous bills on assisted dying fell.

If one does not know that one has control, there is no doubt that one will look to get control, and that is, inevitably, what will drive some people to supporting the bill. To my mind, that is a form of coercion. Although the bill attempts to prevent all types of coercion, I believe that it fails.

I believe that there are three types of coercion—active, passive and state coercion. Although the bill may try to prevent open and active coercion, it does nothing to prevent passive coercion. The lack of sufficient palliative care will make people think about the potential cost of their private medical care and think that every penny that they spend on that care is one less for their family. It therefore will become a mix of passive and state coercion—as, in my opinion, was the imposition of the family farm tax. In that case, if you died quickly enough, then you could give your farm to your family tax free. The bill thus invites an early death and transforms the right to die into a duty to die—and, then, it becomes truly unacceptable.

This bill ensures that the NHS medical practitioner who delivers the as yet unspecified mix of drugs to the patient will remain with that person until they die. We know that there are no available drugs that have an on-label use to cause death. If there were, they would be used in countries that approve of the death penalty. The unapproved mixture will need to be accompanied by a strong anti-nausea drug—and I can vouch that some of those are not infallible.

The Acting Minister for Climate Action (Alasdair Allan): I suspect that the member is coming to this point. Does he agree that, despite the many impassioned and sincere cases that have been and will be made today, one of the issues with the bill is that it does not specify the substances concerned, but leaves that to ministers?

Edward Mountain: The bill does not do that because it is not known which substances are available. Some of the more effective substances are no longer produced. I think that that causes a problem.

Liam McArthur: Will the member accept an intervention?

Edward Mountain: I will, if I have time.

Liam McArthur: For clarity: one would not expect the medication to be put in the bill. Due to the need for legislative competence, it would be inappropriate to set that detail out in the bill. That detail will have to come in due course, but I assure Mr Mountain—and Dr Allan—that there is no indication that the medications that are used in places such as Australia and New Zealand have caused any problems whatsoever.

Edward Mountain: I understand why the drugs will not be put in the bill. Evidence from Canada has proven that no drugs are 100 per cent guaranteed to work, be pain free or be as quick as is necessary.

I know that my time is running short and there are many matters that I have still not addressed, such as the competence of the bill and who should be eligible. I understand that Mr McArthur has said that 16-year-olds should no longer be eligible. In its stage 1 report, the committee identified that a plethora of amendments would be required, and there are many errors that Liam McArthur himself accepts will need to be amended. All of those, and my specific concerns, tell me that the bill should stop here and should never progress until we are sure that everyone is able to get palliative care, so that they are not coerced into opting to end their life.

I cannot support the bill. In my mind, the Parliament has a duty to make it easier to choose life, rather than to make it easier to die—which is what the bill will do.

15:03

Daniel Johnson (Edinburgh Southern) (Lab): It is a great privilege to follow Edward Mountain's speech.

I address my first remarks to my constituents. This is a debate unlike any other. It is a free vote, but given the importance of the debate, I say to my constituents that I take my responsibilities very seriously. My position reflects both the views that have been communicated to me over my time as an MSP, since 2016, which have broadly been in favour, and the views that have been more critical. In particular, it reflects the balance of views that I have heard in recent weeks, including at the event that I held last week in my constituency.

I believe that society's views have changed. This is an important issue for the Parliament to discuss, and we should try, as best we can, to form a settled view. Above all else, we must do so on the basis of principles. That is why I will vote for the bill at stage 1; however, I will reserve my position because I have a number of concerns, which I will set out.

When I have observed friends and family members facing their final moments of life, I have found myself reflecting: should they have this option? I have thought to myself, as I have seen them face the end of their life: what would I want?

Should we be giving people the choice, while capacity, capability and opportunity are being removed from them? Should we be giving them this final piece of control and final element of decision making over their lives? My answer to that basic fundamental principle is yes.

We can call that bodily autonomy and decision making of the individual, but, fundamentally, it boils down to that question. Would you want that choice? Would you want that choice for others? That is not to say that that choice needs to be made, but should it be available?

In facing these matters, I also think about the harm principle, which is that the only purpose for which people can be prevented from doing things is to prevent causing harm to others. In that basic act, I do not see the harm, which is why I think that Parliament needs to fully consider these matters. It must expose all the detail through stage 2 in order to challenge whether the bill can meet the concerns that I think are there.

There are wider harms that we must consider, such as the pressure on the individual and the potential for changed relationships with family members and professionals, particularly clinicians. We must also consider, in terms of social outcomes, the changed expectations that people might have at the end of life. I believe that there are provisions in the bill that address some of those issues, but it could perhaps go further.

For me—this is an important point—it is about ensuring an autonomous act. The final act is one that the individual would need to take for themselves. I could not have voted for the previous bills because that would not have been the case under them.

That is important for clinical relationships, which would be fundamentally altered if the final act were to be delivered by a clinician. Most importantly, it is about consent—the ability to remove one's consent and to withdraw it at that final moment can be achieved only if it is an autonomous act. However, I have concerns about whether that element of the bill is robust. I recognise that the issue is covered in the policy memorandum, but is what is in the bill sufficiently strong?

Likewise, the definition of "terminal illness" is incredibly important. We have seen the expansion of similar legislation in other countries. It is important that it is about the acceleration of a process that is inevitable for the individual. It is important that it is not about providing death where death is not there. The definition is critical to avoid dangerous social outcomes and to meet those changed expectations. I worry that the bill as currently framed allows for the possibility of expansion, that the curtailment-of-life requirement is not sufficiently clear and that those with long-term chronic conditions with reduced life expectancies could meet the definition. The definition needs to be tightened up. Above all else, we must be alive to the possibility of social effects.

All of those aspects can be looked at throughout the parliamentary process. They need to be resolved. I am not saying that any of those conditions would necessarily be sufficient, but those are the areas that need to be looked at most closely. We need to look at the definition.

Another issue is the timing. It is also important that, in making a declaration, clinicians are clear that the person is free of coercion or pressure. Above all else, it is vitally important that the no-detriment principle applies to individuals and organisations that opt out.

In the end, death is an inevitability for all of us. The bill is about providing options and control in a situation in which those are being removed from people because of life itself. It is about a balance of competing but equally strong and compelling arguments. Ultimately, I take the view that death in itself is not a harm but that the nature of death can be. Our decision tonight is about whether we can improve those circumstances and people's situation as their life comes to an end. I know that colleagues will make the right decision based on their conscience.

15:08

Rona Mackay (Strathkelvin and Bearsden) (SNP): This has been a difficult speech to write, and it will be difficult to deliver.

Unlike some members whom we might hear from in the chamber today, I, thankfully, do not have personal experience of any of my loved ones suffering a bad death. However, I strongly support the bill because I believe in giving terminally ill people the right to choose a dignified and peaceful death. I cannot, in good conscience, deny them that right. I say to those who are conflicted on what decision to make today that they do not even have to agree or like what has been proposed in the bill, but I ask that they please do not deny terminally ill people their right to choose.

As co-convener of the cross-party group on end of life choices, I know that the bill represents the culmination of years of meticulous research and cross-sector consultation. I commend the Health, Social Care and Sport Committee for its stage 1 report, which was fair and balanced.

The bill is not a leap into the unknown; it is a cautious, evidence-based step forward. Voluntary assisted dying is grounded in international best practice, and it builds on proven models in Australia, the United States and other jurisdictions. It has been developed through extensive consultation with experts and those with lived experience of terminal illness. The framework that it proposes is safe, compassionate and practical.

The decision that members will make today is very personal, and I respect those who feel that they have a dilemma and cannot vote for the general principles. Voluntary assisted dying is not mandatory but a choice, so I can only assume that opposition is based on religious conviction or the fear of coercion.

To address that point directly, international experts, such as Professor Ben White from the Australian centre for health law research, have clearly stated that there is no evidence of people being coerced into choosing assisted dying in countries where it is legal. On the contrary, the evidence—this is Government data, not anecdotal—shows that families often try to dissuade loved ones from choosing assisted dying. American doctor Ryan Spielvogel, who gave evidence at Westminster, told members of Parliament:

> "I have never seen a case where I even suspected coercion."—[*Official Report, House of Commons, Terminally Ill Adults (End of Life) Public Bill Committee*, 28 January 2025; c 101, Q76.]

He said that, if anything, it is families who are not ready to let go that put in place emotional roadblocks.

As an additional safeguard, the bill would introduce a new criminal offence of coercion, with a sentence of up to 14 years in prison, which no previous assisted dying bill in Scotland has included.

John Mason (Glasgow Shettleston) (Ind): I take the member's point about coercion. Does she accept that, for some people, the issue is not coercion but that they feel that they are a burden? Although the family might not see them as a burden, they themselves feel that they are a burden.

Rona Mackay: That might be the case, but the bill details that two independent doctors have to say that a person is terminally ill for assisted dying to happen, so we cannot wipe out the bill's benefit on that basis.

Liam McArthur: Will the member give way?

Rona Mackay: I will just carry on, thank you. Oh, sorry—I beg your pardon. Yes, I will take the intervention.

Liam McArthur: Does Rona Mackay accept that the burden issue is genuine and a sentiment that is keenly felt by people at the end of life, but at the moment, no safeguards or guardrails are in place for those who feel that they are a burden?

Rona Mackay: I will come on to that shortly. An additional safeguard that the bill introduces is a new criminal offence of coercion, with a sentence of up to 14 years, which no previous such bill has included. Mental capacity and freedom from outside influence are confirmed at every stage, and the person can change their mind at any time.

Doctors are already trained to identify coercion in contexts such as abortion care and treatment withdrawal. That duty exists—it is not unique to the bill but a standard part of ethical medical practice.

It is important to understand that denying people access to voluntary assisted dying does not prevent assisted deaths; it merely pushes them underground. Dr Amanda Ward, a global expert in this field, documented in her PhD thesis numerous examples of amateur assisted deaths in Scotland, some of which were horrific. Relatives of people who help a loved one to end their suffering end up in jail, and deaths occur without there being any safeguards or professional support in place. That is the alternative to the bill: a system that fails the dying, doctors and the law. In essence, what the bill proposes is far safer than the status quo.

On the question of palliative care, there is no conflict—it is not an either/or choice. Public support for that choice is clear. Polling consistently shows that most Scots, across all demographics, support the bill. Liam McArthur has drawn on the expertise of Scottish organisations such as Friends at the End, Dignity in Dying and the Humanist Society. Those groups speak for thousands of their members. Their voices are not abstract; they are rooted in real grief and love and united by a powerful determination to spare others the same heartbreak.

We are in a fortunate position. What sets the bill apart from previous proposals is that many of the concerns that were historically associated with assisted dying can now be addressed with robust evidence. Nearly a decade on from our most recent debate, we are no longer relying on theory—we have substantial international data to inform our decision.

It is our responsibility today to consider the general principles of the bill. It is careful, credible and compassionate, and it reflects the values of a country that believes in dignity, autonomy and evidence-led policy. We have a chance to show the Scottish Parliament at its best: progressive and profoundly compassionate.

It is time: it is time to listen to the voices of dying people and it is time to vote for the general principles of the bill.

15:15

Jackie Baillie (Dumbarton) (Lab): This is, without doubt, the most difficult and sensitive debate before the Parliament in the current parliamentary session. I pay tribute to Liam McArthur, because his handling of the bill, the respectful debate and the seriousness of his approach have been exemplary. We could not have picked a better advocate for trying to bring about such a fundamental societal change.

I did not support the first two bills that came before Parliament, which were proposed by Margo MacDonald and Patrick Harvie. In my view, they were too wide in scope, but this bill is more focused and therefore it deserves fresh consideration.

I am grateful to the Health, Social Care and Sport Committee for its report and to all the organisations that provided briefings, because they were helpful when we were assessing the various arguments. Like most members, I have been inundated with emails, right up until minutes before the debate, from hundreds of constituents—some have emailed more than once—from many medical professionals including those who are for and those who are against, and from organisations that are in many cases neutral but wanted to share their concerns about the gaps in the bill and the need for further safeguards.

Then there were the very personal stories of constituents. Michelle Moffat from Dumbarton, a former intensive care unit nurse at the Golden Jubilee hospital, booked an assisted suicide at a Dignitas clinic but later cancelled it. Now, six years later, she is in a wheelchair, but she lives a full life, surrounded by family and friends. There is the emotional story of Julia from Cardross, who experienced the trauma of her husband trying to commit suicide on a number of occasions before finally succeeding, because he could not bear living any longer. There are the views of Jim Elder

Woodward, who is disabled and concerned about the implications of the bill for disabled people. All those stories weigh heavily on our decision making.

I understand people wanting choice and dignity and agency in their death, but I worry about the safeguards. I do not want anyone to be coerced into taking their own life. I do not want anyone to believe that they might be a burden to their family and feel a misplaced sense of duty to end their life prematurely.

I worry that the medical profession is so divided and about the practical implications for the NHS—whether medical professionals can opt out or whether training will be given to those who administer end-of-life medication. I have no sense yet from the Scottish Government whether that training can practically be delivered or of the cost of that to the NHS.

Too much has not yet been scrutinised. I appreciate Liam McArthur's willingness to consider stage 2 amendments, but there is a lot to be changed that will not receive the same level of scrutiny that the bill had at stage 1.

I am worried about the unintended consequences of things that we have not even begun to consider. For example, the most recent briefing from Dr Anni Donaldson of the University of Strathclyde raised the concern that abusive men would weaponise the legislation against a terminally ill partner. Whether that is likely, it was not something that I had considered in the context of the bill.

Children's Hospices Across Scotland, which is based in Robin House in Balloch in my constituency, provides world-class respite and palliative care for children. It understandably believes that there should be a legal right to palliative care, and I welcome Miles Briggs's work in that area. However, even with the change in age from 16 to 18, the bill still brings within scope young people who might have years of stable life left to live. It raises issues around a lack of a clear definition of capacity for young people, the lack of training to identify coercion, the structure of the service and the right of health professionals to opt out.

Speaking to hospices more generally, I am left asking what has happened to the Scottish palliative care strategy that was promised three-and-a-half to four years ago but has not yet been delivered. Where is the funding for hospice staff so that their pay can keep pace with pay for equivalent NHS staff? Why are we not investing in palliative care and making it sustainable? I encourage the Government to make progress in that regard. We talk about choice and, at one level, I absolutely agree, but we are not yet really giving people the choice of good palliative care.

I have given all the information careful consideration. I regret that I cannot support the bill in its current form, but whatever happens at the end of today, I will continue to engage with the process.

15:19

Sandesh Gulhane (Glasgow) (Con): I make a declaration of interests, in that I am a practising NHS GP, and I chaired the medical advisory group on the bill.

I thank Liam McArthur for being brave enough to introduce the bill. Today we face a fundamental question: should the Parliament agree in principle to the Assisted Dying for Terminally Ill Adults (Scotland) Bill? Should we allow it to proceed to committee for full and detailed scrutiny?

All of us here are autonomous in our decision making about all aspects of our life, except for our birth, SNP taxes and, at the moment, our death.

Jeremy Balfour (Lothian) (Con): That is not the case for disabled people. Disabled people do not have a free choice to make. Because of their disability, those choices are often limited by society. Does the member not accept that the proposal is yet another pressure put on disabled people, who do not have the same choice as those who do not have a disability?

Sandesh Gulhane: I am sorry, but no, I do not agree with that. The reason is that, in consistent polling, we see disabled people wanting to have the choice. Also, I truly and firmly believe that it is important for everybody in our society to have that choice.

There are colleagues in the chamber and members of the public in the gallery who feel passionately, on both sides. Some strongly support the bill; others are firmly opposed. I respect those views. However, we must acknowledge a painful truth: at present, those in pain and suffering with financial means can travel to places such as Dignitas in Switzerland to end their lives on their own terms, but those without such resources are left to suffer. One rule for the wealthy and another for everyone else: that cannot be right.

The bill, with strict and careful designated safeguards, would give terminally ill people, regardless of their income, the opportunity to choose a peaceful, dignified death at home, supported and safe. I support the bill at stage 1.

I want to be absolutely clear: that is not a position that I have come to lightly. As an NHS clinician, I have cared for many people in their final days. I have sat at the bedside of patients in pain that even the best palliative care could not relieve. I have heard families plead through tears that they "wouldn't let a dog die like this." I have seen the quiet devastation of loved ones forced to watch suffering, knowing that there is nothing more that they can do. Those experiences stay with you—they shape you—and they have led me to believe that we must do better. Where possible, we must offer compassion, choice and dignity at the end of life. That is what the bill seeks to do.

Let me emphasise that this is only stage 1. We are not passing the bill today; we are deciding on its principles and merits, with detailed scrutiny in committee. I believe that it is of merit. The bill proposes a limited, careful, controlled change in the law. It would allow mentally competent terminally ill adults, explicitly those aged 16 or over—although I agree that we should increase that to 18—to request assistance to end their lives if they freely and consistently choose to do so. It would allow mentally competent terminally ill adults to request assistance at the end of their lives if they freely choose that route and then choose to go through with it—because they are not forced to do so. Two independent doctors would have to confirm that the person met strict criteria, and there would be a mandatory reflection period.

I mention those protections because I know that the proposal is distressing for many, especially those in the public gallery who oppose the bill on grounds of faith or principles. As a Hindu and a person of faith, I understand and respect those concerns. The bill has not been rushed. It is the product of years of consultation, legal and ethical consideration and careful medical advice. It has been shaped by deep listening across society, professions and Parliament. Its focus is narrow and compassionate, to give those who are dying and suffering an option for peace at the end, under the law, with dignity and safety.

That said, I must acknowledge my own reservations. We must ensure strong conscientious protections for clinicians. No doctor, nurse or pharmacist should feel pressured to be part of a procedure that they do not believe in. We must invest in the systems to implement this proposal safely.

Pam Duncan-Glancy: Will Sandesh Gulhane take an intervention?

Sandesh Gulhane: I am sorry—I am desperately out of time.

We must be fair across communities. Finally, we must continue to improve palliative and hospice care.

This is a painful and difficult debate, but we owe it to the public to hold the debate openly, respectfully and with care. The bill will not bring comfort to everyone, but, for some, it might offer peace, dignity and a final sense of control in the face of death. With compassion for those who oppose the bill and care for those who suffer, I support the bill at stage 1 and urge colleagues to let it proceed to full scrutiny.

15:25

Patrick Harvie (Glasgow) (Green): I want to recognise not just the years but, in fact, the decades of work by many people. In parliamentary terms, I recognise the work of Jeremy Purvis and then Margo MacDonald, whose second bill I inherited when she died before she was able to bring it to the Parliament, as well as the likes of Kim Leadbeater and other MPs before her who have advanced the argument at Westminster.

I believe that Liam McArthur's work on the bill, in learning from previous debates and scrutiny, marks a significant improvement on past efforts. In discussing the bill today, I will focus on the general principles rather than the detail.

The issue requires us to debate things that can be uncomfortable. It also requires us to listen to one another in ways that we, in the Parliament, always should do but often fail to. I thank everyone who has been in touch with me, whether to express their support or to share concerns, questions or strongly held opposition on the issue.

There has been long-standing public support for a change in the law, but it has taken time to create a bill that could properly bring the law into line with public views. As Liam McArthur has set out, there are many reasons for the complexity of any proposals for change, but, as he said, it is not always recognised that there is complexity, uncertainty and incongruity in the current law, too.

Fundamentally, a great deal of the debate comes down to the very different values—valid and deeply held values—that we hold. We live our own lives by those different values, and we bring them to the debate. People might express their values in terms of individual autonomy; the relief of suffering; the equal value of all life or, for some people, the sanctity of life; the relationship between doctors and patients or between carers and those who are cared for; the protection of the most vulnerable people in our society; or in many other ways.

Even though each of us will decide how we vote tonight, the debate should not be seen as one that is polarised between supporters and opponents. I do not think that most people are at one fixed point or the other. Many people who want the Parliament to vote yes this evening understand and respect the concerns that have been expressed by others, some of which they might share. Many people who want the Parliament to vote no respect and understand the wish of others to express the right to choose.

I know that, for some people who are concerned about a change in the law, the passionate support that some express for the principle can seem to obscure the social context in which people make choices. It is important that we recognise that social context, whether it is about social care, health services, palliative care or the diverse services and forms of support that many disabled people need in order to live their lives. We do not all make our choices in a context that is equal. That is a point that I have heard Pam Duncan-Glancy, in particular, make very clearly, and I look forward to hearing her contribution to the debate.

Is that social context lacking in today's society? Yes, undoubtedly. Will it ever, even in the most optimistic version of our future, be perfect and unimprovable? No. If that issue is the central objection that some people hold to a change in the law to allow assisted dying, could there ever be some threshold of acceptability in terms of social context? I think that it is very hard to make that case.

The context of our society is not static, so we should be asking ourselves whether legalising assisted dying will stop us trying harder or will make us do better. Some people are genuinely concerned that the former will happen, while others, as Liam McArthur set out, point to positive evidence from other places that shows that we can do both, and that assisting dying and improving the support to allow people to live life on their own terms can happen at the same time.

Do the concerns justify refusing to give people the help that they choose, on their own terms, when they approach the end of life? The fundamentally different values that I mentioned, all of which are both subjective and valid, lead us to different answers to that question, but, for me, that is the very reason why we should allow people to reach their own decisions. If all people deserve the right to live life on their own terms, they surely have the right to face its end on their own terms, too.

In a recent media discussion with Pam Duncan-Glancy, I argued that our lives are our own and belong to us. Pam replied by quite rightly pointing out that that is far from being the practical reality of life for many disabled people. However, arguing that our lives are our own does not mean ignoring the ways in which we depend on one another as individuals and across society. In truth, nobody is truly and wholly independent, and the nature and degree of our interdependence differs markedly because of many factors, including disability.

Interdependence can be one of the enriching things about human life, and it should not be dismissed or devalued, but I cannot agree that it is right to use that as a rationale for legally imposing a denial of the right to choose. Surely it is never more important than at the most difficult time in life, when we approach its unavoidable end, for us to be supported on our own terms, as we would wish, rather than having someone else's choice imposed on us by the force of the criminal law. That is important precisely because our differing values matter.

I genuinely do not know which choice I would make—perhaps we cannot know until we face it—but the choice should be there. I cannot accept that it is our right as legislators to use the criminal law to force everyone down one path, towards one way of facing the end of life, because someone else has chosen that. That is why I will be voting yes to the bill tonight.

15:32

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I thank Liam McArthur for the exceptional way in which he has conducted himself in this debate, and I thank members of the Health, Social Care and Sport Committee for their efforts.

The only thing that is clear about today's debate is that, irrespective of how we vote as members, many of our constituents will be left deeply disappointed. The sheer number of emails that we have received and the range of views in them are testament to that.

Although the debate on assisted dying should not be a polarised one, that can be challenging when the reality is that parliamentarians are being presented with a binary choice today. In considering the bill, we are all wrestling with providing autonomy and choice for terminally ill people who have advanced and progressive diseases, illnesses or conditions. However, that must be weighed against a series of other considerations. For example, considerations regarding potential coercion and the lack of choice for some who have terminal conditions give me real cause for concern.

The Scottish Association of Social Work captured much of my concern when it stated:

> "The Bill focuses almost exclusively on physical conditions, neglecting the equally crucial role that relationships, financial circumstances, home environment and social networks ... play in such a decision."

Coercion can be very subtle and difficult to detect. This is no slight on medical professionals, but I am not sure that they are best placed to identify it, and I note that social workers would like social work to have a mandatory role in the process, including in determining the potential for coercion.

Rona Mackay: Does the member acknowledge that it is part of doctors' everyday practice to recognise coercion—for example, in abortion care or in cases of the withdrawal of treatment? Does he acknowledge that that is part of their work and that extra training will be given in the light of the bill?

