# An argument in favour of the Assisted Dying Bill 2023: Consideration of the Bill's legal significance and its implications on the population of the Isle of Man, and the Island's way of life

## Introduction

During the thousands of years that man has inhabited the Isle of Man, societal norms and values have changed significantly. From the granting of women's right to vote to the decriminalisation of homosexuality, what was once considered the 'norm' would now be considered an outdated, discriminatory and unfamiliar way of life. An observable pattern within such legal reform is the recognition of a wider range of 'rights,' which is central to the present, widespread debate of the legalisation of assisted dying.

It is important to note at this juncture that there is a significant difference between the terms 'assisted dying' and 'euthanasia,' the latter also encapsulating non-consensual deaths. For the avoidance of doubt, the focus of this essay remains solely on physician-assisted dying, that is, the *consensual* facilitation of death by a physician. Unless otherwise stipulated, reference to 'assisted dying' further means physician-assisted dying. Such a practice (i.e. *physician*-assisted dying) has been legalised[1] in 11 countries worldwide (inclusive of 10 US states) with just one of those countries permitting *non*-physician assisted dying. [2] Subject to meeting eligibility criteria, 200 million people worldwide, in theory, have access to physician assisted-dying.

It is for that reason that various jurisdictions including the Isle of Man, continue to debate whether it has a place in modern society. Certainly, the present bill on assisted dying ("**The Bill**"), driven by Medical Doctor and Treasury Minister, Dr Alex Allinson, does not mark the first discussion of the topic in Tynwald, having previously been broached (albeit, rejected) in 2003, 2015 and 2020.[3] However, with 66% of the population supporting the legalisation of assisting dying in the Isle of Man, and 53% *strongly* supporting the same,[4] and majority votes

[1] That is, positively implemented rather than simply 'decriminalised'
[2] Deutsches Arzteblatt International 2022 Dec; 119(48): 829–835 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10074264/, accessed 20 October 2023.
[3] Assisted Dying – Private Members Bill, https://consult.gov.im/private-members/assisted-dying/ - accessed 10 October 2023
[4] https://www.dignityindying.org.uk/news/isle-of-man-poll-reveals-two-in-three-support-assisted-dying-as-tynwald-prepares-for-historic-vote/ - accessed 19 October 2023

in favour of the Bill during its first and second reading,[5][6] it may be a sign of the times that assisted dying *does* have a place in the modern day Isle of Man.

## The Current Law & The Proposed Law ("The Bill")

Whilst attempting to take ones' own life is not illegal in the Isle of Man, the aiding, abetting, counselling or procuring of it is, and attracts imprisonment of up to fourteen years.[7] Practically speaking, that would leave open the possibility of prosecuting an individual in the event that they were somehow involved in assisting a person's passing, such as handing them medication, or even *accompanying* them to a place where they (under that country's laws) *lawfully* end their own life.[8] Whilst it is necessary in (both England and the Isle of Man) for prosecutions to meet the 'public interest' test, the broad nature of the test means that there is no certainty as to whether people would avoid criminal conviction. That is, of course, the significance of the Bill, which seeks to remove such criminal consequences in specific circumstances.

The criteria prescribed by the Bill limits the availability of assisted dying to a select group of individuals, specifically those who meet a number of requirements. Those requirements include that they; are terminally ill (i.e., can 'reasonably' be expected to die within 6 months as a result of that terminal illness); have a clear and settled intention to end their life and sign a physical declaration to that effect; have the capacity to make such a decision, are aged over 18 and have resided in the Isle of Man for at least a year.[9]

In practice, the proposal necessitates an examination of the individual and their medical records by two independent doctors[10] (the 'attending doctor' and a second, 'independent doctor'). Both doctors must be satisfied that the individual has a terminal illness (i.e. less than 6-month prognosis), capacity to make the decision to end their life and has a clear and settled intention of the same. In the event that there is disagreement between practitioners as to capacity, a psychiatrist may be sought to provide an opinion, however the ultimate, potentially nullifying decision, would remain that of the independent doctor (i.e. the second doctor).[11] In short, in the

[5] https://consult.gov.im/private-members/assisted-dying/ - accessed 11 October 2023.
[6] https://www.manxradio.com/news/isle-of-man-news/assisted-dying-bill-wins-support-in-house-of-keys/#:~:text=Politicians%20have%20voted%20for%20progressing,17%20for%20and%207%20against.
[7] Criminal Law Act 1981, s2(1)
[8] https://www.bbc.co.uk/news/uk-wales-63599107 - accessed 21 October 2023.
[9] Assisted Dying Bill 2023, section 4.
[10] Ibid, section 6(1)
[11] Ibid, section 6

absence of agreement between the attending and independent practitioners, the lawful assistance in dying would not be permitted.