Bob Doris: I absolutely acknowledge that, but the complexities that are at play when we talk about assisted dying mean that I am not reassured that that could be done adequately and robustly.

The Scottish Partnership for Palliative Care said that

> "It is important to acknowledge openly that there may be trade offs between"

different goals. For example, maximising choice for some

> "may increase the risk of coercion of vulnerable people"

and groups,

> "since procedural safeguards are seldom fully effective".

It added:

> "SPPC does not believe that all risks can be eliminated."

On the inequalities that exist with regard to the actual choices that people have, I ask members to consider the Marie Curie dying in the margins project. The exhibition was on display in the Parliament, and we debated the study, which clearly demonstrated the impacts of poverty, inappropriate housing and the varying levels of support networks. Among many other things, those impact on the life experiences and choices that are open to those who have a terminal diagnosis and require palliative and end-of-life support.

I chair the cross-party group on palliative care in our Parliament. I am confident that access to high-quality and specialist palliative care exists. There can be a good death. However, I am not confident that access to that is consistent or sufficient. For example, we have to do far better on hospice at home care.

Sandesh Gulhane: Will the member take an intervention?

Bob Doris: Will I get some time back, Presiding Officer?

The Deputy Presiding Officer (Annabelle Ewing): There is limited time.

Sandesh Gulhane: I wonder whether Bob Doris might acknowledge that, even with the best palliative care, people will still be in pain, be suffering and be psychologically traumatised.

Bob Doris: I appreciate that there are challenges. I do not think that many palliative care professionals would dispute that. I absolutely appreciate the situation that the member sought to outline during this afternoon's debate.

The public funds that support our palliative care sector need to be significantly increased, and it is the same elsewhere in the UK. We must make common cause to demonstrate political will and increase those funds. Our hospice sector deserves greater financial sustainability, and we also need greater consistency in how we support those who are approaching the end of life with care at home.

Although I welcome the increased attention that palliative care is receiving, it should not take a bill on assisted dying to garner greater attention for it. It stands on its own merits, but it has not been a priority for this Parliament, and that applies across the parties.

I am concerned that, when the Association for Palliative Medicine surveyed its members, who are palliative care specialists, 86 per cent of respondents stated that assisted dying would have a negative impact on services and 81 per cent considered that it would negatively impact recruitment to palliative medicine.

I have various other concerns but, in the time that I have left, I want to talk about how the bill could fundamentally change the relationship between doctors and patients. Concerns have been raised by some that doctors may be under a legal duty—case law was cited—to proactively raise the subject of assisted dying with eligible patients. That would lead to a real dilemma for doctors when terminally ill people ask, "Have we explored all the possible treatment options? What else is there, doctor?" How is a clinician supposed to answer that? Could the trust in those clinicians be undermined? Would such a duty normalise assisted dying? Is that something that we should do? I suppose that we are debating that in Parliament this afternoon.

On balance—it is on balance—I will not support the bill at stage 1 this evening. I expect to hear forceful arguments for why we should support it, but I am not sure that we could amend the bill to identify and tackle the underlying inequalities and realities in society. For me, that is crucial. As a Parliament, we must reach a decision, on balance, on whether to proceed with the bill. I look forward to hearing further from friends and colleagues on both sides of the debate.

The Deputy Presiding Officer: I advise members that there are, quite understandably, a considerable number of members who wish to speak in the debate, and we are trying to accommodate that. To enable that, members have agreed to speak for up to five minutes. I take the opportunity to put that into the mix at this point.

15:39

Douglas Ross (Highlands and Islands) (Con): I do not support the bill and I will vote against it this evening. I say that as someone who has always been against this form of legislation. Despite that, the vote has still been one of the most difficult that I have had to consider. Despite my own personal views, which have not changed—ultimately, I will still vote in the same way—I could not fail to be moved by the experiences that have, throughout this period, been shared with me by constituents who have watched loved ones die in pain and have just wanted to do something about it, or who themselves have a terminal illness and simply want the opportunity to make their own decision about their own life. Given the fact that I, someone who had a firm view on the issue as the legislation started its process, have had difficulty with the decision, I can only imagine how difficult it has been for our colleagues who have been split on the issue or who will take a different position today to the one that they took at the outset of the bill's passage through the Parliament.

The closer that we got to today's debate and vote, the more that ramped up for me and, I know, others. This morning, I woke up to the headline

"MSPs prepare to make crucial life or death decision".

It is as clear as that. What we decide today—one way or the other, whichever side of the argument members are on—will impact on lives and on how people die.

Despite how difficult it is for us all, and despite our debate having been aided by the balanced nature of the arguments on both sides—which is different from previous debates on the issue—I know two things for certain. First, none of us will please all our constituents with our decision today. The country and our constituencies are divided on the issue. More people may be in favour, according to opinion polls, but people are still divided. Secondly—and importantly—I know that every MSP will make their choice today having taken the issue into their heart, having considered it deeply and personally, and having looked at it with great integrity and respect, after a great deal of soul searching and reflection. That is the least that we can do for our constituents, and I think that it will show the Parliament in a good light.

However, I have concerns about the bill, and I will go over just some of the issues. First, I have concerns on behalf of the disabled constituents who have contacted me—we have also heard from Jeremy Balfour about some of his concerns, and Pam Duncan-Glancy has articulated many of the issues before the debate and will do so again today. Many disabled constituents feel that the bill could leave them vulnerable and under pressure to take a decision. A quote that I heard earlier today was that a change in the law may, for disabled people, seem

"more than a right to assisted dying, it becomes a duty."

If they feel that there is a duty on them to end their life to help others, it is more than giving them a right—it is putting a huge burden on them.

Secondly, this could be just the start. In almost every other country in which assisted dying has been introduced, it has grown. It has become bigger. The number of people who are affected has increased. I worry that, if we start the process today, it will simply grow and grow.

Liam McArthur: [*Made a request to intervene.*]

Douglas Ross: I will give way to Mr McArthur in a moment.

The other issue that I want to focus on is the numbers. In his financial memorandum, Mr McArthur suggests that up to 25 people could take the assisted dying route in year 1. The Finance and Public Administration Committee disagreed with that. It looked at international research and did some scientific studies, and it suggested that the number in year 1 could be between 170 and 180. Mr McArthur's medical advisory group has estimated that there could be between 174 and 580 deaths annually. My question is therefore whether the bill would be a success if more than 25 people feel comfortable—in Liam McArthur's view, there are safeguards—about taking their own lives in year 1. Or would that be an indication to us, as parliamentarians, that there could be major flaws in the legislation, which have resulted in more people being able to take their own lives than had been anticipated? I ask that question because I do not know the answer, and I am not trying to direct it in any way. At the very least, we have a great range of potential deaths in year 1 alone, and no one seems to have a firm answer on that.

I give way to Mr McArthur.

The Deputy Presiding Officer: Please be very brief.

Liam McArthur: On expansion of the eligibility criteria, I assure Douglas Ross that there is no example of a terminal illness mental capacity model anywhere in the world in which the eligibility criteria have expanded.

On the numbers, I conceded to the finance committee that identifying the numbers in year 1 and projecting forward is enormously difficult. We have not seen that done in legislation in any other jurisdiction. I based my calculations on an estimate and an understanding, having looked at places such as Victoria and Oregon, which I then transposed to a Scottish context. Although there will be variation, we see that the numbers start off small and then increase as confidence in and understanding of the legislation and the way it operates in practice grow—and, indeed, as the medical profession's confidence grows.

The Deputy Presiding Officer: That was not so brief.

Mr Ross, please bring your remarks to a close.

Douglas Ross: I will. I would like to respond to that intervention, but perhaps I will do so in another debate.

In concluding, I will quote a former member of this chamber. Dennis Canavan was a Labour MP and an independent MSP. He has suffered much personal tragedy in his life. Whenever I have heard him speak on the radio or in interviews about this issue, I have felt compelled to listen to him. As someone who has lost four children, including three sons to terminal illness, he said this about the bill:

> "My sons died in dignity and I disagree with supporters of the Bill who claim that the suicide option is necessary to ensure dignity in death. We ought instead to be concentrating on ways to try to alleviate pain and suffering for people who are terminally ill."

I agree with that. As a father, I cannot think of anything worse than losing a child. If someone who has lost four children, three in such terrible circumstances, takes that view on a bill like this, that is something—and someone—I believe I should listen to, and to whom I have listened. For those reasons, I will not support the bill today.

15:46

Colin Smyth (South Scotland) (Lab): When a constituent looks you in the eye and says, "I am dying. When my time comes, I want the right to choose how I pass in my final days with dignity," it is hard to respond, "That is not your decision—it is mine."

I have had many such conversations with many constituents who are dying, who are afraid not of death but of how they will die. They fear pain, they fear the loss of control, and they fear the indignity. They are not suicidal; they are terminally ill and they want to live, but they also want to have a choice about how they die when the time comes. Respecting their dignity, their right to compassion and their ability to make a deeply personal decision is one of the reasons that I do not oppose the principle of the right to choose assisted dying.

That principle has become practice for us to learn from in a growing number of nations around the world. One story that has stayed with me is that of Brittany Maynard, who was diagnosed with terminal brain cancer at 29. Brittany left her home in California to move to Oregon, which was then one of the few US states to allow assisted dying. The fact that she had to uproot her life and cross a state border to access that right is deeply relevant to us, as we consider this bill at a time when our colleagues in the UK Parliament are considering theirs. Brittany's husband, Dan Diaz, spoke to me and others about how simply having the option of assisted dying gave Brittany peace. It let her spend her final days on her terms, at home with her loved ones. He said that her goodbye was beautiful and peaceful and that her family's grief, although still profound, was made just a little bit more bearable.

In the months that I have spent reflecting on the bill, I have listened to those with a terminal illness, those whose loved ones have experienced assisted dying and those whose loved ones, denied that choice, ended their own lives—often alone, traumatically, in fear and without dignity. I have also heard deeply powerful testimony from those who oppose not so much the principle as the practicalities of the bill, who question whether the safeguards are strong enough to protect the most vulnerable.

If the bill progresses today, we must hear those concerns and Parliament must seek to address them, starting with the proposed age. Sixteen is too young, so I welcome Liam McArthur's commitment to lodge an amendment to raise the age to 18, and I support calls by Children's Hospices Across Scotland for protections to be extended up to the age of 25.

I also have concerns about the definition of terminal illness in the bill. The Health, Social Care and Sport Committee heard strong evidence, including from the Faculty of Advocates, calling for a clearer definition and a time-bound prognosis. I differ from the committee and from Liam McArthur in that I believe that consideration should be given to a six-month timeframe, extended to 12 months for neurodegenerative conditions. Without that, we risk including people who are not near the end of life.

One issue that the committee overlooked is how the eligibility rules would affect people in cross-border communities. To qualify for assisted dying, a person must have lived in Scotland for 12 months and be registered with a Scottish GP. However, some constituents in my South Scotland region are registered with GPs just over the border, in England, where their nearest practice is—and I suspect that the reverse is also true for some people. When I asked the Scottish Government how many people are in that situation, it did not know the answer. However, just one person is one too many if it means that someone would be excluded from choosing assisted dying simply because they were registered with a GP across the border from where they lived. That aspect must be addressed.

I know that many people's deepest concerns are about patients potentially feeling like a burden or about the possibility of their being coerced. Terminal illness takes a huge emotional and financial toll, and too many people in Scotland are still forced to sell their homes to pay for their care. It is easy to see how someone might feel like a burden, and it is understandable that we might be concerned about coercion, especially in situations where people are vulnerable, such as when there is domestic abuse. I hear those concerns.

If the version of the bill that is before us today were its final one, and if today's vote were the final one, I would not support the bill. However, the Parliament has not yet had the opportunity to address those concerns and test the arguments, and I believe that we owe it to our constituents to do that. If, after that process, my concerns remain and I find that I cannot support the bill in its final form, I know that denying people the choice of having an assisted death will have consequences. No matter how brilliant our health and care professionals might be—and they are—and no matter how good our palliative care might be, which in most cases it is, there are conditions for which we cannot guarantee that every sufferer would have a pain-free, dignified death. If the bill were in place it would not mean that more people would die. However, if we got it right, it would mean that fewer people would suffer.

15:51

Alex Cole-Hamilton (Edinburgh Western) (LD): I congratulate my friend Liam McArthur and everyone who has worked with him to get us to this point. I am proud to add my voice in support of the bill.

When my mother was growing up in Canada in the 1960s, she had a school friend called Merry. They lost contact, but travel and technology brought them back together many decades later. Very sadly, in 2019, Merry received a diagnosis of a rare, incurable form of brain cancer called glioblastoma. She knew about the terrible pathology of the disease because, tragically, her husband had died of the same cancer just a couple of years previously. She had seen him robbed of his personality, control of his bodily functions and ability to maintain his very sense of identity, so it was immediately clear in Merry's mind that she would not go in the same way. And so it was: within just a few months, she ended her life in a hospice rooftop garden, in the Vancouver sunshine. At that moment, my mother, and many of Merry's school friends, thousands of miles away, held her in the light of their love as she freed herself from that illness.

In Scotland today, we in the Parliament strive to give everyone rights and agency in their adult lives—except for one part, which is our departure from it. Too often, people with do not resuscitate orders in place have them ignored and find themselves being resuscitated. People are asking—they are actively begging—clinicians to allow them to die, yet the law requires that we sustain them so that they can live. Indeed, the only point of mercy that is available to clinicians when a patient is near the end of their life is the removal of sustenance, which makes for a lingering death. That is not at all to criticise our amazing clinicians who work in end-of-life care, many of whom perform daily miracles—sometimes on their knees—and who fight valiantly to give comfort and peace to their patients and the families around them. However, the weight of law, expectation and culture often means that we see clinicians being forced to fight for extra days, as they would for yards in a battlefield, only to see the line behind them collapse as it was always going to do.

Edward Mountain and Jackie Baillie have spoken passionately about the need for better palliative care. I agree with them, and I support Miles Briggs's attempts to bring a bill to the Parliament to that end. The issues of palliative care and assisted dying are not mutually exclusive, though. They have walked hand in hand in the jurisdictions that have gone before us in considering such issues. We have seen that palliative care is but the final tool in the drawer, and it provides much-needed reassurance to people in those vital last days of their lives.

I was struck by the words of a palliative care nurse who has been working in end-of-life care for 25 years. We met on a panel at the Royal College of General Practitioners that was talking about this very issue, and he told me afterwards that he supported Liam's bill. In 25 years, only five of his patients had had breakthrough pain that he was not able to master, but it was for each of those five patients that he supported the efforts of Liam McArthur to change the law.

Bob Doris: Will the member take an intervention?

Alex Cole-Hamilton: No, I have to make some progress and I recognise that time is short.

That speaks to the fact that very few people will avail themselves of assisted dying. Statistically, only one of us in the chamber is likely to need it by the end of our lives.

We know that because we are not pioneers in this. Thirty-one jurisdictions have already gone ahead with such a law. They have amassed as much as 30 years of best practice, which we are leaning into. I am gratified that Liam has chosen the narrower scope of terminal diagnosis and mental capacity to ensure that there is no chance of mission creep.

Not being a pioneer in this area means that we can rest our proposals on the weight of evidence, and there is sufficient academic research to enable us to legislate with confidence. We have already heard about the briefing from Professor Ben Colburn, who has studied every jurisdiction where assisted dying takes place as it relates to disability. He has found that no people with disabilities are harmed by the change in the law unless they avail themselves of it through the normal processes. They do not face foreshortened or forestalled delivery of care, and the vast majority of disabled people in those countries support assisted dying, as they do in this country.

That support is mirrored in our constituents. In the polling that has been undertaken on this issue, we have been very careful to ensure that people understand what they are being asked, and by a country mile they support the change. Our constituents are telling us that, if they get to a point where they are beyond the reach of palliative care, they want the right to say, “This far and no further.”

I close with the words of the late Archbishop Desmond Tutu, who said near the end of his own life, and in reflecting on the sad and overly prolonged passing of Nelson Mandela,

> “For those suffering unbearably and coming to the end of their lives, merely knowing that an assisted death is open to them can provide immeasurable comfort.”

I hope that this Parliament will listen to the words of Archbishop Tutu and agree to the general principles of the bill tonight.

15:57

Brian Whittle (South Scotland) (Con): I start with an apology to members and to the Presiding Officer for having to leave early. I am grateful to the Presiding Officer for still allowing me to contribute.

I thank my friend and colleague Liam McArthur for bringing the bill to the Parliament. I recognise the amount of work and diligence that he and his team had to do to get here. I recognise, too, their willingness to collaborate, to listen and to discuss with colleagues. They organised many meetings at which we heard from people who have witnessed others suffer a bad death.

I also thank my colleagues on the Health, Social Care and Sport Care Committee for their consideration in developing what I think is a very comprehensive report. It should be noted that when we looked at the draft of the report, we had to change only two words, which I think speaks volumes of the work of the clerks and other officials.

It is fair to say that we heard some very conflicting evidence, some of which was so polarised that it became difficult to gain anything from it. No bill has exercised me more than this one has—colleagues in the chamber have said similar—because it is quite literally life changing. Many constituents, many of those who gave evidence and many colleagues in Parliament have reservations about the bill, but many others are strongly for the bill.

People have talked about palliative care. They have raised concerns around coercion, because we actually cannot afford to make a single mistake. There are those who have issues because of religion and those with conscientious objections.

Palliative care is one of the main issues that I have. Last year, I had the personal experience of one of my family members reaching the late stages of cancer and the end of her life. She was in extreme pain—it was described to me as excruciating pain—waking up in the middle of the night with no access to care. However, she then managed to access palliative care, and her end-of-life experience changed at that point. That is why I welcome the work by Miles Briggs on palliative care.

In 2023-24, almost 63,500 deaths were registered in Scotland, and around 90 per cent of those people needed palliative care. Two thirds of all deaths in Scotland will take place in community settings such as people’s own homes, care homes and hospices. We know that geographical proximity to in-patient palliative care is associated with where people die. Patients who live more than 10 minutes away from in-patient care are less likely to die there, irrespective of their wishes.

There are issues in respect of accessing palliative care and support, such as the availability and resources of palliative and end-of-life care providers, including specialist palliative care teams, the social care workforce and carers. Accessibility is an issue, given the challenges that terminally ill people and their families and carers face in accessing such care.

Rona Mackay: Would the member acknowledge that in countries that already have voluntary assisted dying, more than 80 per cent of people are already receiving palliative care or are in hospice care?

Brian Whittle: I heard that evidence in committee, too, and I acknowledge it. However, we also heard about issues with access to palliative care. For example, as I was saying, there are issues with accommodation and how palliative care providers meet terminally ill people’s preferences and needs.

There are also issues of affordability for people who live in rural and island communities. The Government-funded hospice care sector in Scotland started 2024 with a budget deficit of more than £15 million, even before the NHS pay awards and the employer national insurance increase were announced. In the 2025-26 budget, the Scottish Government promised independent hospices £5 million to help to deliver pay parity with agenda for change staff in the NHS. However, the Scottish Government has produced no timeline or process for how that money will be disbursed, and it is imperative that that is clarified as soon as possible. If Liam McArthur’s bill, at the very least, brings a focus on the need to improve palliative care, his efforts will have been more than worth it.

I have significant concerns about the practicalities of the bill, and it will, at the very least, need amended. However, stage 1 is about the principles of the bill and of assisted dying. I think that the bill deserves to be heard again at stage 2 and stage 3, so I will be voting yes to it at stage 1 tonight.

16:02

George Adam (Paisley) (SNP): I start by thanking Liam McArthur for the way that he has worked with everyone and for how he has conducted himself during the whole debate. I also commend the work of Dr Amanda Ward, who I know has been a great support to him during the bill process; she has also been a good friend to my wife, Stacey.

In 2015, I supported the Assisted Suicide (Scotland) Bill, and it will be no surprise to any member in the chamber that I will be supporting this bill, too. I have listened to what those who are against the bill have had to say—I even had a conversation with the Bishop of Paisley, Bishop John Keenan, when we had a meeting on it. We agreed to disagree, because we have a relationship where we can disagree on certain matters and move on with other things, but I understand and respect those who have religious beliefs on these matters.

In 2015, I ended up a teary, snottery, emotional mess when I did my speech on that bill. I am trying my best not to be that way this time, but I have to say something very personal—well, the reality is that this is all extremely personal. I was the original convener of the cross-party group on end of life choices, and I remember the early meetings. I remember hearing heartbreaking stories of families watching their loved ones die in absolute agony, and of others who were forced to travel abroad just to take control of their final days on their own, away from every one of their loved ones.

I will not lie—it nearly broke me. I did not know if I had the emotional capacity to keep going in that role, but I did—or perhaps a better way to put it is to say, we did. I have my own personal reason for standing here today—I might be emotional about it, but I am not afraid to say it: I love my wife. Stacey Adam means absolutely everything to me.

There is an old American standard—and everybody who knows me knows that I love a cheeky wee American standard—which is called “All I Do is Dream of You”. It is a simple song, and the lyrics go:

> “You’re every thought, you’re everything
> You’re every song I ever sing”.

That is exactly what Stacey is to me. Stacey has been there for me through everything—every election, speech, defeat and success—guiding me, grounding me and challenging me to be a better man.

I will never forget that, in the 2011 election, my one goal in my victory speech was not to greet, but, when it was over, I walked over to Stacey. Ever the showwoman, she stood up from her wheelchair in front of the cameras and grabbed me. I put my head on her shoulder and I wept like a wean, to the sound of camera shutters clicking. But now I am Paisley’s MSP because she believes in me.

Many members know that Stacey lives with secondary progressive multiple sclerosis with relapses. What they do not know is that she also lives with osteoporosis, asthma and high blood pressure. Those conditions do not define her, but they do shape her life, and they shape mine, too.

It is easy to look at Stacey, who is still working here, laughing and driving me bonkers, and think that she is doing fine, but it is not that simple. MS is progressive. The relapses still come, and each one leaves a mark. Her immune system is weakened and her health is fragile. No matter how much strength and spirit she shows—and, believe me, she has plenty of that—we know that the road ahead could get harder.

Let me be clear: on their own, many of Stacey’s conditions would not qualify under the bill. MS is not classified as terminal, and nor are asthma or osteoporosis. However, together, in someone with secondary progressive MS and a weakened immune system, those conditions could lead to a serious terminal event in later life.

The bill matters because it recognises that illness is not straightforward—someone can live with chronic conditions for years and then reach a point where death is close and suffering is great.

Stacey and I support Liam McArthur's bill not because it is about us now, but because one day it might be. We hope that that time never comes, but, if it does, and the suffering becomes unbearable, Stacey should have the right to choose how her life ends—with dignity and compassion and surrounded by those who love her.

I need to say something else, just as honestly as everything else that I have said today. The bill would give Stacey peace of mind, because I do not know whether I would be strong enough to let go. The thought of life without her is unbearable. I know that that is selfish, but I am a human being. As the song says, she is every thought, she is everything, she is every song I ever sing. I do not want to make that decision—I want Stacey to be able to decide. For Stacey, me and thousands of other families, the bill is about having the choice of a peaceful, dignified end, if and when that time comes.

The bill is not about ending life early; it is about making sure that, when death is near, people have a choice that is safe, legal and compassionate. The safeguards are clear: two doctors must agree that the person is terminally ill; the person must be mentally capable; there is a waiting period; and there are multiple steps to confirm that the decision is informed and voluntary.

The bill will not lead to pressure or coercion, but it will lead to dignity. It will bring comfort for many, even for those who never use it, because they will know that the option is there if they need it. To be honest, I want that for Stacey and for anyone who is living with an incurable illness. No one should have to leave their home, country or loved ones in order to die on their own terms.

I support the bill, not just as a politician, but as a husband, because my wife has shaped my life, career and values. I owe it her to stand here and say—yes, we trust people to make the most personal decision of all and we trust them to know when enough is enough.

16:08

Rhoda Grant (Highlands and Islands) (Lab): This debate pushes us all to examine our sense of right and wrong, not just for ourselves but for others. We all have our opinions, which are sincerely held and are based on our knowledge and experience and the evidence that we have read and heard.

This vote falls to us as individuals, and we must do what we believe is right. As elected members, we must also represent the wishes of our constituents as fairly and fully as possible. I understand that many of my constituents will be disappointed in my vote tonight.

I have a huge amount of respect for Liam McArthur and, especially, for the way in which he has pursued the bill. However, I cannot support the bill, because, for me, every day, minute and second of life is precious. When time is running out, it is even more precious.

When there is no tomorrow, it is only today and this moment that count. When spending time with loved ones when there are no future plans to speak about, we talk differently. We reminisce and talk more about happy memories and the things that are important. We talk about what is happening in the moment.

It is a time for people to make their wishes known. Some people use the time to give away prized possessions to the care of others. They take time to tell their loved ones what they mean to them. It is a time to help loved ones to cope with bereavement. For that to be done, there needs to be high-quality end-of-life care. The committee's stage 1 report on the bill shows that 90 per cent of people need some form of palliative care at the end of life. We demand high-quality care at the start of life; we must demand it for the end of life, too.

Sadly, too often, that is not happening. Too many people cannot access the care that they need at the end of life. There is a significant variation in the services across NHS boards. We all see it in our postbags: people are stuck in hospital, spending their last days and hours on busy wards with no privacy, where staff are too stretched and do not have the time to support the bereaved or care for the dying.

There is a reluctance to acknowledge that someone is at the end of their life, because the resources are not there to support them. That leaves families struggling and asking for help but not getting it, because it is not recognised that the person is at the end of their life. In those circumstances, if assisted dying were an option, it is easy to see why somebody would ask for it for themselves, to save their families from that grief and worry.

We know that, in the Covid pandemic, not every life had the same value. Older people and disabled people were encouraged to sign "Do not resuscitate" forms. Some refused to do that but then found that those instructions were placed on their files regardless. That must never happen again.

Of course, we need to make end-of-life decisions; DNRs are a part of that, but they should always be an individual choice. Medical intervention and treatment is also a choice: we all know of people who refuse treatment because it makes them feel so bad or because it interferes with their last days with family and friends. Those are issues that we need to speak about. We must make sure that our loved ones know our wishes and that we update them when circumstances change.

As a society, we do not really speak about dying. We have to change that. We need to have those discussions. We need to make sure that everyone can access high-quality palliative care, to enable them to live their last precious days to the full with their loved ones. That has to happen before we ever consider assisted dying.

16:13

Marie McNair (Clydebank and Milngavie) (SNP): Before I entered politics, I worked for 14 years as part of the nursing team at the St Margaret of Scotland hospice in Clydebank. It was an incredibly moving, but also immensely challenging, role. Caring for people at the end of their life is not an easy job by any means. However, it has instilled in me the fundamental belief that those at the end of their life deserve dignity and support. It instilled in me an understanding of the importance of compassionate and well-resourced palliative care. I want to see more focus and support being given to that.

Over the past year, I have met with constituents and stakeholders on both sides of the debate, listening carefully to their views. Although I respect constituents on both sides of the debate, I have decided that I cannot support the bill, for reasons that I will set out.

For many of the supporters of the proposal, it is about autonomy. However, regardless of any supported safeguards, the bill will have unintended consequences for society as a whole. As the Scottish Council on Human Bioethics stated:

> "In an interactive society, making a choice about the value of a life ... means making a decision about the value of other lives."

The bill would fundamentally change the relationship between patients and clinicians, influence culture and alter how we view ageing, illness and disability.

I believe that passing the bill would send a message that certain individuals' lives are less valuable than others and that those individuals are considered a burden on society. That worry is articulated by disability organisations, which fear that the scope of the bill would quickly be expanded to include those with disabilities within the eligibility criteria—and with that can come coercion.

We risk creating an environment in which people feel pressure—however subtle—to choose death to spare others the burden of their care. If we look at other countries, such as Canada, we can see that health reports found that fear of being a burden and loneliness are high up among the top five reasons for people choosing medical assistance in dying.

I fully recognise that the bill focuses on

> "mentally competent terminally ill eligible adults",

but we fundamentally cannot guarantee with any certainty that the eligibility criteria will not be expanded in future years. We have seen that happen in Canada, Belgium and the Netherlands, where safeguards have been relaxed, widening access to more groups of people.

Rona Mackay: The Canadian legislation is very unlike the legislation that has been proposed here. It relates to unbearable suffering, not terminal illness. None of the jurisdictions that have assisted dying on a terminal illness basis have expanded the criteria. That is the evidence.

Marie McNair: I totally understand the point that the member is trying to make, but I believe that there are too many flaws in the bill and that, if agreed to, the legislation could be widened. Therefore, I cannot support the bill.

Dr Mary Neal, from the University of Strathclyde, has argued that the bill contained many areas that were subject to potential "slippage" and that, irrespective of how tightly the law was felt to have been drafted, there was ultimately no way of preventing people from challenging it.

Although the Health, Social Care and Sport Committee has remained neutral on the bill, it is exceptionally important for members to note that, on the point of a slippery slope, the committee stated:

> "The Committee acknowledges that, should it become law, there may be a risk of the Bill being subject to human rights or other court challenges and that this could result in eligibility for assisted dying being extended over time."

Others share that concern, and members will have seen those briefings. The fact that we are unable to guarantee that strict safeguards would be kept in place is a huge worry for me.

On a final point of concern, the definition of "terminal illness" in the bill is, in and of itself, rather broad. Many have noted that as a concern, including the Scottish Partnership for Palliative Care, which said:

> "The definition of 'terminal illness' in the Bill is not precise enough ... and could mean that people with years to live are deemed eligible".

That will have a real impact. There is concern, then, that there would be potential for the definition to include a wide range of long-term conditions.

Liam McArthur and other supporters have the best intentions with the bill, viewing it as a way to ease suffering, but the legislation would open a door that we might not be able to close. We cannot, with any great certainty, guarantee that safeguards would be kept in place. That leads us down a very dangerous path of living in a society that devalues the lives of the most vulnerable. Therefore, I cannot support the principles of the bill, and I will vote accordingly.

16:18

Murdo Fraser (Mid Scotland and Fife) (Con): I, too, have received a huge volume of correspondence on the issue—indeed, correspondence is still coming in during the debate. I have also met constituents with strong views on both sides of the argument and with powerful and moving personal stories to tell.

Two things have struck me in particular about those who have come to me in support of the legislation, based on their experiences with close family members and friends. First, in many such cases, the circumstances that they outline, in which they watched a loved one die, relate to individuals who would not be eligible for assisted dying under the bill that is before us, because they would fall outwith the definition of terminal illness that is specified in it.

In some cases, those who have spoken to me recognise that and are quite explicit that they see the bill's passing as only the first step, and as the opening of the door to more widely available assisted dying than we are currently legislating for. That is the evidence that we need that the "slippery slope", which was just referred to by Marie McNair and is so clearly identified in the excellent Health, Social Care and Sport Committee report, is real.

If we pass the bill and give one strictly defined set of individuals a right in law to assisted dying, there is, in principle, no argument against then extending that to include others. It simply becomes a question of categories. That is precisely what we have seen in many other jurisdictions, most notably Canada. Once legislation for assisted dying exists, there will always be hard cases that make the argument for it to be expanded.

Daniel Johnson: In a sense, I understand the member's point about the distinction. However, look at the case of Oregon, which has had legislation for 30 years but has not moved beyond terminal illness. Likewise, Switzerland, which has had similar legislation since the 1940s, has "terminal illness" as the criterion. Those jurisdictions have not seen the expansion that the member contends is inevitable.

Murdo Fraser: We simply do not know what will happen if we legislate—that is the risk that is before us.

My other point is that we should not forget that Dignity in Dying, the campaign group that is behind the bill, was called the Voluntary Euthanasia Society until 2006. Let us not be in any doubt about the agenda of some of the people who are pushing for reform. If anybody thinks that the day after the bill is passed—however tightly defined it might be—that campaign group will pack up its bags and stop campaigning for more law relaxations, I am afraid that they are likely to be very mistaken.

The second thing that has struck me about those who have come to me in support of the bill is that, in most cases, they are articulate, well-informed, strong-minded individuals who are used to having agency in all aspects of their lives. Understandably, they want to have agency when it comes to the end of their lives. From my own personal, political and philosophical outlook, I find that a very persuasive argument. However, the difficulty for us as parliamentarians here is that we cannot pass laws that apply only to those who have agency and are articulate and well-informed. Any laws that we pass have to apply to everyone, which includes the weak, the vulnerable and those who might be susceptible to coercion, whether it is passive or active.

In essence, we are being asked to agree to give one group of individuals a new set of rights that can only be granted to them if we create risk for a second set, which includes some of the weakest and most vulnerable people in our society. That is too high a price for us to pay, even though I have huge sympathy for those who want to have greater control over their lives at the end.

Our solemn duty as parliamentarians is not to listen to the loudest, most articulate and most empowered voices or the best-funded and slickest campaigns. Our duty is to be a voice for the voiceless: the weak, vulnerable, excluded and those who have no one else to speak up for them. They are the ones who rely on us to be their sword and shield, and we should not fail them.

There is an alternative, as we have heard this afternoon. I have watched close family members die in the care of excellent palliative care medical staff, and I cannot praise enough the quality of care in hospices across Scotland. Those family members have had good deaths, which is not everyone's experience, but it could be and should be. The only thing that prevents that from happening is us here.

As parliamentarians, we can choose to prioritise and properly fund hospices and palliative care to ensure that everyone can have a good death. That is a far better option than the one that is before us today, and it ensures that we are not sacrificing the rights of the weak and the vulnerable.

I do not believe that the bill can be improved in such a way as to eliminate that threat. Passing it is simply too great a risk. Today, I urge everyone here to oppose the bill and instead press for better palliative care as the answer.

16:24

Maggie Chapman (North East Scotland) (Green): It is an honour to stand and speak in support of the bill, which aligns not only with the values of the Scottish Greens but with my personal and long-standing belief that it represents an important part of a compassionate society. I commend Liam McArthur for his meticulous and conscientious work, and I thank all those who have brought us to this afternoon's proceedings.

As human beings, we have agency and the capacity to exercise moral choice about our lives. As human beings, we also share vulnerability and needs, including the need for compassion and care. The bill, and the issue that it brings up for our consideration, helps us to exercise our humanity in relation to all those aspects.

In many ways, we are here because the bill is, overwhelmingly, what the people of Scotland want. They do not want it because the media tells them so or because their church supports it—in some cases, it is quite the opposite. They want it because of their own experiences—because they have seen people whom they love denied a good death, peace of mind and the chance to say goodbye.

This is not about choosing between life and death. As Alyson Thomson testified before the committee,

> "that choice has already been taken away".—[*Official Report*, *Health, Social Care and Sport Committee*, 21 January 2025; c 16.]

For most, it is not even the choice between an assisted death and what can be called a natural death. End-of-life decisions about sedation, pain relief, sustenance and treatment are made by health professionals every day. They do their best to make the right choices, but what they cannot do under the law as it stands is what the patient so often wants and begs for, knowing that the time is right for them. That law is cruel, as it condemns people not only to pain but often to bitterness, loss of faith and a sense of betrayal. At best, perhaps, they undergo a sedation so deep that the boundary between life and death is shrouded in mist.

Anticipation of that end leads many to horrors—lonely and furtive attempts to take their own lives and traumatic discoveries by those who love them. For those who can afford it, the best solution is a bleak journey to a foreign clinic, perhaps months or even years before they are really ready or want to go.

By contrast, where the blanket ban on assisted dying has been lifted, people experience assurance, peace of mind and courage to face the weeks and months ahead. For many people, simply knowing that the end is within their control is enough. They do not, in the end, need to take that assistance.

It is time—indeed long past time—to do this now. As it stands, the law is long outdated, both in terms of medical realities and our understanding of human dignity. Most of us believe that people have the right to choose what happens to their bodies. We do not beat children. We do not make people endure forced childbirth. We do not believe that unrelieved pain is a source of moral improvement. We do not want to see those whom we love robbed of all that makes them the person they are when they recognise that their life is complete.

I respect the views of many who oppose the bill. They make important points about structural ableism, the effects of poverty and exclusion, and the need for much more comprehensive and accessible palliative and social care. Those are critical issues.

Jackie Dunbar (Aberdeen Donside) (SNP): We have heard today that palliative care should be increased and that we should have better palliative care. Does the member agree that assisted dying is not instead of palliative care? It is not a case of either/or—it should be "and". We should have decent and good palliative care, as well as the right to decide on assisted dying.

Maggie Chapman: Absolutely, it should be both. We need palliative care and the options for people to choose their own end. We have said and done too little about the critical issues of palliative care and good social care. However, that is not a reason for punishing dying people. The risks of the bill are hypothetical. The suffering that it addresses is present and acute.

Palliative care, however skilled and compassionate, cannot always end that suffering. As Jackie Dunbar says, we need both. That has overwhelmingly been the view expressed by the hundreds of constituents who have been in touch with me about the bill. Many have told heartbreaking stories of watching loved ones suffer a bad death. I thank them for sharing their stories and for their care and compassion for others.

I will end with the words of Stacey, speaking of her mother's death:

"Mum was extremely strong-willed and fiercely independent. Two weeks before her death, she said she was ready to go. None of us could have anticipated the suffering, indignity and inhumanity she would endure. She received amazing palliative care, but this did not take away her suffering. My dad and I have PTSD from what we witnessed. I know for certain she would have chosen an assisted death. I wish she had had dignity, comfort, and choice. I wish she could have said a proper goodbye."

16:30

Michael Marra (North East Scotland) (Lab): My thanks to my friend Liam McArthur who, in introducing the bill, has given voice to the concerns of a significant number of people across my North East Scotland region. I have met and corresponded with many families who have sat by loved ones in terrible pain as life ebbed slowly—by their heart-rending accounts, too slowly and with too much pain. I do not regret the proposal of the bill nor the discussion on it, which I believe has been considered and balanced.

Mr McArthur spoke at an event on the bill that I organised in Dundee, which was attended by more than 250 constituents. There were strong views on both sides, but it was respectful and compassionate. Disagreeing well is something that we can all improve on. With a proposal such as this, which is fundamental to belief systems and which challenges some of the underpinning assumptions of our social compact, the consent of the defeated, which is made possible only by dialogue, is vital. We must all make peace with the repercussions of today's decision. This is democracy.

Following wide engagement, research and discussion, and after very careful consideration, it is my intention to vote against the bill tonight. Above all other issues, I do so because I do not believe that there is any possible safeguard sufficient to mitigate the personal and societal pressure that vulnerable people could potentially feel to end their own life. Were we to live in a society that was far more equal, where care could be sought and found with ease and where dignity in life could be an alternative to death, the likelihood of someone seeing themselves as burdensome might be lessened. In truth, I find it difficult to say.

I recognise that this does not pertain to everyone who is terminally ill and to their distressed families, but the social risk of internal coercion would particularly apply to people who are poor and whose families might struggle to cope with the wider costs of their care. I fear that, in such a situation, the pressure felt by a terminally ill and possibly disabled person to end their life could be unbearable. That consequence—one that would fall so unequally—is not one that I believe our society should enable. I have listened to claims from both sides, including in the debate today, that a significant improvement in palliative and social care will be forthcoming. One side suggests that that will happen as a parallel alternative, should the bill pass. Those opposing the bill suggest it as a salve to those with well-founded concerns that too many deaths in Scotland are painful and lacking in rightful human dignity.

Frankly, I am unconvinced by the likelihood of either contention. The Scottish Government's repeated commitments to improve our NHS and to reform social care have been objectively unsuccessful. Assisted dying is not a party-political issue, but it must be viewed in the context of political realities. Regrettably, I do not believe the suggestion that improvements in resources for palliative and social care could act as insurance against more people opting for assisted dying as a realistic or credible safeguard to the written law. I also consider the argument of required improvement by proponents of the bill to be a concession of the counterargument of possible negative choices, rather than a defence of the core proposition of assisted dying.

I firmly believe that the proposed legislation, in its operation, would fundamentally alter the relationship between doctor and patient in ways that I struggle to fully conceive. The underlying duty of the protection of life is a protective principle within a relationship of a very uneasy power imbalance. It is about how we judge professional intent, and it is on that trust that our NHS is constructed.

Like other members have indicated, I have received many hundreds of emails and letters regarding this subject, with conflicting views, but all with significant testimony of personal experience.

Like other members, I have my own personal experience, which I do not intend to share today. I have been more struck by people who have indicated that they have had a diagnosis and that they would have taken a decision that they would regret, because there is nothing more final than the decision that we are discussing today.

I believe that, in Scotland, there currently exists a very delicate medical accommodation in matters pertaining to the provision of end-of-life care, of pace and of pain. There is suffering, there is hope and there is the relief, but they are not shared equally. Sometimes, well-meaning law can make things worse. I fear that law set in cold ink might break what has evolved in caring hands in Scotland.

16:35

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): As a member of the committee that scrutinised the bill at stage 1, I put on record my thanks to my colleagues for their diligence, to the clerks and SPICe for their immense support, and to all who contributed via our call for views and through our evidence sessions. There are passionate views on the subject of assisted dying, and I believe that our report reflected that while demonstrating committee scrutiny at its best. I also thank Liam McArthur for introducing the bill and for the way in which he has conducted himself.

I am speaking in the debate as an individual MSP, but I am also representing the majority of my constituents, who support in principle a terminally ill, mentally competent individual's right to choose an assisted death. I am also speaking on behalf of my family in what I feel is the final act that I can carry out on behalf of my late mum, Irene McLeod. A five-minute speech does not feel long enough to do her justice, nor does it feel long enough for me to say all that I want to say as a humanist about bodily autonomy and choice. I respectfully ask my colleagues to refrain from intervening on me during this speech, which feels so personal and so important. I am not sure that I will get through it all without some tears.

My mum was all sorts of awesome. She was a teenage mum. She devoted her life to her kids, her husband, her friends and her family, and to social justice. She loved music and swore blind that Bon Scott was the best AC/DC singer and that Van Halen ceased to exist when David Lee Roth left the band. She was honoured in death by having the boys from Biffy Clyro at her funeral.

She was funny, sarcastic, passionate and complicated. Her name was Irene, but behind her back we sometimes called her "irate" or "I scream". She made the best damn food you could ever eat. She spent too many nights in the company of Mr Smirnoff with her beloved menthol cigarettes, while reading a literal library's worth of books.

She was a tigress when it came to fighting for what was right. From my teenage years, I was under no illusion about the fact that she believed that we all deserve the right to leave this world with compassion and dignity should we find ourselves dealing with a terminal illness. She was emphatic that she did not ever want to suffer, and she believed that no one should be denied the choice of an assisted death.

My mum was told that she had terminal stage 4 lung cancer in February 2014 and she was dead five short weeks later. As an aside, I note that she was really angry that she never got to vote in the independence referendum. I had not even processed the fact that she was ill by the time we were ordering her wicker casket.

She was only 58. She had so much to live for, yet her final decision on this earth was to starve herself in order to hasten her inevitable death. We had three weeks while they tried radiation to shrink the tumours that were robbing her of oxygen, to no avail. Every single moment was spent just trying to breathe—trying to get enough air into her diseased lungs to allay her all-encompassing terror. It was awful.

My mum did not tell us what she was doing. I think that she knew that we were not ready to let her go, and she wanted to protect us from her decision. However, her mind was made up in her usual headstrong manner, and she had the agreement of her medical team that she could choose to die that way. It is currently the only way in which the medical establishment will allow a death when you have a terminal illness.

I cannot even fathom the internal conflict that she must have experienced as she was consumed first by hunger and then by the urgent need to drink. It took two weeks for her to starve to death. She went from feeding a virtual army at Christmas time, seemingly hale and hearty, to being dead and weighing next to nothing on 23 March 2014. Make no mistake, she was vulnerable. Terminally ill folk are among our most vulnerable and our weakest people under current laws.

She woke up very briefly on the morning she passed away, when she was not sedated quickly enough. None of us will ever forget the terror on her face when she realised that she was not dead after being unconscious for three days. My mum deserved to be able to plan a compassionate death, surrounded by her family, not one that she had to conduct in secret, with us finding out only when a caring nurse explained what she had been enduring prior to lapsing into unconsciousness. She was really clever and she hid all the water that she was not drinking, putting tissues in the cup so that we did not know.

No one should be forced to starve themselves, travel overseas or use other traumatic methods to end their life when dealing with a terminal diagnosis. Voting today to keep the status quo is an act that is not without consequence. People will continue to make choices like the one made by my mum. She deserved better and we deserve better. Let us vote for this bill at stage 1 to continue the conversation.

16:40

Jeremy Balfour (Lothian) (Con): I echo what colleagues have said about the tone of the debate thus far. As we have just heard, this is an emotional topic and it is good to see colleagues engaging positively with each other and disagreeing well.

As many in the chamber know, I am a Christian. I believe that all people are created in the image of God, which means that life is always sacred and worthy of protection, and that ultimately leads me to oppose this legislation. However, I understand that not everyone shares that belief in God, so I will focus today on issues that can speak to everyone, regardless of whether they have faith.

I am sympathetic to the argument regarding personal choice and freedom that is made by supporters of assisted dying. That is naturally where I lie as a Conservative, and I would even say that there have been times in my life when I found myself agreeing with some of the points that have been strongly made this afternoon. However, during my time in Parliament, I have interacted more and more with disabled people, organisations and charities, and I have become convinced that the introduction of assisted dying would put the most vulnerable in our society at risk.

This afternoon, as a Parliament, we stand at a crossroads. If we go along one path, we face introducing death as a viable treatment for suffering, fundamentally redefining both our society's belief in the inherent value of human life and the relationship between doctor and patient. On the other hand, we could choose to maintain the dignity of all human life and to make real and meaningful investments in the palliative care system.

Make no mistake: I am not arguing for the status quo. The conversations that the bill has prompted in the past three or four years have brought to light the failings in our palliative care system. Speakers on both sides have commented on the chronic underfunding of services that are supposed to care for our vulnerable neighbours as they approach the end of life, but the answer to inadequate palliative care cannot be to deliberately end a patient's life. That is not only because we, as a society, have considered and should always consider life as being worthy of value, no matter the circumstances, but because of the inherent danger that the abandonment of that principle would pose to disabled people and other vulnerable people.

The truth is that there are no safeguards that can be put in place to completely remove the dangers that this legislation poses for disabled people. Whether explicit or implicit, disabled and older people will feel pressure to consider whether to keep on living if dying is an option. That could come in the form of not wanting to burden loved ones with the financial or personal costs of continued care or of believing that they are a drain on a society in which they are no longer seen as valued members.

As I have said previously in the chamber, I am here today only because someone came this morning to help me to shower and dress. I can function in this Parliament only because my assistant is willing to give me personal care. I can imagine, in a few years' time—hopefully a number of years' time—having some terminal illness and feeling that a burden could be put on my wife and children because of the care that they give me day in, day out. I have spoken to other disabled people who have felt and feel the same. They are concerned that they will turn and put pressure on their family. To take that pressure away, they could take a course that they did not necessarily want to, but that they felt they should take for the sake of their children or their partner. To support the bill as presented is to roll the dice with the lives and dignity of the one in five people in Scotland who have a disability.

I ask my colleagues who will vote for the bill—believing that it is narrow enough and that adequate safeguards can be brought in at stage 2—to consider that, in every jurisdiction in which assisted dying has been introduced, the parameters have widened and the safeguards have been watered down. That is not a sentimental, slippery-slope argument; it recognises the evidence that is in front of us. As MSPs, we are bound to vote on behalf of the best interests of our constituents. I beg and urge members to consider the most vulnerable in their constituency or region and to say no to playing dice with the sanctity of their lives.