In some instances, written declarations may be physically effected by family members (for example in instances where the individual is physically unable to sign it themselves).[12] Once a declaration has been made, a minimum period of 14 days must elapse before the individual can be given life-ending treatment (although this is reduced to seven days in the case of a prognosis of less than one month). Declarations can also be revoked at any time and in any manner by the terminally ill individual. There are also restrictions and requirements regarding the delivery, preparation and administration of the life-ending drugs.

## Arguments for and against the Bill: the effect on the Isle of Man and its population

### Vulnerability

***"Euthanasia and assisted suicide are never acceptable acts of mercy. They always gravely exploit the suffering and desperate, extinguishing life in the name of the 'quality of life' itself" – Pope John Paul II***

A fundamental argument in the opposition of legalising assisted dying is the potential effect it would have on vulnerable members of society. Namely, specific groups of people would be susceptible to potential abuses from 'gaps' in the new law. Of course, there is no way of quantifying how many people *would* or *could* be considered 'vulnerable' in the Isle of Man, nor is there a way to determine how many of those people would fall within the 'eligibility criteria' of the Assisted Dying Bill. The extent of consideration of this argument is therefore based largely on speculation.

Although falling within a certain 'category' of person is not indicative of a vulnerability per se, it may be indicative of an increased *likelihood* of a vulnerability. Per the 2021 census, of the 84,069 Manx population, 10,035 (11.94%) identified as having a long-term physical or mental condition/disability, 13,671 (16.26%) were aged 70 or over and 12,158 (14.46%) lived alone[13]

[12] Ibid, section 6(2)
[13] 2021 Isle of Man Census Report - https://www.gov.im/media/1375604/2021-01-27-census-report-part-i-final-2.pdf - accessed 20 October 2023

(although it is important to note that an individual may fall into more than one of these categories, so it would be incorrect to consider these figures collectively). Moreover, in 2020, 236 of the Manx population died from cancer as a main cause of death.[14] Of that group, the majority (142) of the deaths occurred amongst those aged 65 to 85.[15] Although there is no way of ascertaining how many of the 142 people might be 'vulnerable', the very fact that there could be *up to* 142 vulnerable individuals, based on the occurrence of just one age group within one condition, demonstrates the potential for a *significant* number of vulnerable individuals in the instance that the Bill is implemented.

Vulnerability or perceived vulnerability may present itself in many ways, an example of such may be that an individual is particularly suggestible. Unfortunately, this would leave them more susceptible to being influenced by the views of others, rather than considering what is right for themselves. Whether financially motivated (e.g. to avoid expenditure on care, or actively seeking individuals as a means of financial gain whilst they are most vulnerable) or simply through the assertion of personal views, there is an inherent risk that individuals (especially those who are vulnerable) will make decisions that are not entirely free from duress. The same would be incredibly difficult to police,[16] and leaves open the *possibility* of abuse that would go undetected.

Certainly, as the Bill currently reads, it would be possible for family members to be signatories to declarations effecting assisted dying in some circumstances,[17] for example where they are unable to physically sign the necessary paperwork. Whilst that may be the case, the Bill clearly emphasises that a person is entitled to change their mind at any time, and that it need not be expressed in writing. Whilst it may be necessary for a family member to *physically* sign paperwork on behalf of the individual, it is naïve to consider that such would satisfy a physician of a person's wishes and intention, and/or that it would preclude them from asking questions privately, with the individual. In fact, to the contrary, a doctor who has a duty of trust to their patient may consider it prudent to go out of their way in instances of declarations being made on a patient's behalf, to ensure that a decision is entirely theirs.

[14] https://www.gov.im/media/1376766/mortality-report-2020-v2.pdf - accessed 23 October 2023
[15] Ibid at 6.1
[16] Per Lord-Brennan MHK, Second Bill Reading, 31 October 2023
[17] Per Ashford MHK, Second Bill Reading, 31 October 2023

Financial constraints in line with the increased cost of living (and potentially significant care costs) may also influence a person's decision in assisted dying. In the Isle of Man in 2020, 1,353 people actively claiming a pension also claimed income support.[18] Although not nearly as many would be 'eligible' and thereafter elect to receive assistance in dying, the fundamental point exists that *some* people may be at risk, however many that may be. It is further plausible that an individual may consider themselves to be a burden financially, allowing the same to form part of their decision-making. In Oregon, for example, 25% of those who sought assistance in dying cited that, as part of their decision making in pursuing physician assisted dying, they had considered themselves a 'burden.'[19]