16:46

Emma Harper (South Scotland) (SNP): I know that this is a difficult debate for many—we have witnessed that already this afternoon. It is a complex and challenging subject for all of us.

Before I pursue the detail of my concerns, I thank my Health, Social Care and Sport Committee colleagues, including the convener and the clerks, and everyone who provided evidence to us. I remind members that I am a registered nurse—I have been a nurse since 1988. I also thank Liam McArthur for his diligence, his ability to listen and his professionalism in presenting the bill.

I started out with a typed speech, but it has been altered somewhat over the course of the afternoon.

The purpose of assisted dying legislation is to promote choice and dignity. Any process must therefore consider whether the decision is genuinely free of coercion and whether it reflects the person's authentic wishes, recognising society's responsibility to honour individual autonomy. Has all possible community and hospital support been made accessible, with adequate consideration of social factors that might influence decision making?

How do we protect those who may be at risk of coercion? I note that Edward Mountain described active, passive and state coercion. We need to make sure that the medical practitioners are educated well enough to assess for any coercion of vulnerable persons. The protections that are contained in the Human Tissue Act 2004 in relation to living donor organ donation are robust and could be a model for comparison.

I note what Rona Mackay said about evidence showing that coercion has not occurred elsewhere. However, we in Scotland would need to support the medical professionals assessing persons who have indicated that they seek to pursue assisted dying. We would need to make sure that those medical professionals could confidently assess whether a person who chooses to pursue assisted dying had been influenced and coerced.

On the issue of opposing assisted dying in favour of supporting palliative care, I note that assisted dying should not be seen as opposite to palliative care. Assisted dying should be seen as one choice that people have to face the end of their lives with compassion, dignity and autonomy.

On conscientious objection, I would want to make sure that healthcare providers who objected on the grounds of their personal preference, including carers in the community, as a minimum referred persons to a health professional who would engage to address what they wished to pursue in terms of assisted dying. Allowing health practitioners to not only exercise conscientious objection but extend that to refusing to pass on a patient's wishes to another practitioner would risk creating a kind of postcode lottery.

Evidence to the committee also highlighted the particular challenges in more rural areas, where there are fewer GPs and other medical professionals in comparison with urban Scotland. People living in Glasgow or Edinburgh whose GP exercised their absolute right to conscientious objection would have options and other professionals to be referred to in their area. That is not always the case elsewhere, where alternative GP practices or hospitals may be an hour, or 100 miles, away. We do not want a situation in which, if the bill passes, those in more rural areas face higher practical barriers than those in cities to their exercise of their right to assisted dying. I hope that that will be addressed if the bill passes stage 1.

We also heard concerns about those who might exercise conscientious objection and how that might impact their careers. Professional representatives such as the Royal College of General Practitioners Scotland and the Royal College of Nursing were clear that staff should not face discrimination of any kind if they chose to exercise their rights under the bill.

Lastly, I thank every constituent who has contacted me about the bill. Many personal experiences have been conveyed, including those of healthcare professionals who have contacted me, either in support of or opposition to assisted dying, citing the fact that I am still a nurse.

Medical science has improved immeasurably over time, including in my 40 years as a nurse. First-rate, world-class medical professionals apply care to their patients, and I thank them all.

I am content to support the general principles of the bill at stage 1, so that we can continue to probe, debate and engage with one another, and so that the concerns that have been raised by members across the parties continue to be addressed as we go down the road.

16:51

Pam Duncan-Glancy (Glasgow) (Lab): As the Scottish Parliament's first permanent wheelchair user, I ask colleagues to vote against the bill today and to stand up for disabled people and others who, like me, are deeply worried about the consequences of legalising assisted suicide. Many members have doubts about the bill, and they are right to have them. If it passes, there is a risk that it will be easier to access help to die than to access help to live, and I cannot support that.

We are voting on not simply a principle of choice but a hugely consequential piece of legislation. Yes, it could put disabled people at material risk, but, worryingly, it could also serve to legitimise a view that a life like ours—one of dependence and, often, pain—is not worth living. As have the many disabled people who are in the gallery or outside, I have had strangers say that they believe that if, like me, they were in pain every day—if, like me, they had to rely on someone to wash them, dress them and take them to the toilet every day—they would rather not be here.

Some supporters say that it is not about disabled people. However, by most definitions, someone with

> "an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death"

is a disabled person.

Regardless of that, though, what we and terminally ill people share is a reliance on systems of care and support to make our lives tolerable. The truth is that we know through lived experience—and I can tell colleagues through lived experience—that the systems that are needed are just not there. People say that this is about choice, and I get that. However, many people, because they are sick, disabled or even living in poverty, have choice or autonomy neither at the end of their life nor throughout it. Indeed, the life expectancy of many is vastly reduced by poverty and inequality.

We know, too, that there are those who choose assisted suicide because they feel as though they are a burden on their family or the state, or because they believe that their life is intolerable. However, I say to colleagues that what is intolerable is subjective and, although it is true that many people experience what they would describe as “intolerable” pain and suffering, it is also true that someone’s judgment of what is “intolerable” is affected by the support that is available to alleviate it. We need good palliative care, and we need good support throughout our lives. Neither is a given, as we have heard.

As a disabled person, I am lucky. I have been empowered in many ways. However, even from a position of relative power, I experience discrimination and negative attitudes every single day.

Some fights have felt intolerable. They have almost broken me. I have been ill, crying every day, and the pain from my advanced stage condition, which could result in my early death, has worsened, because I have been worn out fighting.

The moments that have caused me and many disabled people the most pain and suffering have come when we are faced with structures, systems and attitudes that do not support us to participate in society. For example, many of us have had our care packages stripped away, one in four disabled people do not get the palliative care that they need, and we are more likely to live in poverty. For me, it was when I was told that my care package could end, or when I had to defer entry to university for two years because the council could not afford to meet my needs, or when I have been fighting everyday ableism and got so tired of it that I have come to believe the low opinions that people have. It is in those moments that it has felt intolerable.

It is the internalised everyday ableism and discrimination that make us feel like we cannot go on. The extent of internalised coercion—the risk that we would choose to die, and that the state will help—is real with this bill. It is about the systemic coercion that makes us consider, for just a moment, that we would be better off dead. Legislating to make that happen brings the real risk that, in moments when we are ground down, we would not only believe that we are better off dead, but that the state could help make that happen.

This is not hypothetical. We saw it during the pandemic. People said that people like me should not worry. However, during the pandemic, my husband and I watched as the value of our lives, and lives like ours, were judged. So scared were we that we wrote notes to each other to say, “Please resuscitate me”. It is inconceivable to suggest that the introduction of assisted suicide is about choice at the end, when so many people do not have choice throughout life.

The safeguards are not enough. We need only look at the Westminster bill to see how easily safeguards can be discarded when they encounter reality. Despite disabled people being part of some of the most regulated systems in this country, I cannot even book a train without the state asking me why I am going to where I am going. Disabled people are still more likely to experience coercion and gender-based violence. Despite multiple safeguards, regulatory bodies and rules on our lives, in the context of overstretched systems, it is impossible to accept that there could ever be certainty that someone has not been pressured into ending their life prematurely.

The bill is the start of a slippery slope. Supporters already say that the definition could be broadened. Today, I have only scratched the surface of concerns. However, fundamentally, for me, it comes down to this: how can it be possible that people can make a free and equal choice to allow a system that oppresses them so much to also potentially assist them to take their own lives?

Colleagues, I ask you to look to the disabled people who watch on from the gallery today, and I encourage you to think of them when you vote. And I say this: if in doubt, don’t; if ever there was a bill that that applied to, it is this one. Colleagues, rather than legislate to assist people to die, let us resolve to legislate to assist people to live.

16:58

Douglas Lumsden (North East Scotland) (Con): I thank my friend Liam McArthur for having the strength to introduce his bill and for all the work that he has done on it.

Let me start by saying something that I am sure that we can all agree on: we are all going to die, but how we die is something that will be different and personal for us all. We would all like to have a peaceful and painless death, but that is not how it is going to happen for all of us. Some of us will pass away in our sleep, but others may spend their last few days or weeks in agony, praying for the end to come. The bill is about giving people more control over their death—giving them more choice when they are at the end of life, and giving them choice between different kinds of death.

We all have personal stories about why we are supporting or opposing the bill, and I will talk briefly about mine. Before I was elected as an MSP, I had a friend and mentor who was suffering terribly from breast cancer at the end of her life. I would visit her, in her last days, and I could tell how much pain she was in. She asked me to support assisted dying. She knew that it would not help her, but she hated the position that she was in, in which the last days of her life were probably the most painful and hated.

People in such situations have limited choices. They can continue to suffer, as my friend had to do; they might commit suicide, which carries the dangers of criminalising anyone who helps them and of their attempt not working; or they can go to Switzerland. In my friend’s case, the latter option would have meant ending her life sooner than she wanted to, as well as potentially criminalising anyone who helped her, and it would have cost thousands of pounds. Where is the equality in that? It seems that people who can afford it have access to assisted dying, but those who do not must either suffer or break the law.

We must remember that we are debating the bill at stage 1, and that this debate is not like others, in which members are usually whipped by their parties. The bill cannot and will not be railroaded through. If members believe in the general principle of providing dignity and choice to people who are in the final stages of their lives, I urge them to support the bill today. That would allow us to amend its provisions where required, as the Health, Social Care and Sport Committee has recommended, and then to vote on what would be in front of us at stage 3. That is how the Parliament should work. Our processes allow us to put robust legislation in place.

Liam Kerr: Douglas Lumsden is absolutely right that we need robust legislation. However, many of my constituents have commented that lots of well-intentioned legislation has come out of the Scottish Parliament that has not been in the ideal form—it has had unintended consequences. Can Mr Lumsden reassure members that that will not happen this time? That is a real fear.

Douglas Lumsden: The vote on this bill differs in that members are not being whipped. The whole point of the Parliament is to make laws, which it has done successfully before now. I do not think that we should be scared. We must have faith that the Parliament can do what it is meant to do. We members have a job that we were elected to do. I add that the bill has been almost 20 years in the making. By learning the lessons of the past and considering the multitude of proposals, critiques, analysis and previous debates, we will be able to craft something that will deliver on the wishes of the majority of Scots while still protecting the most vulnerable.

Personally, I do not think that I would ever be able to go through with assisted dying—I would always want to live as long as possible. However, I have never experienced the pain and suffering that some people endure. I would like to have that choice, and the bill is about giving people choices. It is not my place to tell another human being that their suffering is just the way it has to be, or that their excruciating pain is not that bad. In any other circumstance, forcing another individual to endure horrendous pain and suffering would be inhumane, torturous and, in all likelihood, criminal.

I implore members to consider that human factor, because the status quo is cruel and dangerous, and it offers no one the choice of a dignified and peaceful death. Assisted dying has worked in many other countries. Now is the time to see the best of what the Scottish Parliament can do. An assisted dying law would not mean that more people would die; it would mean that fewer people would suffer. If members agree with the majority of our constituents on the principle of assisted dying, they should vote for the bill at stage 1, and let us all work together to improve it as it progresses through the parliamentary stages. Among the words on the mace that sits in front of us is “compassion”. Let us show that we have that compassion.

17:03

Michelle Thomson (Falkirk East) (SNP): This is arguably the most important debate in which we will all participate during this parliamentary session. I thank Liam McArthur and all members who have spoken thus far for their contributions.

Members will be aware of my interest in ethics. I am grateful to Professor Richard Huxtable for setting out an ethical approach to the matter. He notes that some people believe that

> “the law should reflect … that choice matters, suffering matters and consistency matters”,

whereas others, who hold opposing views, simply state that “life matters”. In his essay in the book, “The Reality of Assisted Dying: Understanding the Issues”, Professor Huxtable sets out a proposed pathway that is slow and cautious, that signposts choices and that checks the perimeters and leaves no one behind. I think that that is a sensible approach for us all.

My first point is about harm. To do nothing on the issue is already causing harm; to do something might also cause harm. No vote that we can cast will guarantee that no harm will be done. A vote against assisted dying will mean that many people will continue to die a slow, lingering death with, as they see it, no quality of life. They will be condemned to suffer at the behest of society, regardless of the quality of their palliative care. A vote for assisted dying will mean that some people are likely to die prematurely and, at worst, will feel compelled to make that choice because of external pressure, from whatever quarter.

Jamie Greene (West Scotland) (LD): I am not sure that there are many members left in the chamber who are yet to decide on their vote, but I am certainly one of them.

One thing that has struck me over the course of the debate is the idea of choice. The reality at the moment is that the choice of medically assisted death exists, but only for those who can afford it. That is something that we will have to reconcile today.

Michelle Thomson: I completely agree, and I am trying to set out some of those considerations.

We have already heard much about safeguarding, be it in the context of coercion, disabled people or the aged. That consideration is necessary; we have not always focused on safeguarding in the way that we should have done for other bills. We have also heard some deeply personal stories of suffering, all of which I am sympathetic to, having seen my mother die of breast cancer.

However, we are, first and foremost, legislators. This place must be relevant, and many Scots are calling for the bill to be given a fair hearing. In preparation for this debate, I revisited some of the debate at Westminster that took place when I was a member there, in particular the compelling and passionate speech of Dr Philippa Whitford, a valued colleague and a breast surgeon for many years, who spoke movingly of her experience over decades of palliative care. However, we know that palliative care cannot address all suffering, so this is indeed about choices—not about the choice to die, for that is removed, but a choice about how to die. It is about allowing people choices over the manner of their death, thereby giving them agency and choice.

We have heard much talk of a slippery slope, which almost suggests an impending moral breakdown or a threat to civilised society, but surely a bad death—by which I mean a type of death that is prescribed by others and done to you—is not civilised. Surely the real slippery slope is when inadequate policy responses allow for assisted dying to happen behind the scenes. I do not consider ever-increasing sedation, which occurs frequently, as affording dignity, because all choice and agency are removed.

Is the choice, then, about being inhumane or humane? We can consider that from the perspective of human exceptionalism: the belief, held by many, that humans as animals on this earth have a higher value than other animals. However, surely it is a paradox that a result of that perceived value is to insist that humans suffer more.

Many of the people who are speaking against assisted dying today are people of faith. Historically, many religions see suffering, death and dying as ways to seek or confirm spirituality. Jesus was required to choose suffering. However, what of the vast majority of society who reject religion? We are now a majority secular society. Our outlook is ever changing. The Hippocratic oath set out the long-standing approach of the medical profession, but that, too, has evolved. The original Hippocratic oath noted that doctors should not cause abortion, but people mostly now accept the right of others to choose that path and the right of medical practitioners to carry it out.

On balance and all things considered, I will vote yes at stage 1. I, too, have concerns that I want to see addressed at stages 2 and 3, but we must have a proper debate. Adding my voice—adding your voice—to allow the bill to pass at stage 1 will do that.

17:08

Liz Smith (Mid Scotland and Fife) (Con): It is on these occasions when the matter under consideration is so challenged by complex ethical, moral, legal and practical questions that the Scottish Parliament is at its very best. We have heard some very powerful speeches this afternoon to confirm that.

That is because, for free votes, the increasingly fractious politics in the chamber can rightly be put aside. In my past experience of such votes, including two previous ones on this topic, there has, among members across the chamber, been widespread respect for different views. Those views are always sincerely held, and many of them—as we have heard again this afternoon—are based on very personal reflections. I pay tribute to Liam McArthur for the very respectful manner in which he has introduced the bill and for taking the time to speak to so many colleagues, myself included.

That is how it should be, because I come to the debate conflicted, understanding, based on my family experience, several of the key points that have been raised by those who support assisted dying, while also understanding the case against. It is a debate in which, over my two decades in Parliament, I have become more and more interested, and as such—I hope—much better informed, given all the reading that I have undertaken on the subject, and having listened to the many hundreds, indeed thousands, of constituents who have been in touch; I thank all of them.

However, there is one particular aspect of the debate that troubles me a great deal, and it is the main reason why I will vote against the motion this evening. It relates to the protection of our most vulnerable constituents. I sympathise with those who tell us that the debate is all about free will and the right to choose, but free will and the right to choose can never exist in a vacuum. They are contingent on other factors, including being free from pressure and from coercion, and the fact that death, whether it is assisted or not, affects the rights of other people, too.

I raise those issues because they have formed a substantial part of the concerns of so many people who oppose assisted dying, including many of those with a disability and in vulnerable groups, who believe that the bill would put too much pressure on them. I understand what they are saying. As MSPs, we deal with very vulnerable constituents all the time, and I hope that I have, personally and professionally, learned a great deal from the experience. As a result, I really worry about the bill's implications for coercive situations and families who might put pressure on vulnerable relatives to end their lives, perhaps for financial reasons, particularly in an ever more difficult fiscal climate, or for reasons that suit their own circumstances rather than those of the patient.

In my view, society must surely ensure that there is a respect for the sanctity of life, and that must include the medical profession's commitment to saving lives. I note that the medical profession is also conflicted on the issue of assisted dying—indeed, the British Medical Association changed its position from being against to one of neutrality—but I worry about a situation in which we hand the ultimate power to doctors. Rhoda Grant rightly pointed out that concerns were recently raised around the use of do not resuscitate orders, and it is not too difficult to see how voluntary action could lead to involuntary action.

There is also the issue of constantly improving medicine: the fact that, all the time, more and more successful treatments are being discovered, including some for diseases that were previously thought to be terminal. That is not unrelated to the arguments about widening the eligibility criteria; we can witness what has happened in Canada. I note that the lead committee was worried about the broad definition of "terminally ill", believing that it could potentially include those who might well live much longer.

Finally, having read extensively about what has been happening in other countries where assisted dying has been legal; having sat through the evidence that Liam McArthur gave to the Finance and Public Administration Committee when he presented his financial memorandum; and, like other colleagues, having watched with great interest the debate at Westminster on the Terminally Ill Adults (End of Life) Bill, which has seen the emergence of more flaws in the proposed legislation, I am not persuaded of the safeguards. That aspect is, I think, also the reason why the lead committee found it impossible to come to satisfactory conclusions, most especially as it found that there was no clarity about who would opt for an assisted death.

I mentioned at the start of my speech that this is a complex and emotive debate that is deserving of much more parliamentary time than it has been afforded today. In the limited time that I have available, however, those are the main reasons why, this evening, despite the conflict that I feel, I will be voting against the bill.

17:14

Monica Lennon (Central Scotland) (Lab): The bill is important to people across Scotland, including my constituents, and I am grateful to everyone who has contacted me about it.

Assisted dying already exists for people who have the financial means to access it, but that choice is not available to most Scots. Denied access to safe and legal assisted dying, hundreds of terminally ill people in the UK end their lives each year, and many more attempt to do so.

Robert Easton was a retired firefighter from Hamilton. Dying with pancreatic cancer, Robert desperately wanted choice. He considered Switzerland, where assisted dying is legal, but cost and other barriers ruled it out. That led him to research ways to end his own life.

Some of the methods were brutal, says Robert's daughter, Joanne Easton, who has come to Parliament today. Joanne told me:

> "Dying people should not be forced to consider going into the woods with a length of rope. They should not have to think about stepping in front of trains. It took him three weeks to die, in hospital then hospice. It was so drawn-out. I thought; I need to get him drugs. I would have done anything for him. But it was too risky; I didn't know what would happen."

I was moved to learn that, before he died, Robert sold his motorbike and gave the money to the hospice.

Like this bill, his story is not about palliative care versus assisted dying; it is about choice, dignity and person-centred care at the end of life. Joanne says that she will regret for the rest of her life that her dad was not given the choice that he wanted.

Sadly, even with universal access to hospice care in Scotland, hundreds of Scots a year would still suffer with immense pain as they die. Four in 10 Scots have seen a loved one suffer in that way.

I believe that the status quo is unfair, unsafe and unregulated and that it is failing dying Scots. Therefore, I agree with the bill's policy memorandum that

> "an individual's personal autonomy to decide on their medical care, and how their life should end in situations of terminal illness, should be protected in law".

In a compelling letter to MSPs, Rhona Baillie, chief executive officer of the Prince and Princess of Wales hospice in Glasgow, explains her view that, rather than being a replacement for excellent palliative care, assisted dying is a potential addition to the options that are available to those who face terminal illness. This position is not one of advocacy or opposition, but of commitment to patient-centred care. I agree with Rhona Baillie that the discussion around assisted dying should focus not solely on clinician opinion but on ensuring that people have informed, compassionate choices at the end of life.

There is a solid majority of public support in every constituency, including among disabled people, for a compassionate assisted dying law, so should the bill not be allowed to proceed to the amending stages for further scrutiny?

Liam McArthur has prosecuted the case for the bill in a respectful and collaborative manner, and I hope that members take the opportunity to work with him at stage 2.

I support Liam McArthur's proposal to amend the bill to raise the minimum age to 18 and I welcome the Health, Social Care and Sport Committee report's recommendation for clarity on some matters.

The bill rightly contains provisions that would make it an offence to coerce or pressure a terminally ill adult into an assisted death. I agree with Hospice UK that nobody should ever feel that they have to choose an assisted death because of a real or imagined fear of not receiving the care that they need. Whether or not the Assisted Dying for Terminally Ill Adults (Scotland) Bill proceeds, I support calls from Marie Curie Scotland for the recognition and delivery of a right to palliative care. End-of-life care must be properly funded, and charitable hospices must be financially sustainable.

I do not know whether I would choose an assisted death for me, but I do not want to deny others that choice, and that is why I will vote for the bill tonight.

17:20

Alex Rowley (Mid Scotland and Fife) (Lab): I acknowledge the approach that the introducer of the bill, Liam McArthur, has taken to ensure that the debate, and the discussion over many months, has been conducted in a professional and civil manner.

The volume of correspondence that I have received is greater than I have ever received for any other legislation that has gone through the Parliament. There have been some very personal emails, telling me of the experience of someone having lost a loved one and of what people have gone through, which have called for dignity in death. I understand the strength of that feeling: most people, when they reach my age, have lost loved ones and have experienced some of those things.

I have asked myself the question: can people with a terminal illness have dignity in death? I heard what Dr Gulhane said earlier, which was that not all people can die without pain, and the fact is that end-of-life care in Scotland is not good enough. It sometimes depends on where you live, which hospital you are accessing and what support there is in the community. We have to address that. The Parliament's priority should be to address palliative and end-of-life care so that there is a right for every individual who is dying to get the very best care. I do not believe that that is there just now.

I have received a massive amount of correspondence from people with both physical and mental disabilities and from their families. I have written down what I took from that: it is fear. They fear this bill. They fear it because they do not know where it will end up. We have seen from other countries around the world that something that started off very tightly defined was able, over time, to expand to include more and more people.

I have also asked myself whether, if the bill were passed, that would be the end of the matter or only the beginning. Members have talked about personal choice and freedom, but if someone is struggling with mental ill health and feels that they cannot cope any more, given the suffering that they are experiencing, can they make the argument that they should have the choice whether or not to live?

Anybody who has experienced severe mental health problems knows the suffering that comes with that. There are people who are housebound, who have different illnesses and who are suffering pain but who are not terminally ill. How far do we go with the legislation? Going further has happened in other places. It makes me very concerned that the bill that we would pass today would be a starting point in our society—and goodness knows where it would end up.

We have to accept that the legislation could end up going much further. There is a risk of coercion and undue influence. There is a risk that people will start to feel that they are a burden on their family. It would put all that pressure on them, and nobody can guarantee that, if the bill were passed today, that would not happen.

I will not support the bill at stage 1, because I do not support the principle of it. If members argue that they accept the principle, do they then accept it for other people who are suffering and who have ill health?

Sandesh Gulhane: Will the member give way?

Alex Rowley: I am concluding. Sorry.

I recognise that there are strongly held views on all sides of the debate, many of which have been built on personal experience. It is a difficult subject. We must ensure that the highest-quality end-of-life care is available to all. That must be the next step. There are far too many risks in this bill. That is why I do not support the principle, and I hope that the Parliament will not support the bill.

17:25

Kevin Stewart (Aberdeen Central) (SNP): Today's time for reflection leader, Richard Raggett, asked us the question,

> "How good are we at listening—really listening?"

Mr McArthur, in introducing the bill and engaging with everyone here and with organisations and individuals outside Parliament, has been good at listening. Today's debate has been respectful and considered, because we have listened to one another. Respect and consideration have been also given to and by the constituents who have contacted me or to whom I have spoken and listened.

I have heard from a lot of people—from folk in the medical workforce to people of faith and people with terminal illnesses—who are for or against the bill. I have also heard from people who were in favour of the previous bill but are not in favour of this bill and from folk who were against the previous bill but are in favour of this bill. We need to continue to listen as we move forward.

I am very proud of the fact that we, in this Parliament, regularly use the three words "dignity", "fairness" and "respect". Those three words—dignity, fairness and respect—first went on the statute book as part of an amendment that I lodged to the Welfare Funds (Scotland) Bill some years ago.

On the topic under discussion, do people have dignity, fairness and respect? We have heard from a number of speakers, including Dr Gulhane, Mr Lumsden and Ms Lennon, that fairness does not exist here, because people who are rich have a choice—they can fly to Switzerland and go to a clinic—whereas the ordinary Joe and Josephine do not have that choice. There is no fairness for them. Surely we should respect the wishes of people who are terminally ill and want to end their life in a dignified manner. That is where dignity comes into play. I would add that fairness, dignity and respect need to come into play in life in general.

I have listened very carefully to folk who are in opposition to the bill today and have asked pertinent questions and made pertinent points. Ms Duncan-Glancy talked about choice in life. I want everyone to have choice in life, but I also want folk to have choice at the end of life, and I recognise that there are folk in our society who have their choices restricted. We need to look at a number of other issues that are outwith the scope of the bill in order to get this right. The fact that disabled people do not have some choices is down to social security cuts, more of which are coming down the line, and the fact that we do not have national care standards, which I would like to see introduced across the board. We must get that right for people.

There has also been a lot of discussion about palliative care. Many folk have said that the two things—assisted dying and palliative care—are not in conflict with each other, and I agree. I am sure that many of us will still be hearing from constituents as this afternoon's debate progresses, and the question that has been asked of me is, "Why do you not debate palliative care more often in the place where you serve?" That is a very good question, which we need to resolve.

In the 2015 debate, I said that the Assisted Dying for Terminally Ill Adults (Scotland) Bill was "far from perfect" and that there was

> "much room for improvement to ensure that all possible safeguards are in place."—[*Official Report*, 27 May 2015; c 65.]

Those words stand here. I recognise that Liam McArthur has worked very hard on the bill, but even he will recognise that it is not perfect and that we will have to work together to ensure that, as it progresses, we get a bill that works for all.

Today, I will support the bill's general principles, because I believe in choice at the end of life.

The Deputy Presiding Officer: Please conclude, Mr Stewart.

Kevin Stewart: However, that does not mean that I will not play my part in scrutinising the bill as it progresses.

The Deputy Presiding Officer: We are getting close to the point at which we will have no time in hand, and I want to ensure that every member gets a fair shot.

17:31

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): Today is not about what is right or wrong; it is about choice and dignity. I thank Liam McArthur for expertly and respectfully navigating the bill to this point and speaking so engagingly to all colleagues across the chamber. I also thank everybody else who is involved in the bill, whether they are for or against. I have engaged with academics, clinicians, constituents and many other people, but in my short contribution I will speak about most of the people who have shaped my thinking on assisted dying.

The first is a constituent who visited me only this month. Judith is a senior nurse and midwife who has been a nurse teacher for 40 years. Some of what I am about to share is distressing, but Judith wanted me to share her words. She said:

> "I have witnessed many times end-of-life suffering. Not all pain and awful symptoms can be controlled. My late husband, a retired GP, died as I nursed him at home, with his pain not fully under control. My sister, who died of cancer aged 45, attempted to take control by placing a plastic bag over her head. She was transferred from a hospice under a section to an acute psychiatric ward. We were both traumatised by these events. I need assisted dying for myself to feel much less anxious about the future and have that freedom of choice. I would be concerned that I could resort to an unsafe option."

The second person is Richard Selley, the former head of Loretto junior school, who was diagnosed with MND in 2015. Richard's health declined quickly and he lost the ability to walk, talk and swallow. In September 2019, Richard, his wife Elaine and his brother travelled to Dignitas to end his life through assisted dying. Some members of the Scottish Parliament will remember a video from Richard Selley in which he urged us to support the legislation that is before us today.

The bill is too late for Richard and might not have been the right option for him, but a change in the law will give others who are in a similar situation a choice, not in another country but where they live. My own reflection of the actions that are taken by those individuals is that travelling to Dignitas or having to take matters into your own hands should not be the status quo. Going to Dignitas was traumatising for Richard Selley and his family, and it was expensive and risky for his loved ones—it should not be that way.

I listened to Dame Prue Leith speak in the Parliament about her brother's very painful death from bone cancer. Last week, a constituent visited my surgery to tell me about her sister, who died of a rare cancer in 2002 after enduring huge suffering with sickness, pain, faecal vomiting and bleeding. Her sister was in a desperate situation, which is sadly not unusual. In the UK, 650 terminally ill people end their own lives each year, and there are up to 10 times as many attempts.

Like other members, I have received hundreds of emails regarding assisted dying, most of which are supportive and chime with two-thirds of the public opinion. Around the world, 300 million people have access to some form of assisted dying, and we can learn from three decades of evidence in other jurisdictions about how to craft law with safety at its core.

My final thoughts are of being with my own family at the end. My grandfather had vascular dementia and, because of his mental capacity, he would not have been able to choose how he died. He did not have a good death. It was prolonged. It was undignified. Objectors say that palliative care has to improve, but even if every person had universal access to hospice care in Scotland, more than 600 would suffer with unrelieved pain as they died.

I have been heartened by the way in which individuals have made their case today, but passing the bill would allow us to continue the conversation about how we die and how we can improve end-of-life care.

With the time that I have left, I would just like to acknowledge some of the contributions of individual members. To Alex Rowley, I say that I am confident that, with the safeguards that we have in place, I would vote for this bill and its general principles at stage 1. If it was not so robust, I would not be so comfortable voting for it. To Jeremy Balfour, I say that I am a person of faith and I find it objectionable that I might not be considered to be religious because I have chosen to support the bill.

I say to Pam Duncan-Glancy, who made an impassioned speech as always, that the bill must strike an appropriate balance between providing a right for terminally ill adults to access assisted dying and the requirement to protect vulnerable groups of people. I also reject Michael Marra's argument that poorer people will be detrimentally affected by the bill, because if that argument stands, poorer people who support assisted dying would be excluded from having the choice of dying in that way.

We must pursue the best outcome with compassion and comprehensive legislation that respects individual autonomy and embeds robust safeguards. I will support the bill tonight.

17:37

John Mason (Glasgow Shettleston) (Ind): Presiding Officer, thank you for the opportunity to speak in today's important debate.

On Friday, I had coffee with a friend and they were telling me about their experience when they were younger that I had not known about previously. Having been a very active young person up to the age of 16, they contracted a series of viruses that led to virtual paralysis for seven to 10 years and to them being housebound for about 12 years. During that time, they had some really low spells and they also realised the toll that it was taking on their mother and other family members. They told me that, if they had been offered assisted dying during one of those low times, they might well have taken it. Yet now, this person, who has a really lively and positive personality, holds down a highly responsible job, enjoys sailing and is involved with the care of several elderly relatives. Would we want to open the door to such a valuable life being cut short? I do not think so.

Today, as members might expect, I also want to look at some of the financial aspects of assisted dying. There has been some discussion about whether the costs of introducing the scheme are understated in the financial memorandum, but the financial memorandum is meant to estimate the savings as well as the costs, and there is virtually no mention of that. As the Finance and Public Administration Committee reported:

> “We ... found a lack of information on estimated savings that could arise from the Bill.”

What might those savings be? The UK Government has estimated savings to be £36 million per annum on average—savings on pension costs, benefits, hospital costs, and on care at home—but it does not include housing costs, which I find a little surprising. I suggest that those figures are somewhat on the low side for the UK, and obviously in Scotland they would be a proportion of that.

There is definitely scope for a fair amount of savings for the UK, and for national and local Government, as well as potentially for families themselves, if assisted dying is permitted. At a time of financial pressure that might last for a number of decades, given our ageing population and other factors, there could well be an incentive for future Governments at all levels to save money by encouraging premature deaths. Of course, it might not be done blatantly, but it could still be done in a more subtle way.

I would encourage anyone who has not seen the excellent Japanese film “Plan 75” to do so. It is set in the not-too-distant future in a country that, much like ours, has an ageing population. Like here, many older people in Japan do not want to be a burden on their families, on younger folk and on wider society. Should those older people be holding on to their jobs and homes, which could be needed by the next generation? There is a subtle pressure to consider if it is perhaps their duty to take part in assisted dying as they approach the age of 75.

Is the film far fetched? Maybe a little. It does not come down strongly on either side. However, it does show that, once you start down that particular slope, you may not be able to stop things going further than you had intended. Of course, we would want to start with a tightly controlled and apparently well-safeguarded scheme here in Scotland.

I was struck by this part of the briefing from the Nuffield Trust:

> “Of the systems we reviewed, we found no examples where eligibility became more narrow or restrictive over time, though some, such as Oregon in the US, have remained relatively consistent. Among some systems where assisted dying has been legal for over five years, eligibility criteria have expanded, notably in Canada, Belgium and the Netherlands.”

Even where they have not expanded, other changes in some places, such as the reduction or removal of waiting periods, have made the system more permissive. That has to be a worry. However tight we make a system to start with, experience shows that it becomes looser and looser.

At this point I would add my voice to those arguing that we need to look more seriously at how palliative care and hospices are funded. I am a huge fan of third sector organisations such as Marie Curie and the Prince and Princess of Wales Hospice. However, supply is not matching demand for enough people, and much end-of-life care is currently carried out in care homes. There is also a question about whether GPs are willing to prescribe sufficient painkilling drugs to properly manage pain.

This is not an easy subject. There are definitely arguments on both sides. Having free choice is something that we all want in our lives, and that sounds like a strong argument in favour of the bill. Some figures suggest that 79 per cent of the population support assisted dying. However, when we dig a bit deeper into such figures and when some of the arguments and counterarguments are put to people, we find that support can drop to as low as 19 per cent.

What starts as a question of an individual’s right to choose may not end there. It seems highly likely to me that there would be a drift away from the position of free choice to an expectation that individuals should not be a burden on wider society and that they should actually have a duty to end their lives prematurely. That is not a position that I want to see in Scottish society. As a result, I will be voting against the bill.

17:42

Carol Mochan (South Scotland) (Lab): I begin by saying thank you to Liam McArthur for continuing the work in the Scottish Parliament on this important reform. Despite it undoubtedly being a topic that many might choose to shy away from, he has allowed it to come back to the chamber today. I know that, along with Liam McArthur, there are organisations and individuals that have been working for many years to change the narrative in order to help people who desperately need their Government to act. I hope that today provides the foundations to achieve that.

To be clear, the bill is a fundamental step towards compassion, liberty and respect for the dignity of the individual. With proper revision and attention to the many details that have been raised by professionals and advocacy groups, we can secure a historic piece of legislation at the end of this process. Doing so would deliver the kind of forward thinking and truly generous use of power that this Parliament was built to secure. Alternatively, we could instead do as the Parliament has so often done in the past: we could be hesitant, leaving the electorate frustrated by their Parliament's lack of progressive leadership.

The list of countries and states that have already introduced legislation in this area or are in the process of doing so—I include my colleague Kim Leadbeater's bill at Westminster—is growing every month. As parliamentarians in Scotland, are we simply going to ignore the groundswell of public opinion towards such a reform? I truly hope not.

I believe that we need this legislation and that to once again turn our back on compassion and choice would be a grave mistake, driven by fear. I know that many members believe in the principle behind the bill but are apprehensive about its implementation. How will it work in practice?

I worked in healthcare, and I have worked with clinicians and patients. Every day, clinicians make assessments and patients make decisions about how their treatment will be managed. Sometimes, those decisions are straightforward and, sometimes, they are difficult and complex. Our constituents include clinicians and patients, and they know that healthcare should be compassionate and about choice.

People support the principles of the bill, and it is our job to get the balance right in the bill. In 2024, Dignity in Dying Scotland conducted the largest poll yet on the issue in Scotland. It found that, in every constituency in Scotland, there was a majority in favour of introducing assisted dying legislation.

I believe that the change is inevitable and, in this Parliament, we should put our efforts into ensuring that our constituents have robust legislation, to ensure the safe delivery of that change. We should be in politics to shift power away from the centre and to empower the individuals who have put their trust in us. What right do we have to sit in judgment and tell a person that they must struggle on in pain, powerless?

After all, in practice, forms of assistance already exist in Scotland. Care is often omitted because nothing further can be done. Those are serious and well-considered decisions that are taken by experts in conjunction with patients and their families. There is nothing flippant about them, and they happen every day. Why should that be the case, yet a person who honestly tells us that they wish to be in control of an unwinnable, intolerable struggle is ignored? Worse still, there are Scots who are being forced to travel abroad without their family around them in order to end their lives—isolated from all loved ones in order to die far away from home.

I want us to help. As parliamentarians, we must have the strength to get the bill right. Compassion and fairness are important in life, and it is important that compassion and fairness are also available to those with a terminal illness as they approach their death. I accept that the bill must contain safeguards against coercion and around the worry about lack of services and support for staff. Scrutiny of the bill has allowed concerns to be aired, and Liam McArthur has shown great determination in ensuring that compassion and choice, along with a clear commitment to safeguards, have been addressed as the bill has progressed.

We are legislators. Our decisions today will have profound ramifications for many individuals. If we do not pass the bill, there will be serious consequences for many people who have difficult days and years ahead. We need to give people every choice that is available to them, and we must seek to diminish pain and suffering where we can. That is the humane thing to do, and it is the right thing to do. That is why I will support the bill tonight.

17:47

Lorna Slater (Lothian) (Green): The Scottish Greens who were elected to the Scottish Parliament in 2021 stood on the manifesto pledge to introduce

> "safe and compassionate laws that allow terminally ill adults the right to an assisted death when the time is right for them."

I am speaking in support of the bill that is before us at stage 1 today because I believe that it does that.

For me, support for assisted dying comes from a profound belief in bodily autonomy: the choice about what happens to our bodies. It comes from a place of compassion and a desire to alleviate suffering. While I am able to consent, no one has the right to tell me what to do with my body. The fear of potentially being trapped, suffering—whether in pain, struggling to breathe or unable to eat or experience pleasure—and being forced to exist in a collapsing mind while my body carries on, and with those who love me being forced to witness my suffering, makes me want to have that choice.

The decision to end our life prematurely to avoid suffering and to experience a good death is only a choice if we also have excellent palliative care. That is not an either/or situation. Unless excellent palliative care is in place, we cannot be said to have a legitimate choice. I support all calls from members across the chamber for the universal availability of comprehensive, properly resourced and compassionate palliative care.

I am content that the bill differs from the one that has been introduced in England, particularly with respect to the limit on life expectancy. That someone who is expected to suffer for longer than six months might lose the capacity to make the choice to end that suffering and might therefore miss out on the option to access assisted dying and be condemned to suffer for longer both terrifies and horrifies me.

As an autistic person, I am slightly concerned how caveats around mental illness may be interpreted. I would not want to be excluded from access to assisted dying because of my autism. I hope and expect that autistic people will be included in discussions at all stages of the process.

It is absolutely right to learn from other countries in implementing this law. There are decades of data to tell us what works in protecting people from coercion and what safeguards must be in place to ensure that it is the person themselves who defines their suffering, rather than having able-bodied people projecting suffering on to disabled people in such a way that someone is pressured into accepting something that they did not choose.

Blocking this legislation could mean inflicting months or years of suffering on those who do not want it and would choose to avoid it. Blocking the legislation is not the right answer to preventing coercion or to ensuring full regard for the rights of disabled people. The right answer is to ensure robust, human rights-based safeguards for everyone.

For me, this debate is much like the one around abortion. If someone does not agree with abortion, they should not have one, but they should not remove the choice from others—they will not experience the ramifications of the choice that they are taking away from them. It is their right to choose for themselves—it is all of our right to choose. That means that this Parliament should support the right for terminally ill adults to choose an assisted death when the time is right for them.

17:51

Michael Matheson (Falkirk West) (SNP): Like others here, I compliment Liam McArthur on the way in which he has progressed his bill on what is a hugely sensitive issue. I am also grateful to the Health, Social Care and Sport Committee for its detailed report. Having served on a committee that dealt with the Parliament’s first end-of-life bill, I know how complex the issue is and the challenges that go with it.

Like all members here, I share the deep concern experienced by people who are dying, and recognise the fear associated with that. In no way do I wish to minimise that anxiety or that fear, which, in common with many in the chamber, I have personal experience of in my family. However, I am also conscious that there are many people whose voices we cannot hear in this debate and who would be vulnerable to the consequences of the incredibly significant change that the bill would bring about. If the challenge is to provide better end-of-life care, I believe that we can do much more by investing in better pain management and in therapies to minimise the suffering that can be experienced at the end of life.

I turn to some of my specific concerns about the bill and what I think are the deficiencies in its safeguards. First, the bill’s definition of terminal illness has no expected timeframe. It includes any

“progressive disease, illness or condition”

that is

“expected to cause ... premature death”

and is, in my view, extremely broad. That definition could catch patients with dementia and anorexia nervosa, as well as those with a chronic illness or disability, and it was rightly highlighted by the Royal College of Psychiatrists as having serious implications for those with dementia and with anorexia nervosa. The RCP specifically pointed out that anorexia nervosa, no matter how severe, is not a terminal condition.

My second, and probably greatest, concern relates to the provisions around coercion. The bill states that a person requesting assisted suicide must do so “voluntarily” and must not have been

“coerced or pressured by any other person”

but the reality is that some individuals will be subject to coercion and pressure, whether directly or indirectly.

As justice secretary, I introduced the Domestic Abuse (Scotland) Act 2018. We were one of the first countries in the world to legislate to make coercive and controlling behaviour an offence as a form of domestic abuse. In considering the policy options for that legislation, it was very clear to me that coercive and controlling behaviour was going to be extremely difficult to prove, because it is often subtle and it can be difficult to identify it without the right expertise and detailed investigation. Individuals often experience it without even knowing that it is happening.

I believe that, under the provisions in the bill, detecting coercion and control would be a very serious challenge, even for the co-ordinating doctors, and I believe that it would be impossible for the independent practitioner who is to deliver the lethal substance as they, by design, will have very little knowledge of the patient or their family. We should be in no doubt that individuals will experience coercion and pressure from others. No words on the face of the bill and no intent in the bill to prevent it from happening will do that. Given the stark consequences of the bill, I believe that that is a risk too far.

Liam McArthur: I would be interested to know whether you are able to point to any other jurisdiction where that issue of coercion has been identified, because that is certainly not what the committee has heard.

The Deputy Presiding Officer: I remind members to always speak through the chair.

Michael Matheson: The challenge, I believe, is that it is very difficult to identify, and the reality is that it will occur.

The bill crosses the Rubicon. Despite reassurances, the evolution of such provisions in other countries is a real concern for the future. The scope of the bill, in my view, is not the end point. It is the beginning of what I believe will be a gradual extension of its provisions over time, and this Parliament cannot tie the hands of any future Parliament. The bill will not just create a new option for a few, with everyone else in society being unaffected. It will impose a new reality for every person towards the end of their life—the option of assisted suicide. It will, in effect, change life and death for everyone, and we should be particularly mindful of the impact that that could have on some of the most vulnerable members of our society who lack agency in decision making.

I believe that we can do better. Rather than progress the bill, we should debate how we can deliver the best possible palliative care, recognising that we all have intrinsic value, that real choice and autonomy mean having access to the best possible care, and that true dignity consists of being cared for until the end. For those reasons, I will not support the general principles of the bill.

17:57

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I, too, commend Liam McArthur and all speakers in the debate for their thoughtful, heartfelt and sensitive contributions. I also thank all my constituents who have taken the time to write to me with their views.

I will support the principle of assisted dying for terminally ill adults at stage 1. I first spoke in support of that principle in the debate on Margo MacDonald's bill on 1 December 2010, and I quote from that:

> "I have changed my view on the issue, from being opposed in principle—I stress it is in principle, which is what stage 1 is about—to support in principle."
>
> "Why have I changed my view? The death of both my much-loved parents in recent years made me focus on my own mortality and the manner of people's deaths, which is something many of us choose to avoid."

I reflected on the marked contrast between my mother's lingering, heavily sedated hospital death—she was too ill to be moved to a hospice—and that of my father, with his digestive biscuit and cup of tea by his side, in his own chair in his own home, among generations of family photographs. I added:

> "Incidentally, when my mother was taken as an emergency into hospital for those final weeks, my sister and I were asked out of the blue, little realising then how dire her condition was, who had authority not to resuscitate."

My mother's life or death was for us, and not her, to decide. She was resuscitated. The family were then told by the charge nurse that,

> "with increased levels of morphine to kill the pain, her death would surely be accelerated."—[*Official Report*, 1 December 2010; c 31071-2.]

We thanked him.

Fifteen years on, my support has never wavered. I am nearly 81 and am therefore probably more aware of my mortality than most of us here. At this age, many of my friends have gone. For some, death was kind; for others, it was really cruel. For Margo—bless her courage—who was supported by Macmillan nurses, it was Parkinson's that finally ended her life. She did not need assisted dying; she simply wanted choice.

I say to Pam Duncan-Glancy and others that if I thought for one moment that the bill's provisions would inevitably put pressure on the disabled, the vulnerable and the elderly, I would not vote for it even at stage 1. If protections need strengthening, let us try to do that.

There should be choice by Christine Grahame for Christine Grahame. No one else has that right for me, nor do I have it for anyone else. Throughout my adult life, I have been able to choose which medicines and treatments to take. I already do that. I can even sign an advance DNR—do not resuscitate—form. Until death itself, I have the final say. I am in charge of my own body. I therefore find it bizarre that I cannot choose, in closely defined circumstances and in the knowledge that I am terminally ill, the time and manner of my death, with capacity, consent, compassion and, I hope, my family. For me, that is a backstop; it is a choice only—an option that is not compulsory for the individual or the professionals.

I will support the bill and I hope that those who have yet to make up their mind will vote for it to pass tonight, so that, at the very least, we have the opportunity and time as it progresses through stages 2 and 3 to rigorously test it further and to take on the legitimate concerns that others have raised.

18:01

Stephen Kerr (Central Scotland) (Con): It is always a pleasure to follow Christine Grahame in a debate. She has captured the essence of why I have so many doubts about the bill, because I believe that it puts pressure on the most vulnerable in society. I am not persuaded that someone being rich and having the ability to take themselves off to a clinic in Switzerland to end their lives is an argument for assisted dying to become legal in Scotland.

The tone of the debate—the respect with which all have presented their views—is indeed a tonic in comparison with some of the debates in this place.

My colleague Jeremy Balfour quoted his religious faith. To colleagues who feel that, somehow, an aspersion is to be cast on the religious faiths of those who disagree, I say that that is not what he said.

I pay tribute to Liam McArthur for the obvious sincerity with which he has progressed the bill to this stage.

This afternoon, we—I—heard one of the finest parliamentary contributions that I have ever heard, which came from Pam Duncan-Glancy. A person would have to have a heart of stone not to have been touched by the compelling arguments that she gave in her short speech.