Additionally, although the Bill prevents doctors from actively suggesting assisted dying to patients,[20] there is little to police the same within the instances protected by of doctor/patient confidentiality. It is therefore entirely possible that a person may be persuaded or dissuaded to take a certain action. This may be particularly true in the instance that a person is marginalised and/or places considerable trust in their doctor and their opinion. Whilst it may be unlikely that a doctor would seek to directly influence a patient's decision, they may, without intending to do so, have such influence. The Medical Society Consultation on Assisted Dying[21] demonstrated an overwhelming opposition to the Bill amongst practitioners, in principle, with substantial focus on the need for increasing palliative care options to patients. There may, therefore, be some risk to individuals that they are not making autonomous decisions free from duress, thereby defeating the purpose and intention of the Bill by the very people who were entrusted to protect them from it.

**Diagnosis, Prognosis and The Expectations of Physicians**

In order to be able to seek physician-assistance in dying, a person must reasonably be expected to die within six months. Such a requirement, in of itself, may be problematic - there is no way of knowing *exactly* how long somebody has left to live, regardless of how advanced science is in the modern day. However, the accuracy rate in determining prognosis has vastly improved

[18] Isle of Man in Numbers 2021 - https://www.gov.im/media/1373781/isle-of-man-in-numbers-2021-090821.pdf - accessed 19 October 2023
[19] Philosophy, Ethics and Humanities in Medicine Philos Ethics Humanit Med. 2014; 9: 3. - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3901751/ - accessed 18 October 2023
[20] Assisted Dying Bill 2023 – explanatory note paragraph 10
[21] Assisted Dying – Private Members Bill, https://consult.gov.im/private-members/assisted-dying/ - accessed 10 October 2023

over time, from 2000 when prognoses were accurate just 20% of the time, with 63% being overestimates,[22] to 2023 when prognoses were accurate 62% of the time, with just 23% being overestimates.[23] The likelihood, therefore, of doctors inaccurately assessing prognosis, or disagreeing with the other assessing doctor, is relatively low (and there would arguably be a degree of latitude with being 'reasonably' expected to die within six months).

However, when such errors do occur, it could mean that people wrongfully elect to end their lives. In an example given by a constituent, Andrew Smith MHK expressed that in 2015 a 20-year-old was diagnosed with 'terminal' cancer before her case was reviewed and an alternative, correct prognosis was given.[24] The young lady stated that if the Bill was in place, she would have ended her life. With the greatest of respect to that individual, it may be an easier thing to state, than it would be to do in practice, so such a statement should be taken with a pinch of salt. Moreover, whether she would have been able to bring about her death is entirely speculative without considering the background of the same against the requirements of the Bill. The need to follow specific procedures and timeframes, review documentation and for multiple physicians to unanimously agree on a prognosis exist to protect individuals who find themselves in these rare circumstances. It therefore cannot be said that such an argument falls to the suitability of the Bill itself, but rather appears to be a 'reason' to establish a blanket opposition to assisted dying in principle.

As well as the 'prognosis requirement' a physician must also be satisfied that the patient has a clear and settled intention to end their life which has been reached voluntarily on an informed basis without coercion or duress.[25] A possible interpretation of the same might be that the physician simply has to satisfy *themself*, subjectively, of the background of a person's decision. Whether (or how, if at all) that would be regulated could contribute to further 'gaps' in the Bill. Would it, as with prognoses, place an inordinate amount of trust and power in a professional, and produce varying levels of results depending on the practitioner? Further, in the likely instance that a person with a terminal illness also suffered from poor mental health, could a

[22] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27288/#:~:text=Our%20study%20of%20365%20doctors,a%20factor%20of%20about%20five. – accessed 23 October 2023

[23] https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-023-01155-y#:~:text=Overall%2C%20clinicians%20"overestimated"%20prognosis,)%20in%2015%25%20of%20cases. – accessed 23 October 2023.

[24] Per Lord-Brennan MHK, Second Bill Reading, 31 October 2023

[25] S6(6)(c)

practitioner ever really satisfy themselves that such a decision to end their life was voluntarily reached?