We are being asked not to make small amendments or to tweak a regulation but to accept, in principle, that Scotland should legalise assisted dying. Once accepted, that principle changes everything. Not only the bill is risky; the very concept of legislating for assisted dying carries with it profound and irreversible dangers. That is the principle that I cannot support. The risks are not theoretical but real, and, as I have said, they fall most heavily on those who are already the most vulnerable.

I, too, am grateful to the Health, Social Care and Sport Committee for its excellent report. It warned that the bill could face legal challenge under the European convention on human rights, not to restrict it but to expand it—to widen eligibility and dismantle the very safeguards that we are told that we can trust. That is why Liam Kerr's intervention was most telling, He was asking for underpinnings—guarantees—on the nature of the safeguarding in the bill, and nobody can rightfully give such undertakings. No matter how precise the drafting or noble the intentions, the Parliament cannot bind its successors, and we cannot bind future interpretations.

Once this bill leaves our hands, its meaning and consequences will be shaped by others. Once the law accepts the principle that some lives are no longer worth living, the pressure will begin—not necessarily from Parliament, but through legal precedent and public expectation—to make the law more inclusive and more flexible. We have seen that elsewhere. In jurisdictions that legalised assisted dying with promises of narrow scope and strict control, eligibility has steadily expanded: from terminal illness to chronic illness, from physical suffering to mental distress. That is the pattern, and Scotland is not immune.

Let us be honest about who is most at risk. It is not the articulate campaigner. It is the older person who feels like a burden, the disabled adult who is told that their care package is being cut, and the patient who sees pressure on staff, family and the system and feels guilt rather than hope. That is not dignity; that is desperation. In such moments, what some call choice starts to look more like coercion.

Supporters of the bill will tell us that safeguards can be built in—but what use are safeguards if they are open to legal challenge the day after the bill becomes law? Are we willing to gamble the lives of the most vulnerable among us on protections that could be legally dismantled? Instead of placing our faith in a system that cannot promise safety, let us uphold the one safeguard that has held firm: the current law. It is simple, it is clear, and it protects every person equally, regardless of age, illness or income.

Rather than spending months trying to amend an unamendable bill, let us turn our energy towards what we can improve—which includes, as was so well put by Alex Rowley, social care, palliative services and mental health support. Let us build a country where no one feels that their only option is death.

Once the line is crossed, we cannot go back. I heard reference to crossing the Rubicon, which I think is correct. This is not compassion. It is a risk that is too great, too permanent and too dangerous. I say to my colleagues: do not risk it. Reject this bill at stage 1, protect the vulnerable and protect the principle that every life is worth living.

18:07

Kenneth Gibson (Cunninghame North) (SNP): I pay tribute to Liam McArthur for having the leadership, courage and fortitude to introduce legislation that has touched the emotions and stirred the feelings of many, both for and against. Given the myriad emails and letters, and the scores of documents, meetings and events surrounding the bill, I can only imagine the countless hours that he and his staff have devoted to it. Nor should we forget the work that was done more than a decade ago by Patrick Harvie and the late Margo MacDonald.

I support the general principles of the bill. Ultimately, it is about compassion and choice—compassion for individuals who, with the grave diagnosis that they are terminally ill, may seek to end their lives in a dignified way at a time of their choosing, surrounded by loved ones. Of course, up until 28 March this year, that had already happened for 571 UK citizens—those who could afford to pay up to £15,000 to travel to Switzerland and seek to end their lives at Dignitas. Mr McArthur's bill is more egalitarian.

Others who are facing terminal illness kill themselves out of despair, or because they feel that they are a burden to their loved ones. Many are the reasons why someone with a terminal illness seeks to die before the illness itself takes them. A Mr Edward Thomas of Eastbourne pointed out in *The Sunday Times* that it is important to

> "end the inhumanity of unbearable pain that cannot be alleviated by palliative care".

Ms Jean Gilchrist of Edinburgh said of her father:

> "by the time he died, he was emaciated and only lived for his four-hourly morphine injection—which usually wore off after two hours, leaving two more of agony."

Ms Sue Knill of Gloucester said:

> "Our deepest humanity is enfolded in letting people go painlessly and at a time of their choosing, not ours."

There were many similar comments. A constituent whom I know very well said:

> "My mum strongly urges you to vote in favour of the bill passing to stage 2.
>
> She can't write to yourself any longer as she has a terminal illness.
>
> As you will recall she has been an active writer and community member for so long, but now has an Atypical Parkinson's disease called Progressive Supranuclear Palsy.
>
> There is no cure, no treatment, and it gradually shuts down the whole body.
>
> She will end up immobile, all her muscles will seize up completely, no voice, eyes can't open, can't eat due to severe swallowing problems, can't breathe properly and will most likely be incontinent.
>
> Now in a wheelchair, she has no voice and is dependent on others for her needs.
>
> There is no clear timeline.
>
> Mum is deteriorating rapidly, and any future left for her is that of a 'thinking vegetable' as she calls herself.
>
> It's particularly cruel that people with PSP know what is happening to them as there is usually no dementia.
>
> She always supported assisted dying in principle and with this insidious illness, has no desire to live or be dependent on others for every single body function.
>
> Mum had a good life and simply wants to go before her quality of life and future gets worse.
>
> It's her life, and she's terrified that as the disease progresses further, she will lose all control.
>
> Why would anyone want that?
>
> This Bill won't come in time for mum, but it could prevent others going through what she is going through."

Another constituent said:

> "Having nursed both parents with terminal illnesses and an aunt and uncle in similar circumstances, each of whom would have made a choice to avail themselves of this legislation were it to have been available, the experience crystallised for me the fact that I personally want that choice."

Assisted dying based on terminal illness is the only way to balance principles of autonomy and protection, and it sends a clear message that terminally ill people's choices are respected.

Whether one supports or opposes the legislation, it is important to clarify that it is not a bill that promotes euthanasia. I have been deeply disappointed that some opponents of the bill have made that assertion, frightening the families of people with severe disability, Down's syndrome or anorexia. Some have suggested that Scotland's disabled people are all of one mind in opposing the legislation. To me, it has always been clear that disabled people's views on the issues are as diverse as those of able-bodied people.

Professor Ben Colburn's University of Glasgow peer-reviewed, evidence-based research brought together all relevant published studies on the relationship between disability and assisted dying. Key findings are that

> "People with disabilities are not generally opposed to assisted dying laws",

and that such

> "laws do not harm people with disabilities",

promote “disrespect” towards them or undermine equality or accessibility of healthcare for disabled people.

In evidence submitted during the consultation on the bill, disability activist and advocate Patricia Malowney, of the Victorian ministerial advisory panel on voluntary assisted dying, said:

> “merely having a disability will not meet the eligibility criteria”

and

> “there is a clear acknowledgment that all lives have equal value”.

She went on to say:

> “Overwhelmingly the people in my community have been reassured by the stringent safeguards and robust monitoring systems under the Voluntary Assisted Dying Legislation in Victoria.”

What is proposed in this bill is similar to the Victorian model, not the Benelux or Canadian models to which some members have referred.

On the idea of a slippery slope, there has been none in Oregon in 28 years; there will not be one here. Where it has been implemented, such legislation has led, in the event, to fears that were very strong being shown to be groundless, and there has been no pressure to repeal, so I say to members: please support the bill.

18:12

Miles Briggs (Lothian) (Con): Like other colleagues, I pay tribute to Liam McArthur for the manner in which he has progressed the bill during the current session of Parliament.

Ten years ago, prior to being elected to Parliament, I met Amanda Kopel. Many members on all sides of the chamber will know what a formidable lady and campaigner she is—I see that the Cabinet Secretary for Finance and Local Government is nodding in acknowledgement. Before I was elected, I promised Amanda that, if I was lucky enough to come to Parliament, I would try to progress Frank’s law—named after her late husband—to extend free personal care to people under the age of 65.

During that campaign, I met hundreds of people who were living with a terminal illness. Many were diagnosed way before their time—in fact, during what should have been the best years of their lives. I am pleased that, following cross-party working, the Scottish Government agreed to change the policy. A recent written answer showed that, to date, over 71,000 of our fellow Scots have benefited directly from that policy and the help and vital support that it has now legally provided.

The founding principle of our national health service, of care from cradle to grave, has underpinned the social fabric of our country and society for more than 76 years. However, what is often not recognised is the reality that palliative and end-of-life care is provided predominantly by the charitable sector, either in a hospice or in a hospice-at-home setting, with no currently existing legal right to palliative care.

I have to reflect that, after several attempts over the past 15 years to change the law around assisted dying, neither the Scottish Government nor Parliament has come together to demand the vital improvements that we need, now and in the future, to help deliver better palliative care pathways as well as new funding models that would help charitable hospices to become financially sustainable. Those are especially needed following the impacts of the recent rise in employer national insurance contributions and the agenda for change pay increases.

That is why I launched my proposed right to palliative care (Scotland) bill, and it is why, if the Assisted Dying for Terminally Ill Adults (Scotland) Bill is passed at stage 1 this evening, I intend to lodge amendments at stage 2 to introduce a legal right to palliative care. I am grateful for ministers’ engagement on my bill to date and to Marie Curie for working with me on it. I have the utmost respect for those who dedicate their careers to our palliative care and hospice sectors and for the journey that they help individuals and their loved ones to take as they approach the end of life.

As co-convener, along with Jackie Baillie, of the Parliament’s cross-party group on cancer, I have been inspired at every meeting by the lived experiences of people and their families and friends following a cancer diagnosis. No one can be prepared for, or know, how they will respond to a diagnosis of cancer or of any life-limiting disease. However, as an MSP who has, over the past decade, been speaking to people who are living with cancer, I know that the will to live and buy time is strong. It is the will to seek treatment, to seek access to the next drug trial and to spend another day with loved ones, even with the pain that often comes with treatment and living with a disease.

However, as treatment pathways come to an end and people move on to palliative care, there is a fear of pain and of how they will die. Like many families, I and my sisters have supported my parents and other family members in their final days of life. It has never been easy for us, and it never is easy for anyone.

What is essential is that an individual facing the end of life should have the right to make an informed, autonomous choice about their care, including having the option, for those who want it, of assisted dying. As one individual living with cancer for over nine years recently told me when I asked for their view on the bill, they want the ability to reclaim agency over their life and the peace of mind of knowing that they can access an assisted dying pathway when they decide that the pain that they face is too much. They might not decide to use that pathway, but they would have the choice.

That is why, although I continue to have a significant number of concerns about the bill as it stands, I believe that it is our role to ensure that, within whatever legal framework we take forward, individuals can, if they wish, access assisted dying and that their wishes are afforded the dignity and respect that they deserve.

I support a healthcare system that is compassionate and responsive to the complex realities of end-of-life care, and I believe that assisted dying can be made a part of that system, as another legal choice. That is why I will support the general principles of the bill at stage 1 this evening. I will do so with the intention of seeing how the proposals can be progressed at stage 2. Ultimately, it will be for us, as a Parliament, to decide at stage 3 either to pass or reject the final bill. I look towards what measures can be contained in the bill and the conversations that we will need to continue to have as a country about how we die and how we can improve end-of-life care as a whole here, including by improving the choices that dying people can make at the very end of their lives.

18:18

Paul O’Kane (West Scotland) (Lab): I am grateful for the opportunity to contribute to the debate. At this stage of the evening, I am pleased to be following so many considered, passionate and powerful speeches by colleagues from all parts of the chamber.

This is a serious bill and a serious debate. In many ways, it is one of the most serious issues that we will deal with in this session of Parliament. It is the culmination of four years of debate in this session and of a wider debate long before that. We have heard much of that debate rehearsed this evening.

Like colleagues, I pay tribute to Liam McArthur. The manner in which he has steered the passage of the bill has been thoroughly decent, collegiate and patient. His contribution in opening the debate today continued in that vein.

Everyone in the Parliament and, indeed, across the nation approaches this debate with their own experience of and encounter with death, because death comes to us all and touches us all, no matter who we are. Seamus Heaney wrote:

> “death is not easily
> escaped from by anyone:
> all of us, with souls, earth-dwellers
> and children of men, must make our way
> to a destination already ordained”.

The question, and the debate that we are having, is about how we die. I have sought to encounter and listen to my constituents and their stories. I think particularly of people such as Caroline, who came to see me and made me stop in my tracks as she spoke with passion and emotion about the death that her loved one experienced. It was a difficult death, in which pain was present, and she felt that the option of assisted dying would have made that process far better not only for her loved one, but for her.

I recognise the work of Marie Curie. Last year, I was very pleased to bring to the chamber a debate on “Dying in the Margins”. That exhibition, which we have heard about before this evening, sought to show to the world the conditions in which people come to the end of life in our society. It struck me that, in many ways, even in hospice care, we are already failing to allow people to have a good death. There is a failure to support people by adapting their properties so that they can die well, to allow people to access social services and to provide that wider end-of-life support.

Paul Sweeney (Glasgow) (Lab): I thank my friend for giving way. He is making a very powerful point on an excellent exhibition. Does he also recognise that, because of a lack of timely access to diagnostics and treatment, too many Scots die premature deaths that could have been prevented?

Paul O’Kane: I absolutely agree. I was coming to the point that Mr Sweeney alludes to, which is that people who live in poverty often die a poor death. Regardless of the outcome of this evening’s vote and this process, it is incumbent on all of us in the Parliament to continue to have a serious discussion about the provision of palliative care and access to palliative care and dignity at the end of life. In particular, we are collectively failing to properly support our hospices.

At all times in this debate, my approach has been to listen and engage and to respect that there are many deeply held views in favour of changing the law and against doing so. Fundamentally, I have tried to come to my own conclusion by interrogating the evidence that has been provided to me, not least by this Parliament’s Health, Social Care and Sport Committee in its stage 1 report. I am very grateful to colleagues for their work in that regard. My conclusions recognise not only the end-of-life experiences that I have heard about, but the concerns that have been raised with me about the bill—principally, the need to protect the rights of disabled people in society, the risk of coercion and, indeed, the potential for extending, via the courts, the scope of assisted dying.

In the time that is left to me, I will focus on only one of those points—the value that we place on disabled people in our society. Pam Duncan-Glancy outlined her concerns about what the bill will mean in reality for disabled people far more eloquently than I could. However, in my mind at all times in this process there has been an acute sense that we are not debating these measures in an equal society. There is not a level playing field for disabled people, who too often are still seen as—and feel like—a burden. They are too often vulnerable to coercion, even by the very institutions that exist to protect them and all of us.

That was brought to my mind all too acutely during the pandemic. For seven years prior to being elected to this Parliament, I worked for a learning disability charity. With people who have a learning disability, I campaigned for their rights and for the rights of their family carers. I know how important it was to them to have independence and be valued as a member of society. Yet, in the pandemic, in the darkest medical emergency of this generation, people who have a learning disability told me about the do not resuscitate orders that were signed on their behalf, without their knowledge and without the knowledge of their family. That brought home to me very clearly the fact that people who have a disability are not treated the same as other people in our society. We still do not have answers to why that happened.

Without that level playing field and a more equal society, despite all our debates, all the proposed safeguards in the bill, my deep respect for the member in charge and his intentions, and my deep respect for my constituents who, fundamentally, do not share my view about the need for a change in the law, I cannot support the bill tonight.

18:24

Karen Adam (Banffshire and Buchan Coast) (SNP): I, too, commend Liam McArthur and members of the Health, Social Care and Sport Committee for their work on the bill. This has not been an easy subject to debate, nor should it be. Today, we are speaking about death, a subject that is often unspoken and avoided, but which touches each and every one of us. We are facing it not in the abstract, which is the usual way, but with reality.

As someone who was once of faith and who looked towards the next life with certainty and peace, I had no fear of what was to come. I saw death as a doorway. I accepted that, like birth, it might be painful, but that, ultimately, it was necessary and sacred. I share that not just as a personal reflection, but to make this point: I understand the views of people of faith who have contacted me to ask me to oppose the bill. I once stood where they stand. I do not for a second dismiss their views—I respect them. However, for me, this vote is not about views but about rights: the right to choose, and the right to have dignity and control over what happens to our own bodies at the very end of our lives.

I thank everyone who has shared with me their experiences of loss. It is clear how profoundly the deaths of those we love shape us. I, too, have walked alongside friends and family in their final days. Some passed away peacefully. Their last moments were quiet, dignified and even beautiful, and they left behind memories that felt like tying a wee bow around a life that had been well lived.

However, I have also witnessed moments that are hard to speak about. I have seen people's anguish stretch out for months and have watched despair take hold of them as they writhed in agony. I have heard them say words that no one should have to say—"I wouldn't let my dog suffer like this"—while their loved ones looked on. Their helplessness was overwhelming. At its heart, the bill is not about telling anyone what they must do; it is about allowing a very small group of terminally ill adults the right to choose how their final chapter unfolds. In the same way that we speak of the right to live with dignity, we must now speak of the right to die with dignity.

Much has been said about palliative care, and rightly so. It is a vital form of care that must be improved. However, assisted dying and palliative care are not mutually exclusive concepts. For some people, palliative care is not enough. For others, it is not what they want, and that choice should be theirs.

We hear people express concerns about coercion, and I take those seriously. There must be strong safeguards. However, I ask this: is it not a form of coercion to force someone to endure pain that they do not want and to deny them peace when their death is already certain? My inbox has been filled with messages from constituents who have pleaded for the bill to be passed, and who have shared stories of parents, partners and siblings who died in a way that was not what they wanted. Some of their loved ones had begged for release, and many of those remaining have been left with guilt and trauma over their refusal to help. They have also shared their fears about what might lie ahead for them after those experiences.

That is not to say that other people have no concerns. I want to be absolutely clear that I also hear the views of those who oppose the bill. Whether their position is rooted in ethics, faith or caution, I hold space for them. Every voice matters, and every feeling expressed in this debate is real and deserving of respect.

I recognise, too, that we are only at stage 1. If the bill proceeds to stage 2, there will be amendments and further scrutiny, as is right. We must take the time to get the proposed legislation absolutely right to ensure that the process is safe, clear and compassionate. If we pass a law that is careful, robust and rooted in humanity, we will give people something powerful: not a directive or an expectation, but choice. I respect the fact that, in this life, many people do not have choice. However, is that a reason to take choice from others? Not everyone will want it or use it but, for those who do—for those who face the certainty of death and the reality of suffering—it could mean peace. To me, that is what humanity and autonomy look like. I will vote for the bill today, because it is not about views but about rights.

18:30

Ross Greer (West Scotland) (Green): I was not planning to speak in the debate, but I am grateful to have the opportunity to do so. This is an issue that I, like many members, have wrestled with for many years. I thank Lord Alf Dubs, Linda Fabiani and the much-missed Christina McKelvie for the formative conversations that I have had with them, which have led me to the vote that I will cast today.

The Green MSPs were elected on a manifesto commitment to support a “safe and compassionate” system for assisted dying. To me, that sets two clear tests: is the proposal safe and is it compassionate? Even now, I still ask myself whether any system for assisted dying can be safe and compassionate—that is a question that we should still be asking at this stage. However, the status quo is neither safe nor compassionate. We see that in the horrendous deaths that are unwillingly endured across this country every day.

For that reason, I will vote for the bill at stage 1—not because I support it as it is currently drafted, but because it is the Parliament’s job to wrestle with the most difficult issues that face our society, and I believe that there are none more difficult than this. The issue deserves the opportunity for more detailed scrutiny and for changes to be proposed at stages 2 and 3. Those changes might address my concerns; if they do not, I will vote against the bill at the final stage.

I appreciate the many constituents who have shared with me the most traumatic experiences of their lives. I have a huge amount of respect for Liam McArthur and the campaigners who have brought the bill to this stage. My reluctance and hesitation are not based on my faith. Easing suffering is entirely compatible with my Christian belief. However, as a person of faith, I have often found it difficult to engage in the debate, because some advocates of change have given the clear impression that they think that people of faith should not be heard on the issue and that our opinions and underlying moral codes are less legitimate. I hope that the Parliament rejects that and ensures that all voices continue to be heard in the discussion.

I will use my time to lay out some of my concerns about whether the bill meets the criteria of being safe and compassionate. Others have laid out the issues with what is a relatively broad definition of terminal illness—I share those concerns. My main area of worry is about the safeguards against coercion. Coercion is—rightly—not defined in bill; I accept that to do so would create a checklist approach, which could be too narrow and worse than what is currently there. I agree with the recommendation of Dr Sandra Lucas and Dr Rhona Winnington from the University of the West of Scotland that the bill could be amended to specify that a robust training strategy is required. I am also minded to believe that guidance on identifying coercion should be put on a statutory footing.

My deeper concern about coercion is rooted in the fact that the proposed assisted dying service would be a dispersed, rather than a specialist, service. I agree with the BMA that it should be a specialist service. Usefully, Edward Mountain defined types of coercion: active coercion, passive coercion and state coercion. Pam Duncan-Glancy rightly pointed out the systemic coercion that exists. It is extremely difficult for a medical professional to make judgments about whether their patient is being coerced. I want the highest degree of training for those who make that decision, which would be more than is realistic for GPs, who are already under huge pressure in their existing roles.

I also recognise the sensitive topic of many disabled people’s poor, and sometimes discriminatory, experience of general practice. Resource pressures can also affect professional judgment. Having specialist services would not prevent resource and workload pressures from affecting decisions, but it would better insulate decisions from such pressures. It is not exactly the same, but the debate has put me in mind of people I have seen who should have been taken into the care of the state under the Mental Health Act 1983, but who were not. In those situations, resources—availability of beds and staff—clearly influenced the decisions of medical professionals.

Dr Lucas and Dr Winnington have also proposed an independent advocate role. That should be seriously considered. Non-clinical support would provide a hugely valuable and important safeguard.

My final point is on public opinion. It is right that we give public opinion serious weight, and it has certainly shifted—there is a clear majority of people in favour of the principle of assisted dying. However, when people from a minority or a marginalised group tell us that something would make their lives worse or would actively endanger them, public opinion is not a counter-argument. We do not need to look back far in our history to find public opinion firmly in favour of unjust and harmful laws.

I am not voting for the bill at stage 1 because the majority of my constituents want me to; I am doing so because I believe that the circumstances of our deaths should be as safe and compassionate as possible. I am not yet convinced that the bill would establish a safe and compassionate system of assisted dying, but, with further scrutiny and amendment, it might.

The reality right now, as shown by the experiences that have been shared today, is not safe or compassionate. People are suffering terrible deaths, which traumatise those they leave behind. Some are taking their own lives, often in horrific ways and out of desperation. Those who are wealthy enough are able to travel to a country where they can access an assisted death, but it is often earlier than they would otherwise want it to be, and dying far from home is another form of indignity. They all deserve better than that.

I do not yet know whether the bill will be better for society at large or for our most vulnerable in particular, but I want to try, and I think that we need to try.

18:35

Jackson Carlaw (Eastwood) (Con): As the last speaker from my party who will be speaking in favour of the bill, I say: what a day and what an afternoon. This has been the Parliament at its very best. At times such as this, the Parliament is much bigger than the sum of its parts. Members have been speaking without a party line, whip or pre-prepared script, so there have been some deeply moving and incredibly powerful contributions from all sides of the chamber.

I will not repeat all that has been said in the debate, because we have heard many testimonies and personal arguments, and many fundamental issues have been raised. Members who were able to be at the demonstration at lunch time had an opportunity to hear from some of those who are deeply affected by the issues that are raised in the bill, such as Dianne Risbridger, who is suffering from renal cancer and wants to have the opportunity to decide her end of life. She said that it is better to have the opportunity and not use it than to need it and then find that you do not have it.