If assisted dying assessments *were* regulated, by contrast, to what extent would a doctor be obligated to 'play detective' and make enquiries in considering the possibility of duress? In the event that too few questions are asked, a person may have made a decision under duress without the issue becoming known. By contrast, in the event that too many questions are asked, there may be a constraint on available resources, particularly in the time that is available to other patients. Regardless, it can certainty can be said that such a role would not be appropriate in the case of 'hard-pressed' doctors.[26]

**Financial Implications**

With '*a funding gap of £40 million in the 2023-24 financial year between what it is mandated to do versus the funding envelope available,*'[27] there may simply not be enough financial backing to implement a fully effective Bill in the Isle of Man. Whilst physician-assisted dying may one day become cost-effective in the long-term by way of reducing the need for palliative care,[28] considerable expense would be immediately incurred across staffing, regulation, training and drug costs. Certainly, it could reasonably be anticipated that substantial time and caution would be exercised in assessments during the initial years of implementation of the Bill,[29] with potential legal involvement contributing to the strain on resources.

Moreover, whilst the Bill would not *force* practitioners to be involved in Assisted Dying,[30] just 19% (21 people) of those surveyed stated that they would be willing to play an active role, with 34% stating that they would consider leaving the Isle of Man if the Bill was implemented.[31] Whilst arguably inconsistent with their own professional declaration to respect the autonomy and dignity of their patient,[32] the need to increase staffing would undoubtedly arise, further

[26] Per Alex Allinson MHK, Second Bill Reading, 31 October 2023
[27] https://www.gov.im/categories/health-and-wellbeing/news/?altTemplate=ViewCategorisedNews&id=154241#:~:text=However%2C%20given%20that%20Manx%20Care,in%20order%20to%20live%20within – accessed 23 October 2023
[28] In light of a 26% increase in referrals from 2016 to 2020
[29] https://derechoamorir.org/wp-content/uploads/2018/09/16-AssistedDyingBenelux.pdf p8 - accessed 11 October 2023
[30] Assisted Dying Bill 2023, section 8
[31] Assisted Dying – Private Members Bill, https://consult.gov.im/private-members/assisted-dying/ - accessed 10 October 2023
[32] Per the Declaration of Geneva, as outlined on https://www.wma.net/policies-post/wma-declaration-of-geneva/ - accessed 21 October 2023

contributing to stresses of an already underfunded healthcare system.[33] It is important to note, however, that there were just 108 responses (consisting of at least 12 retired or semi-retired practitioners), a far cry from a truly representative amount of in excess of 160 doctors that practice island-wide.[34]

Furthermore, whilst the Bill seeks to restrict eligibility of assisted dying to residents of over 1 year and thereby precluding 'health tourism' in its immediate definition, there may be scope for people with more prolonged prognoses to move to the Isle of Man in anticipation of one day asserting such a right, for example, somebody who is given a terminal diagnosis with several years to live.[35] Whilst such may be speculative at this stage, even one occurrence would place increased demand on social and healthcare services, further widening the gap between available and required funding, even if it is marginal. There may therefore be a valid argument to amend the Bill, to protect the position of the island's healthcare system.

**The Slippery Slope Argument**

Further opposition to the Bill comes in the form of the 'slippery slope' argument, that is, that after implementation the 'eligibility criteria' would more easily, and inevitably, be broadened to include non-terminally ill individuals.[36]

As stipulated, current requirements of the Bill mean that patients must have a prognosis of less than 6 months which cannot be reversible by treatment.[37] Unfortunately, such wording precludes people who fall short of such an artificial timeframe, such as the late Simon Biggerstaff, who bravely fought but ultimately lost his life to the most aggressive form of Motor Neurone Disease. Within 2 months of his diagnosis in July 2021, Simon was paralysed from the neck down, with his health deteriorating further, requiring him to use a ventilator and depriving him of the ability to talk and eat unaided, until he sadly passed away in May 2022.[38] Implementation of the Bill may therefore fail to account for specific terminal conditions that

[33] Callister MHK, Second Bill Reading, 31 October 2023
[34] https://www.manxradio.com/news/isle-of-man-news/survey-of-doctors-highlights-cultural-issues-at-manx-care/ - accessed 30 October 2023
[35] Ashford MHK, Second Bill Reading, 31 October 2023
[36] https://www.manxradio.com/news/isle-of-man-news/assisted-dying-legislation-vehemently-opposed-by-autism-charity/ - accessed 29 October 2023
[37] Assisted Dying Bill 2023, section 5.
[38] https://www.iomtoday.co.im/news/i-watched-a-degenerative-disease-take-my-husbands-life-he-wanted-the-pain-to-end-645733 - accessed 28 October 2023

develop quickly but render people with more than 6 months to live, such as motor-neurone disease or locked-in syndrome. The purpose of the Bill is undoubtedly to allow people the autonomy and/or dignity of dying in circumstances where they have a diminished quality of life, but, ironically, the arbitrary period for prognosis may prevent the very same. There may be some weight in the suggestion, therefore, that the rules could be broadened at some stage in the near future to encompass such circumstances.