Stephen Wisniewski talked about his mother's extraordinarily painful death, which he and his brother had to progress through. Louise Shackleton talked about accompanying her husband to Dignitas in Switzerland. She made the point that he had to go far earlier than he needed to, and that if the opportunity for such a choice existed here, he would still be alive today, but he felt that he had to end his life at a point when he was still able to undertake that. We also heard from a woman whose husband was in the Royal Navy—a 50-something veteran who had inoperable brain cancer and who, on his third attempt at suicide, succeeded. Just think about what those people went through.

I pay tribute to Liam McArthur and the extraordinary work that he and generations of his teams have done. I also pay tribute to the committee's work—Clare Haughey's introduction of the committee's consideration was deeply powerful.

I was in the Parliament for the two previous bills on this issue. I cannot look up to where Paul Sweeney and Maggie Chapman are sitting and not think of Margo MacDonald sitting in one or other of those two seats. She was hugely big-hearted and enormously compassionate, with an enormous personality. It is lovely that Peter Warren, who was her indefatigable parliamentary assistant, is up in the gallery and has been listening to the debate throughout our proceedings today.

I was also in the Parliament to support Patrick Harvie's bill. It was probably the first and last time that I ever supported him in the chamber, which was probably a relief to him and me. I read through both of the stage 1 debates, and it strikes me that the world and the debate have moved on. The direction of travel has changed. I was the only Conservative who voted in favour of the previous bill on this issue. This time, although we may be in the minority, far more Conservatives are prepared to do so.

That is the direction of travel across the world and in public opinion, as shown by those who have made representations to us today. When I read the transcripts of the previous debates, I saw that the churches, the clinicians and all the medical practitioners were fundamentally against the principle of assisted dying. Now, they have moved to being neutral or taking a different view. Three of the four most recent leaders of my party believe that the legislation should be supported. The Parliament should have the courage to move forward, too.

I have been very engaged with the principle of deliberative democracy in this parliamentary session. One of the most interesting things to come from all those who have participated in the pilots, or whom I met elsewhere, is that they can accept a no if the issue is fully discussed, and they can accept a yes, even if it goes against what they believe, if the issue is fully discussed.

Therefore, I appeal to all members to allow us to have the fullest possible discussion of the issue, to take a breath for a moment and to look around the chamber that Enric Miralles built for us. Was it built to be a chamber where we closed down discussion, or was it built to be a chamber where we opened our hearts and our minds to the widest possible discussion of the most fundamental and difficult issues that we as a Parliament are ever asked to face?

I believe that we were not elected to be a nest of fearties. I accept that, if the bill progresses, it might end up with people concluding that they cannot support it, but surely it is our duty to all those out there who believe that there is an issue that we should explore more fundamentally that we do not, for the third time, after one debate, simply say, “This far and no further.” Let us take the issue and examine it fully.

I say to those who have talked about palliative care that I support the debate that Miles Briggs has begun. However, I note that, in both the previous debates—15 and 10 years ago—everybody said the same thing: that we need to do more in relation to palliative care. Here we are, still saying the same thing. That cannot be something that we hide behind.

Finally, in relation to one of the previous bills, a Church of Scotland minister turned to me and said, “Jackson, we all have a right to life, but we don’t have a duty to live.” The issue before us today is whether we believe that people should have the choice—in that final analysis, and in those final days with a terminal illness—as to whether they should be supported to make their own decision. Let us explore the issue further and give justification to those who have fought for it and to the architects of the bill by passing it at stage 1.

The Presiding Officer (Alison Johnstone): I call Sue Webber, who is the final speaker in the open debate.

18:41

Sue Webber (Lothian) (Con): Without echoing all the comments from across the chamber today, I will simply say that this has been quite an afternoon. To see the chamber as full as it is goes some way towards reflecting how connected we can be with what is happening outside Holyrood. I commend Liam McArthur for the way in which everything has happened—from the sensitive manner in which the bill was introduced to how the debate has been conducted across the chamber. I look forward to his closing remarks. These have not been easy discussions, and I respect the convictions of colleagues on both sides.

I thank everyone who has contacted me by email, letter and phone, and in person, and those who continue to contact me—I am still getting emails in my inbox. I have been contacted thousands and thousands of times since I came into Parliament in 2021.

We have heard that public opinion has perhaps shifted since the issue was previously debated in 2015. I recall Mr O’Kane’s point about how the experience of the pandemic has perhaps made people think differently about death, suffering and the control that the state might have over their lives.

Coming into Parliament in 2021, I looked far more favourably on the bill than I do now. I have changed my mind. Thousands of emails and hundreds of discussions have led me to believe that, despite the provisions at the heart of the bill having the very best of intentions behind them, the risks that the bill would introduce are real and serious.

Like many members this afternoon, I say: do not risk it. At first glance, the bill appears focused and narrow. It sets conditions around mental competence and diagnosis of terminal illness, and it has safeguards. However, when we look closer, the scope is far wider than it seems. That is one of my most grave concerns.

Crucially, the definition of “terminal illness” in the bill does not require a specific prognosis and clinical expectation of imminent death. That means that individuals with conditions that might persist for years, even with fluctuating severity, could still qualify. That is not a safeguard. It is a red flag, and it carries serious, lasting risk.

That looseness in the definition opens the door to further expansion. In fact, the Scottish Parliament’s Health, Social Care and Sport Committee warned of that risk, stating that, if the bill becomes law, it could be challenged in the courts to widen eligibility even further. Once the principle is established, pressure becomes difficult to resist.

Liam Kerr: I am listening carefully to this speech. In his speech, Jackson Carlaw was suggesting, I think, that we should allow the bill to progress so that it can be tweaked and tightened to address the exact concerns that you are raising. Is that not the point that he was making? If so, why do you not accept it?

The Presiding Officer: Always speak through the chair.

Sue Webber: I thank the member for that intervention, because that is the very issue that I want to come to next.

Some members think that there are safeguards in the bill and that it looks secure now, or that it could be amended to make it even more secure. However, we cannot view the debate solely through the prism of the bill as it is written today or what it will look like in the future, given that laws evolve, precedents are set, judicial decisions reshape intentions and no Parliament can bind the next one. If we pass this law, none of us can guarantee where it will end up. We must consider the practical pressures that accompany legal change.

I have spoken about palliative care in the past, and I care passionately about it: how essential it is, and how it should be the backbone of any compassionate end-of-life system. Marie McNair, an experienced palliative care nurse, eloquently presented that argument to the chamber. Today, much of that care is funded by charity, especially in our hospices. Our NHS does not shoulder that responsibility, so what message do we send when, instead of properly funding care, we legalise assisted dying?

Let us be honest about how subtle pressure and coercion work. They are not always visible, and they do not need to be spoken out loud. A person nearing the end of their life may begin to feel like a burden. They may internalise the idea that choosing to die is more dignified, more convenient and less costly for their family and for society. No doctor and no checklist can truly measure that weight. One of my healthcare professionals wrote to me and said:

> "As a consultant physician at the Royal Infirmary of Edinburgh, I wanted to let you know that this would forever change the doctor-patient relationship. The arguments for and against are well rehearsed, but I do believe that there would be an inevitable move to relaxing criteria, and the consequent unexpressed sense of coercion experienced by vulnerable patients is a genuine concern. I do realise that this is an emotive subject, but as a clinician, I could not support a shift to actively ending patients' lives."

We cannot ignore the data from abroad. In Canada, laws that were initially introduced for terminal illness have expanded far beyond their original scope. In the Netherlands, the number of assisted deaths continues to rise, and we have heard about some of the "progress"—in inverted commas—from Oregon.

The idea that legalising assisted dying reduces suffering across the board does not hold. It shifts the suffering elsewhere: into the hearts of families, into ethical dilemmas for doctors, into the legal system and into our understanding of what society owes its most fragile members.

I was asked recently, in a somewhat crude message, if I simply hoped that I would not die in excruciating pain. The answer is not that that is my hope; it is my expectation. I expect a society such as ours to provide the palliative care and end-of-life care that we all deserve. That is our duty, and that is what we are putting at risk.

We must not confuse the compassion of the intention with the consequences of legislation. We must not allow rare and tragic cases to determine policies that affect the entire population. We must not pass a law trying to solve suffering that may ultimately multiply it. I ask fellow members to consider not just today's public mood but tomorrow's reality, and to consider not only the short-term comfort of choice but the long-term consequences of this risky bill. Once we start down this path, we cannot guarantee where it ends.

If one life is ended unnecessarily—just one—due to the introduction of the bill, I, for one, could never forgive myself. Let us protect our duty to care. Let us commit to end suffering, not by ending lives but by supporting them with dignity, love and proper medical care. The proposed legislation is inherently risky, and no number of amendments can ever make it safe. Do not risk it today; vote against the bill.

18:48

Liam McArthur: I thank all colleagues who have contributed to this afternoon's lengthy and emotional debate. I also thank them for the many generous comments about me and my "generations" of staff, as Jackson Carlaw referred to them. The debate has fully lived up to my expectations, and I think that it has done justice to the seriousness and sensitivity of the issues that we are discussing. It has allowed those issues to be fully aired and, importantly, as Kevin Stewart and Patrick Harvie reminded us, it has allowed them to be listened to.

Martin Whitfield (South Scotland) (Lab): As well as complimenting Liam McArthur, I compliment members on the quality of the debate that we have had.

Liam McArthur will be aware that MSPs have received an incredibly large amount of correspondence from constituents. Members' decisions on how they vote tonight will be arrived at by considering that and all the other evidence. Would the member agree that absolutely no disrespect is intended to anyone whose position will not be reflected by their members' votes tonight?

Liam McArthur: I whole-heartedly agree with that. That was a central tenet of the speech that Jackson Carlaw just made. As Liz Smith rightly said, this is the Scottish Parliament at its best. She said that in a speech, if I may say, that was further evidence of what this Parliament will miss when she steps down next year.

I will not be able to do justice to all the speeches in the time that I have available, so let me pick a few issues and contributions.

I again thank the committee—in particular, the convener—for setting out very well the findings of the committee report. The convener set out the constructive approach that the committee has taken and the areas that, if the Parliament decides to back the general principles, the committee will wish to pursue with me and others. Whether the issues are around no detriment or capacity, I am very happy to engage with the committee on them.

On the issue of a sunset clause, I have my reservations about how that might impact the ability to introduce the system at all. However, I very much welcome the approach that the committee has taken.

Clare Haughey: One point that we have not really touched on this afternoon is conscientious objection for healthcare professionals. How far would Mr McArthur be willing to push that? My understanding is that the conscientious objection in relation to abortion law covers only directly involved clinicians and not admin staff or support staff. How far would Mr McArthur be keen to go with his bill on assisted dying?

Liam McArthur: That is a crucially important point. Fundamentally, the bill is about choice, and choice works both ways. I am open to discussions about how far that could be extended, assuming that a system could be put in place that would not impede the access of those who met the eligibility criteria. I would probably have a concern about institutional conscientious objection, but that could be explored further at stages 2 and 3. I look forward to doing that.

The debate has been characterised by personal stories, which were wholly to be expected, having been reflected in the responses to the proposals that I put out to consultation way back in 2021. I will draw on some of those.

Monica Lennon gave voice to Joanne Easton’s powerful testimony. I have shared a platform with Joanne and have rarely come away from that unmoved. Her testimony is evidence of what the current situation all too often leads to.

Stacey Adam will be rightly proud of her snottery wreck of a husband this evening.

Elena Whitham talked about her mother, Irene McLeod, being “all sorts of awesome”, in a speech that I thought was all sorts of awesome and that left us pretty close to being snottery wrecks, one and all.

Colin Smyth pointed to the case of Brittany Maynard in California. Many people will not be familiar with her case, but it has done much to make the argument behind the changes in the law that have been made in a number of states in the US. He also rightly pointed out the difference that we are talking about with terminally ill patients. They are not suicidal. They are desperate to live and to eke out as much of their life as possible. Conflating those two things does a disservice to those people who need support from our efforts to reduce rates of suicide and those who are desperate for more choice at the end of life.

We have heard two powerful speeches from colleagues who believe that we should not change the law, who have fundamental issues with the principle of assisted dying and for whom no bill of this nature will ever be acceptable, no amendments sufficient and no safeguards adequate. Their arguments were no less powerful for all that.

Edward Mountain talked about our relationship with death, which is one that we do not talk about nearly enough. That has been a bit of a taboo. On the issue of palliative care, I point out that 80 to 90 per cent of those who access assisted dying in other jurisdictions are in, or have been in, palliative care. I think that Rona Mackay made that point by way of intervention.

To Pam Duncan-Glancy, who made the most powerful speech in a strong field—it was characteristically impassioned and personal—I say that the bill is not about intolerable suffering. That is not part of the criteria, even though suffering is undoubtedly involved.

All that I can do is again point, as Kenneth Gibson and others did, to the research carried out by Professor Colburn, which shows that there is no evidence in other jurisdictions of the access to healthcare and the rights of disabled people being adversely affected by a change in the law of this type.

Jeremy Balfour: We have heard several contributions on what will happen with regard to court interventions and interpretation of the bill, which we cannot control once the bill leaves this place. What guarantees can the member give that, over time, the courts will not expand the definition of terminal illness to go beyond what he intends today?

Liam McArthur: I thank Jeremy Balfour for that intervention and for his powerful contribution. The courts here and in other parts of the United Kingdom have made it absolutely clear that this is a matter for Parliament. The conflation with the situation in Canada is not helpful, in that the constitutional arrangements there are very different. I also point him in the direction of the evidence that was given by Lord Sumption, a former Supreme Court judge, to the Westminster committee, in which he made it fairly clear that his expectation was that changes through the courts were unlikely.

That is not to say that there will not be court challenges. Any legislation that is passed by the Parliament is open to challenge, and I suspect that this legislation might be challenged by those who do not want to see it passed at all. However, I offer that reassurance to Mr Balfour.

Daniel Johnson: Will the member give way?

Liam McArthur: I want to make a bit more progress.

On the points that Pam Duncan-Glancy made about discrimination, societal issues and palliative care, the debate on the bill has enabled those issues to be raised, but I do not believe that the bill can address them. It is right and proper that they are aired in the debate and, if we can make progress by seeking assurances from ministers or whoever that they will address those issues, I will be full square behind that, as I am in relation to Miles Briggs's attempts to bring forward a right to palliative care bill, as I mentioned earlier. However, there is a limit to what the bill that we are discussing today will be able to do.

As historic as this evening's vote undoubtedly is, the fact remains, as Alex Cole-Hamilton reminded us, that Scotland is not breaking new ground or venturing where others have not already tread. None of the arguments that we have heard today—over definitions, disability, coercion, palliative care and so-called slippery slopes—is any different from the concerns that were raised in the debates that preceded a change in the law in jurisdictions where a terminal illness mental capacity assisted dying model now operates safely and successfully, and has been doing so for years. We know who accesses the choice of assisted dying. We know what conditions they have. We know what point in their diagnosis they access it and why.

As the House of Commons Health and Social Care Committee concluded last year after an 18-month inquiry into end-of-life choices, there are no examples of a terminal illness mental capacity model of assisted dying expanding its eligibility criteria over time. That report also confirmed that there was no evidence of a detrimental impact on palliative or hospice care; indeed, in many instances, additional funding and or improved engagement with such care was evidenced, which was a point that, I think, Rona Mackay and Patrick Harvie made.

That is not to say that we should not have to go through the same debate, the same soul-searching and the same consideration of all the aspects of assisted dying and end-of-life choices more generally. That is important for the public, for stakeholders and for us as legislators—again, that was a point made by Jackson Carlaw. However, I hope that that point will offer a degree of reassurance and a degree of confidence to colleagues who might remain uncertain, tentative or even perhaps slightly afraid of making a decision on such a sensitive matter.

To them and others who insist that they are at least open or sympathetic to the principle underlying the bill, I say this: if you accept that the ban on assisted dying is leading to too many dying Scots facing a series of horrible decisions at the end of life; if you recognise that many are taking matters into their own hands, often alone and unsupported, adding to the trauma for them and those who they leave behind; if you recognise that we are already effectively outsourcing assisted dying by accepting that those who can afford and have the physical capacity to go to Switzerland are free to do so; and if you recognise that processes such as the double effect of pain management, palliative sedation and even withdrawal of treatment or refusal of food and liquids all currently exist and assist terminally ill patients to die, albeit in many instances without patients being involved in the decision, which was a point that Michelle Thomson made very powerfully—if you find ourselves accepting any or all of those points, I say that we can and must do better.

I ask colleagues to look at the international evidence where similar laws are in place. In the case of Oregon, they have continued for the past 30 years to enjoy overwhelming public support and the confidence of medics and others who are involved in the process. In each instance, robust data gathering, reporting and oversight take place, all of which helps to ensure that the laws work in practice as intended.

Yes, we need to have the debate. Yes, we need to be alive to potential risks. Yes, we need to make sure that any law that is introduced in this country will meet our needs and circumstances. However, I ask members please not to succumb to the arguments that putting such laws in place is impossible, that the laws that are passed by Parliaments do not go on to work in practice as planned, or that this Parliament is somehow uniquely incapable of undertaking or unfit to undertake the work that so many other legislators and legislatures have succeeded in carrying out.

I urge the Parliament to reflect on the fact that, at present, there are often no safeguards for many people who feel a burden, are subject to coercion or abuse, or feel unsupported. I argue that my bill will help to begin to put in place guardrails that are demonstrably absent at the moment, which leaves many vulnerable Scots in a more precarious position.

Jackson Carlaw, in what I thought was a wonderful tour de force, talked about the changed backdrop for this debate compared with the previous ones on the subject. I recall the first time that I was involved in such a debate and was asked to cast a vote. I was very clear about what I believed, what I felt the Parliament needed to do and how I was going to vote, but I vividly recall feeling slightly terrified about going into the chamber and casting my vote.

However, the backdrop has changed pretty fundamentally since 2010 and even since 2015. The political mood in Parliament has changed dramatically. Colleagues bring with them their own experience—we have heard some of that this afternoon—and the experience of constituents who have been in touch over recent weeks and months.

Back then, California was embarking on passing the law that is now in place, which was confirmed again in 2021. At that time, such a law was but a glint in the eye of legislators in Victoria, who then broke new ground in Australia and were subsequently followed by the other states in that country. International evidence of how terminal illness mental capacity models work in practice is now there for all of us to see. They work as intended. The eligibility criteria do not change.

Daniel Johnson was right—society's attitudes have changed closer to home as well. For example, there has been a remarkable shift in the medical profession. I recall that, back in 2010 and even in 2015, the royal colleges of GPs, physicians and surgeons and the British Medical Association were all fundamentally opposed to a change in the law. They now have a position of neutrality, which reflects a shift in the position. Medical professionals, who, more and more, want to see a change in the law are, at the very least, wanting constructive and meaningful engagement on the issue.

The Church of Scotland's report, which was published earlier this month, points to a similar shift in some of our churches and in the faith community. Those voices, along with the voices of the disability community and others, must be heard in the debate.

However, as I said in opening the proceedings many hours ago, it is the voices of the terminally ill Scots and their families who are being failed by the current ban on assisted dying that must be at the centre of the debate, the heart of our deliberations and the forefront of our minds as we prepare to vote shortly.

Let me leave the last word with Heather Black and her daughters Tora, Zoe and Sarah. Heather was a community worker in Muirhouse here in Edinburgh, and she was a fierce campaigner for HIV/AIDS patients in the early days. She pleaded for patients to be able to die with dignity. Five years ago today, 10 weeks after being diagnosed with oesophageal cancer, Heather died. Her daughters described that experience:

> "She was terrified and ... in pain ... she just wanted to go and she asked the nurses to help her and she also asked us to help her ... We had never seen her cry, but she cried a lot then ... 'just kill me now,' she asked us so many times ... The final days before her death were gruesome ... It's not right that we were expected to watch this woman who had been absolute dynamite her whole life be reduced to a shrunken mess in the bed ... Our last memories of our wonderful mum are of panic, pain and helplessness."

The challenge in coming up with a bill that will command majority support across the parties in this Parliament should not be underestimated, and I certainly do not underestimate it. Surely to goodness, the least—the very least—that we owe Heather, her daughters and all those who find themselves in similarly horrendous situations, or who will do in future, is to do the work that is necessary to see whether such a bill can be fashioned. That requires colleagues to back the principles of my bill at stage 1 so that we can get on with the job of trying to find an honourable, fair and equitable solution to this most wicked of problems. I believe that Parliament is up for that challenge and that we can take the next step towards allowing more choice, control, dignity and compassion at the end of life for dying Scots.

At this stage, I have done what I can. It is now up to colleagues to decide. [*Applause.*]

The Presiding Officer: That concludes the debate on the Assisted Dying for Terminally Ill Adults (Scotland) Bill at stage 1.

Parliamentary Bureau Motion

19:05

The Presiding Officer (Alison Johnstone): The next item of business is consideration of Parliamentary Bureau motion S6M-17530, on committee substitutes. I ask Jamie Hepburn, on behalf of the Parliamentary Bureau, to move the motion.

Motion moved,

That the Parliament agrees that—

Stephanie Callaghan be appointed to replace Bill Kidd as the Scottish National Party substitute on the Public Audit Committee; and

Michael Matheson be appointed to replace Stuart McMillan as the Scottish National Party substitute on the Criminal Justice Committee.

The Presiding Officer: The question on the motion will be put at decision time.

Decision Time

19:05

The Presiding Officer (Alison Johnstone): There are two questions to be put as a result of today’s business.

The first question is, that motion S6M-17416, in the name of Liam McArthur, on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, at stage 1, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

There will be a short suspension to allow members to access the digital voting system.

19:06

Meeting suspended.

19:08

On resuming—

The Presiding Officer: We come to the vote on motion S6M-17416, in the name of Liam McArthur. Members should cast their votes now.

For

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Arthur, Tom (Renfrewshire South) (SNP)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Briggs, Miles (Lothian) (Con)
Brown, Siobhian (Ayr) (SNP)
Burgess, Ariane (Highlands and Islands) (Green)
Burnett, Alexander (Aberdeenshire West) (Con)
Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
Carlaw, Jackson (Eastwood) (Con)
Chapman, Maggie (North East Scotland) (Green)
Clark, Katy (West Scotland) (Lab)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Cole-Hamilton, Alex (Edinburgh Western) (LD)
Dey, Graeme (Angus South) (SNP)
Don-Innes, Natalie (Renfrewshire North and West) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Dowey, Sharon (South Scotland) (Con)
Dunbar, Jackie (Aberdeen Donside) (SNP)
Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
Findlay, Russell (West Scotland) (Con)
FitzPatrick, Joe (Dundee City West) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Greene, Jamie (West Scotland) (LD)
Greer, Ross (West Scotland) (Green)
Gulhane, Sandesh (Glasgow) (Con)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Harper, Emma (South Scotland) (SNP)
Harvie, Patrick (Glasgow) (Green)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Johnson, Daniel (Edinburgh Southern) (Lab)

Kerr, Liam (North East Scotland) (Con)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lennon, Monica (Central Scotland) (Lab)
Lochhead, Richard (Moray) (SNP)
Lumsden, Douglas (North East Scotland) (Con)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Mackay, Gillian (Central Scotland) (Green)
Mackay, Rona (Strathkelvin and Bearsden) (SNP)
Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
Martin, Gillian (Aberdeenshire East) (SNP)
McAllan, Màiri (Clydesdale) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McKee, Ivan (Glasgow Provan) (SNP)
McLennan, Paul (East Lothian) (SNP)
Minto, Jenni (Argyll and Bute) (SNP)
Mochan, Carol (South Scotland) (Lab)
Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
Rennie, Willie (North East Fife) (LD)
Robertson, Angus (Edinburgh Central) (SNP)
Robison, Shona (Dundee City East) (SNP)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Slater, Lorna (Lothian) (Green)
Smyth, Colin (South Scotland) (Lab)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stevenson, Collette (East Kilbride) (SNP)
Stewart, Alexander (Mid Scotland and Fife) (Con)
Stewart, Kaukab (Glasgow Kelvin) (SNP)
Stewart, Kevin (Aberdeen Central) (SNP)
Sweeney, Paul (Glasgow) (Lab)
Thomson, Michelle (Falkirk East) (SNP)
Todd, Maree (Caithness, Sutherland and Ross) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Tweed, Evelyn (Stirling) (SNP)
Whitfield, Martin (South Scotland) (Lab)
Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
Whittle, Brian (South Scotland) (Con)

Against

Adamson, Clare (Motherwell and Wishaw) (SNP)
Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Balfour, Jeremy (Lothian) (Con)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Carson, Finlay (Galloway and West Dumfries) (Con)
Choudhury, Foysol (Lothian) (Lab)
Constance, Angela (Almond Valley) (SNP)
Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
Duncan-Glancy, Pam (Glasgow) (Lab)
Eagle, Tim (Highlands and Islands) (Con)
Ewing, Annabelle (Cowdenbeath) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scotland) (Con)
Golden, Maurice (North East Scotland) (Con)
Gosal, Pam (West Scotland) (Con)
Gougeon, Mairi (Angus North and Mearns) (SNP)
Grant, Rhoda (Highlands and Islands) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Haughey, Clare (Rutherglen) (SNP)
Hoy, Craig (South Scotland) (Con)
Halcro Johnston, Jamie (Highlands and Islands) (Con)
Kerr, Stephen (Central Scotland) (Con)
Leonard, Richard (Central Scotland) (Lab)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Maguire, Ruth (Cunninghame South) (SNP) [Proxy vote cast by Rona Mackay]
Marra, Michael (North East Scotland) (Lab)
Mason, John (Glasgow Shettleston) (Ind)
Matheson, Michael (Falkirk West) (SNP)
McCall, Roz (Mid Scotland and Fife) (Con)
McMillan, Stuart (Greenock and Inverclyde) (SNP)
McNair, Marie (Clydebank and Milngavie) (SNP)
McNeill, Pauline (Glasgow) (Lab)
Mountain, Edward (Highlands and Islands) (Con)
Mundell, Oliver (Dumfriesshire) (Con)
O’Kane, Paul (West Scotland) (Lab)
Regan, Ash (Edinburgh Eastern) (Alba)
Roddick, Emma (Highlands and Islands) (SNP)
Ross, Douglas (Highlands and Islands) (Con)
Rowley, Alex (Mid Scotland and Fife) (Lab)
Sarwar, Anas (Glasgow) (Lab)
Simpson, Graham (Central Scotland) (Con)
Smith, Liz (Mid Scotland and Fife) (Con)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Villalba, Mercedes (North East Scotland) (Lab)
Webber, Sue (Lothian) (Con)
Wells, Annie (Glasgow) (Con)
White, Tess (North East Scotland) (Con)
Wishart, Beatrice (Shetland Islands) (LD)
Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Gray, Neil (Airdrie and Shotts) (SNP)

The Presiding Officer: The result of the division on motion S6M-17416, in the name of Liam McArthur, on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, at stage 1, is: For 70, Against 56, Abstentions 1.

Motion agreed to,

That the Parliament agrees to the general principles of the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

The Presiding Officer: The next question is, that motion S6M-17530, in the name of Jamie Hepburn, on behalf of the Parliamentary Bureau, on committee substitutes, be agreed to.

Motion agreed to,

That the Parliament agrees that—

Stephanie Callaghan be appointed to replace Bill Kidd as the Scottish National Party substitute on the Public Audit Committee; and

Michael Matheson be appointed to replace Stuart McMillan as the Scottish National Party substitute on the Criminal Justice Committee.

The Presiding Officer: That concludes decision time.

Construction Skills for the Future

The Presiding Officer (Alison Johnstone): The next item of business is a members' business debate on motion S6M-17049, in the name of Gordon MacDonald, on construction skills for the future. The debate will be concluded without any question being put. I invite members who wish to speak in the debate to press their request-to-speak buttons.

Motion debated,

That the Parliament recognises reports of the continued skills gap in the construction sector, including in the Edinburgh Pentlands constituency; notes recent statistics from the Chartered Institute of Building (CIOB) indicating positive shifts in perceptions of the sector across the country and, it understands, that almost three quarters (74%) of young people aged between 16 and 24 in Scotland hold a positive view of construction careers and more than a third (36%) would consider working in the construction sector; further notes the belief that more must be done to increase awareness of careers in the sector to ensure that the construction industry has a steady supply of labour with the necessary skills, and welcomes industry-led initiatives that seek to increase engagement between young people and Scotland's construction sector such as the CIOB's Student Challenge and the Scottish Traditional Building Forum's skills demonstration programmes.

19:13

Gordon MacDonald (Edinburgh Pentlands) (SNP): I thank all members who supported my motion and made the debate possible. I also thank the Chartered Institute of Building for its support and for briefing members on the important issue of skill shortages in the construction sector.

An article in the March edition of *Scottish Construction Now* highlighted that the skills gap remains a major challenge and that Scotland will require to recruit more than 26,000 additional construction workers over the next five years if it is to meet industry demands and sustain growth. In addition, there is a longer-term challenge of ensuring that there will be a construction workforce to meet future demand for more housing, schools, roads and data centres. The workforce that will be required for those projects, which will start around 2030 and last into the 2040s, are currently primary and secondary school pupils. We therefore need to encourage more young people to consider careers in construction, which in turn means we that have to encourage parents to consider the vocational route for their sons and daughters. It is interesting that the Chartered Institute of Personnel and Development found that 34 per cent of current graduates are not employed in the sectors that relate to their degrees.

There needs to be parity of esteem between the vocational and academic routes in further and higher education. At a recent meeting of the Economy and Fair Work Committee, one suggestion was that instead of referring to a four-year apprenticeship qualification as Scottish credit and qualifications framework level 6, which most folk do not understand, we should refer to it as a vocational degree.

The vocational route has many benefits. Students are paid as they learn, they contribute to the country's economy through their spending, they pay income tax and national insurance contributions, which support public services, and when they qualify they have no student debt. That is why between 92 and 95 per cent of apprentices who complete their apprenticeships stay in the occupations that relate to them.

Other countries across Europe, together with the Organisation for Economic Co-operation and Development, have identified the importance of vocational training. For example, in Switzerland, which has a population of 9 million, 70 per cent of young people go through the vocational education and training route.

Young people here are starting to realise the benefits of apprenticeships. New data released by the Chartered Institute of Building during this year's national careers week showed that young people and their parents are changing their attitudes to construction careers. The survey found that, in Scotland, two thirds of young people aged between 16 and 24 hold a positive view of construction careers and that around a third of them would consider working in the construction sector. A similar survey found that three quarters of the parents of 16 to 24-year-olds would be supportive of their children working in construction, and only 6 per cent said that they would be unsupportive.

Furthermore, almost half of the young people surveyed said that information about the sector was not included in the careers advice that they had received at school. We need construction apprentices to act as champions for the sector and to go into secondary schools, before pupils select their subject choices during their second year, to highlight the range of training in sectors that employ apprentices.

We also need employers to step up to the challenge, as the employer skills survey found that only 16 per cent of employers in Scotland take on apprentices. When a vacancy occurs, it is oversubscribed many times. We need small and medium-sized enterprises across Scotland to build their own home-grown talent and to understand that most apprentices start adding value to businesses after their first six months.

However, things are beginning to change, in that more schools are forming partnerships with local companies to give pupils an insight into construction. In my Edinburgh Pentlands constituency, during the building of the new Currie high school, the construction company Kier Group opened an on-site construction academy, through its constructing futures programme, which offered training in industry and employability skills to local students. The constructing futures partnership, which included Kier, the high school, City of Edinburgh Council, Edinburgh College and local employability partner Rural & Urban Training Scheme, covered the full academic year and introduced students to the construction industry.

The Construction Industry Training Board is funding more than 2,800 high-quality work experience places in the industry through its construction work tasters programme.

The shortage of project managers in construction has led the Chartered Institute of Building to introduce the tomorrow's leaders student challenge contest, which was held earlier this year. It represents a welcome opportunity for students with a keen interest in the built environment to put their skills to the test. Seven teams took part in this year's contest, which provided an invaluable opportunity for students to showcase their innovative ideas and teamwork skills in front of a panel of built environment judges and prospective employers.

A new national 5 course at Wester Hailes high school, which is supported by Compass Roofing, will introduce young people to traditional roofing skills in the hope that they will consider doing apprenticeships when they leave school. This year's Scottish Traditional Building Forum event, which Alex Rowley and I sponsor, will begin tomorrow, in the Parliament's grounds. It will provide an opportunity for young people and politicians to see the wide range of careers that are available in the sector, from slating and electrics to painting, surveying with drones and stonemasonry.

Many in the construction sector realise that they must produce their own skilled workforce, and the examples that I have given highlight some of the steps that employers are undertaking. However, we also need to see improvements in careers advice so that guidance is provided on vocational training opportunities and not just on academic routes to qualifications.

We must also re-evaluate funding and support for apprentices without falling foul of the same disaster that has hit apprenticeships south of the border, where there has been a 44 per cent drop in posts since the apprenticeship levy was introduced.

There are many challenges facing the construction sector across Scotland, but it is a growth industry that contributes 6 per cent to Scotland's gross domestic product and currently employs 210,000 people. The sector will continue to serve Scotland well in future years, if we can get the skills system aligned with industry needs.

19:20

Alexander Burnett (Aberdeenshire West) (Con): Despite the context of today's previous debate on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, I thank Gordon MacDonald for bringing this important debate to the chamber. I refer members to my entry in the register of members' interests in relation to construction, as I am a non-executive director and shareholder of a house-building company. It is with that knowledge of the sector that I highlight the serious decline in certain skills and point out the bleak reality that is facing the sector and the Scottish Government's chances of meeting its housing targets.

In the past month, I have attended the retirement of two hard-working individuals who had been with our family firm for more than half a century between them. Andy Paterson retired as a bricklayer after 35 years, and Bruce Innes has retired after more than 20 years as a joiner. I wish them both the very best in their retirement and thank them for their service.

Now, as more professionals retire and fewer young people enter the industry, we are faced with a doom loop in which there are not enough trained workers in the pipeline to make up the shortfall and to mentor their successors. Bricklayers are the most difficult to employ, as the skill set is simply not out there in the way that it used to be. I believe that, with regard to workers, the bricklaying sector is down nearly 30 per cent from where it needs to be. It is, sadly, not as much of a chosen trade for apprenticeships, and the Chartered Institute of Building highlights that urgent action is needed to address the worsening skills gap.

Worryingly, I was told last week that nobody has signed up for the bricklaying course in Aberdeen. In the past, that course had more than 40 students, but the numbers are—shockingly—now at zero. Joinery, too, is not receiving the same number of applicants as in previous years, and the impact of that can be felt in construction companies.

In our company, for example, we used to have more than 10 apprentices in joinery and bricklaying, and now we have only half that number. A further problem is that companies that would normally carry out training cannot do so because they are short of mentors in their own businesses to support apprentices. Unfortunately, the comments from Gordon MacDonald that SMEs need to take on more apprentices only serve to demonstrate how little the Government understands of how the sector actually works.

Aside from sub-contractors, we employ nine bricklayers and 11 joiners, and so, without an adequate number of mentors, there is limited capacity for us to be able to take on more apprentices. However, as we hear from those on all sides of the chamber, we need to support traditional skills and encourage more young people to pursue a career in the construction industry.

Bricklaying can be a rewarding career, with bricklayers earning more than £40,000 a year, and I am glad to see from the motion that 74 per cent of young people

“hold a positive view of construction careers”.

However, unless those skills are passed on, there will be no such pay packets and no houses built. Inspiring more people into the sector not only supports both the local and national economy—it will also see more homes being built, at a time when there is a national housing emergency in Scotland and 13 local authorities have declared their own housing emergencies.

We currently have the highest recorded numbers of children living in temporary accommodation, and it has been made clear today that encouraging more people into the construction industry will play a key part in tackling that crisis.

I would like to hear from the minister today if he actually knows how many workers we have in the construction industry for each of those skills, and, more importantly, if he knows what numbers of people with those skills are going to be needed in order to meet the annual housing targets. If the Scottish National Party Government does not get a better understanding of the employment problems facing the sector, the housing crisis is going to get a whole lot worse.

19:24

Fulton MacGregor (Coatbridge and Chryston) (SNP): I place on record my thanks to my colleague, Gordon MacDonald, who has brought this important issue to the chamber. Given the debate that we have just had, I give him much credit for getting up and beginning this debate in the manner that he has.

The motion that we are discussing raises serious concerns about the future of the construction sector in Scotland. The statistics that have been provided by the Construction Industry Training Board highlight an outflow of workers from the industry as a result of several factors, and the CITB has suggested that numbers will need to increase by more than 26,000 in the coming years if we are to close the skills gap in the sector.

Some of the factors that have contributed to the gap include an ageing workforce, a high-labour but low-productivity business model, and a history of boom and bust, with fluctuating workloads creating difficulty for planning over the long term. As well as those factors, recruitment drives must do more to make the sector more accessible for women, ethnic minorities and people with disabilities—cohorts of people who are all underrepresented in the construction industry, and whose absence is certainly being felt, given the projected labour shortages.

Gordon MacDonald, who brought the debate to the chamber, has touched on those challenges, as has the other speaker so far—and the minister will, in closing the debate, no doubt underline what the Scottish Government can do to support the industry. I will talk briefly about a couple of experiences in my constituency that have shown me the great potential that there is in Scotland for young people of all backgrounds to get into the sector.

Just a couple of weeks ago, I visited Coatbridge high school to view and take part in the build your future event, which sought to highlight the diversity of roles in the construction industry. Students could learn about and engage with roles in areas such as roofing, electronics, digital mapping and drones. The rise of technology in recent decades has greatly expanded the potential for people with hugely varying interests to consider a future in construction. I spoke to students who were genuinely keen to see what the sector could offer them and their families.

One of the most encouraging aspects of my visit to Coatbridge high was seeing that attitudes towards what might once have been thought of as a male-dominated industry have now changed significantly, with plenty of boys and girls registering their interest in getting involved. I was really struck by the fact that so many girls wanted to be involved.

In addition, earlier this year, in March, pupils from both St Ambrose high school and Coatbridge high were introduced to the constructing futures programme. The programme gave them an opportunity to experience a working construction site for 10 weeks, giving them practical experience and industry-recognised qualifications.

As we know, programmes such as the ones that I have highlighted boost skills, knowledge, connections and confidence for those who might be considering a career in construction. For the first time in the history of the constructing futures programme, the students who joined the programme were not exclusively male, which backs up my previous point and once again shows that there may be a shift happening in that respect in the industry and in society more generally.

Although I accept the concerns—which we have heard about tonight—from bodies such as the Construction Industry Training Board, and we need to do more, what I have been seeing in my constituency of Coatbridge and Chryston has been encouraging. I am sure that some of my colleagues in the chamber, including those in other parties, will have had similar experiences across their constituencies and regions.

I thank Gordon MacDonald again for bringing the issue to the chamber and for giving me an opportunity to talk about all the great work that I have seen from the students at two schools in my constituency, St Ambrose high school and Coatbridge high. I should point out that those are two of the schools that will be attending Gordon MacDonald's event on Thursday. Although I will not be there in person, I have met a lot of the students who are going to be involved, and I wish them well at that event.

The motion specifically cited the fact that there is interest among Scotland's young people in the construction sector. There is also an acknowledgement among them that a career in construction is a good one. There will be challenges in the sector, especially concerning recruitment, but, from what I have seen, the interest among our young people is definitely there. We must try to harness that interest so that we can make it work for Scotland in the years to come.

19:28

Carol Mochan (South Scotland) (Lab): I thank Gordon MacDonald for bringing the debate to the chamber. If we want to meet all the expectations that we have set out in the Parliament over the past four years for the building of homes and infrastructure for roads, railways and cycle lanes, and for decent public services such as hospitals, schools and community centres, we have to acknowledge that we need skills and trades. That includes traditional trades, along with skills in retrofitting. Our joiners, plumbers and roofers—a whole variety of skills—are so important to our future.

In order to meet our climate target—our most important commitment to future generations—we must ensure that there is a skill set in the construction industry. That is why it is important that this debate has been brought to the chamber.

I am pleased to see that the data suggests that young people see a future in the sector. It is important that we ensure that the sector is well regulated and safe, and that it has strong terms and conditions for those who work in it. I have met with trade union colleagues in construction and I know that we have some work to do, but I recognise the on-going work with the trade unions and the construction industry.

During my time in Parliament, I have been fascinated to hear about colleagues' knowledge in this area, and I have learned a great deal about the sector. Tonight's debate is such an important one. The work to ensure that there is on-going, good-quality construction work in the future, and to ensure the retrofitting of and continued existence of the buildings that we need, must be done—as other members have said—in tandem with the progression of construction training.

During my time as an MSP, I have had the great pleasure of meeting a number of trades workers from a great variety of trades and backgrounds right across my South Scotland region. I have attended the annual Scottish Traditional Building Forum event in the Parliament grounds, and I will do so again this year.

Young workers in particular recognise that they need the skills to enable us to meet the challenge of reaching net zero and to deliver on the retrofitting of buildings and the building of our infrastructure and community settings, not only now but way into the future. Lots of skills need to be developed.

The consistent message that I have heard from businesses and workers across the sector is that the Scottish Government must set policies to establish clearer training routes, invest in local training and, in particular, drive a desire to save some of the skills that are out there at the moment. We have heard about that from other members today.

I have previously raised in the chamber the challenge that young apprentices face in accessing the local education that will allow us to retain those skills. People seem to find it difficult to find the right provision to enable them to keep up their competencies and qualifications and to become a professional in the sector. If the minister has any information on that, I would really appreciate hearing it. The ability to undertake apprenticeships locally makes a great difference in rural areas such as the one that I represent. That model really helps our young people to take on the roles and jobs that Gordon MacDonald spoke about in his opening speech.

This is an important sector for the Parliament to look at. I thank everybody for their contributions, and I thank Gordon MacDonald for bringing the debate to the chamber.

19:32

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): The Scottish Government very much recognises the importance of a thriving construction industry to Scotland's economy. We also acknowledge that the sector faces recruitment challenges, and we aim to address those primarily through the Construction Leadership Forum, which is a collaborative structure involving industry, workforce representatives, public sector agencies and the Scottish Government and is chaired by the Minister for Business.

The main focus of the Construction Leadership Forum's skills working group, which is co-chaired by Skills Development Scotland, is work on boosting the workforce, in recognition of the fact that the sector requires a significant, skilled workforce to deliver our net zero goals.

The United Kingdom Construction Industry Training Board figures suggest that there is an annual recruitment gap in Scotland of around 5,000 people, and estimates suggest that the industry needs 64,000 new people in the next decade. However, demand is not geographically uniform, as the excellent CITB biannual report of where the workforce is located clearly demonstrates. CITB data also suggests that there is a disconnect between the number of young people embarking on construction-related courses in our colleges and the number who go on to work in the sector. That is a situation that we need to understand the causes of and address. I want to recognise the constructive role that is played by CITB in all of this work.

Apprenticeships are absolutely vital in helping to develop a pipeline of talent for the construction industry, as well as for other key sectors. That is why we continue to invest significant funding in our apprenticeships in order to meet the needs of employers, the workforce, young people and Scotland's economy.

Construction apprenticeships continue to have one of the highest take-ups of modern apprenticeships, accounting for a quarter of all modern apprenticeship starts in 2023-24 as well as the highest number of modern apprenticeships in training, comprising a third overall. Foundation and graduate apprenticeships are also available for construction, ensuring that our overall apprenticeship package provides a wide range of rewarding career options within the sector. However, we can and must do more. Costs, economic confidence and apprenticeship delivery are all areas that need to be addressed. That might involve considering different pathways into the industry, looking beyond traditional City and Guilds four-year apprenticeships.

I am also very much alive to the role of private sector provision in all of this, having visited the national construction college in Inchinnan a few months ago. There is no doubt that, in setting out to tackle construction industry shortages, we need to consider who is best placed to deliver training and where. Further, we need to recognise that, when it comes to our colleges and businesses seeking to have courses delivered in their localities, we require those businesses to come together to ensure that there is a critical mass of trainees and a pipeline in place to make that delivery viable over a sustained period. If not, the ask can become unaffordable.

The Scottish Government remains committed to an all-age careers support offer that supports people to progress to rewarding careers. Learners must choose their own paths. However, we need to ensure that, in making their choices, they are aware of the range of potential pathways and are informed by up-to-date information about the likely labour market trends and the potential economic outcomes of their choices, and that the opportunities that are available in the construction sector are highlighted.

Work to introduce young people to careers in construction and let them experience the opportunities that are available has been taken forward across Scotland by Developing the Young Workforce, which is embedding construction work tasters into schools. That three-year project, funded by the CITB, has been co-developed with the DYW network, employers and young people.

That sits alongside the work that Skills Development Scotland is doing to provide an all-age career service in every local authority area. The SDS careers advisers who are involved in that service are well placed to provide awareness of opportunities in the construction sector. However, they are not the principal influence on young people when it comes to settling on a career pathway. As Gordon MacDonald highlighted, the biggest influence is parents and carers, and there is undoubtedly work to be done in tackling the bias against trades that we see even though each and every household in this country is reliant on the services that trades provide. I believe that there is more to be done to tackle such prejudices and encourage young people to view jobs in construction in a positive light—I say that as the son of a joiner. Good money and rewarding careers are to be found in construction. The scaffolders I saw undergoing training at Inchinnan are an example of that.

Subject to legislative processes, the reform agenda for post-school education and skills will bring together all apprenticeship funding into one organisation, making it more streamlined, transparent and easier to direct and deliver. I want that future offer to better support SME participation, the need for which Gordon MacDonald also highlighted.

As we look to the future, and as part of a wider-ranging reform agenda, we will give careful consideration to the necessary balance of apprenticeships across key economic sectors to meet wider economic and industry demand, including within our vital construction sector.

In the recent programme for government, the First Minister committed to bringing together employers, colleges, universities, and other partners to ensure that the system is responsive to regional and national skills needs, and work to deliver that is progressing well. However, it will take a little time for us to see the fruits of that and it will take a bit longer than that to produce completed apprenticeships. So, we also need an uplift in available skilled workers now.

Scotland needs talented and committed people from across the world to be able to work and study here without excessive barriers. The evidence shows that those who choose Scotland as their home help grow our economy, increase productivity and innovation and address skills shortages.

Migration policy should support mobility, collaboration and innovation and must suitably reflect the skills requirements of all sectors of the economy. The United Kingdom Government's immigration white paper proposes changes that are short-sighted and will prove damaging to sectors that rely heavily on international talent, including our construction sector. We will continue to press the UK Government to urgently work with us to deliver tailored migration solutions for Scotland and prevent the harm to our economy, communities, and public services that the policy decisions in yesterday's white paper will undoubtedly lead to.

Through our Government's strategic approach to growing a green and fair economy, we will continue to ensure that Scotland is known for championing fair work, for succeeding in new industries and for progress in a range of innovative sectors. Of course, the construction industry is central to the success of that work, particularly around our green industrial strategy, where the sector will play a vital role in the supply chains for renewable energy and housing. However, we must also not lose sight of the vital role of traditional building skills—stonemasonry being a case in point—in the maintenance of existing infrastructure, and ensure that they are promoted to the next generation as career options.

I thank Gordon MacDonald for securing the debate, for delivering an informed opening speech and for co-hosting with Alex Rowley the construction skills demonstration outside Parliament tomorrow. I look forward to attending and taking part, though I should warn him that the building-skills gene has, unfortunately, skipped a generation in my case. I am my father's son in many regards, but not that one.

Meeting closed at 19:39.

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