Whilst that may be the case, *marginal* broadening of criteria would not necessarily result in any *significant* broadening thereafter, e.g. to include non-terminally ill patients. Such a concern has been voiced by charities such as Autism of Mann,[39] who believe that the Isle of Man may mirror such observations in foreign jurisdictions. In 2016, for example, Canada implemented a similar Bill to that presently proposed by the Isle of Man, requiring individuals to be terminally ill with limited prognoses and without the possibility of reversible treatment. However, as of 17 March 2021, there was no requirement for a 'foreseeable death' and further, effective 17 March 2024, the criteria for eligibility in assisted dying will be broadened to include mental health.[40] Whilst there may be a concern, from some quarters, that the Isle of Man may 'follow suit,' such an argument remains speculative and ignores the Island's strong sense of independence and self-identity.

Taking the two, Canada and the Isle of Man are two entirely different nations, possessing different societal rights and legal systems. A significant reason for Canada's evolving assisted dying laws was determined by its inconsistency with other legislative provisions and rights enshrined in their constitution. The same cannot be said by the Isle of Man. Moreover, the Isle of Man is a unique jurisdiction with a strong sense of independence and sovereignty. With the longest serving continuous parliament and unlimited legislative competence,[41] it boasts a range of checks and processes to enable the safe and secure implementation of new legislative provisions, including rigorous word-specific review of the Bill in its entirety.[42]

The 'slippery slope' argument, therefore, underestimates the Isle of Man's rigorous processes for review, not just in the initial stages of implementing *an* assisted-dying Bill, but in future

[39] Glover MHK, Second Bill Reading, 31 October 2023
[40] https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html - accessed 23 October 2023
[41] https://www.electoral-reform.org.uk/isle-of-man-worlds-oldest-parliament-goes-online/ - accessed 24 October 2023
[42] Allinson MHK, Second Bill Reading, 31 October 2023

prospective amendments. It further fails to consider that for every jurisdiction like Canada that substantially expands its law within a small timeframe, there are other jurisdictions such as Oregon, United States, that have almost entirely maintained their original stance over a 26-year period.[43] Moreover, the very fact that such a Bill has been rejected on three occasions over the last 20 years and has, and will further, be subject to substantial review is a further indication that significant broadening of eligibility will not take place. The argument therefore fails to carry much weight, if at all, when considering the prospective effects that the Bill would have on the Isle of Man and its population.

**A case for Compassion and a right to die with dignity**

***"In refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values" – Desmond Tutu***

Members of the Manx population who have been directly affected by terminal illness have spoken in support of the Bill, including the late Simon Biggerstaff's wife, Sue Biggerstaff. Tragically, Sue publicly explained how her husband constantly developed pressure sores from his inability to move, how his body rotted away whilst he was still alive and how he was left screaming in agony and expressing that he "*just wanted to go*". Ultimately, modern medicine kept Simon alive, but did not keep him pain free, nor was there anything that could be done to ease his suffering.[44] Whilst those opposing the Bill (including doctors within the Medical Society Consultation) often cite palliative care as a direct alternative to assisted dying,[45] their insistence of the same is narrow-minded, assuming that pain is always preventable, flying in the face of people who have truly endured an excruciating and undignified end. Such an opposition to the Bill also ignores the implementation of the most basic of rights and wishes, such as Simon's wish to die in the comfort of his own home, which was not possible after his health deteriorated to the point of needing to move to hospice care for his final 18 hours of life.

Moreover, the same opposition also fails to consider that, behind most individuals, there those who are left to watch their loved ones suffer. With no way of easing their pain and ultimately being left with the memory (and trauma) of them at their lowest, pain extends far beyond the

[43] https://www.nytimes.com/2022/03/29/us/oregon-suicide-residency.html - accessed 22 October 2023
[44] https://www.iomtoday.co.im/news/i-watched-a-degenerative-disease-take-my-husbands-life-he-wanted-the-pain-to-end-645733 - accessed 22 October 2023
[45] Lord-Brennan MHK, Second Bill Reading, 31 October 2023

terminally ill individual. This is something that I am particularly sympathetic to, having witnessed my grandmother's mental and physical health deteriorate from a brain tumour. Gradually, like Simon, she began to lose her ability to walk, eat and go to the bathroom. For a woman who raised my mother single-handedly, relied on people for little, if anything, and even fought (and overcame) Stage 3 breast cancer in her mid-seventies, it was heart-breaking to witness her helplessly lose the one thing that she had left: her dignity. Forever, the image of a woman who I idolised and loved dearly will be tarnished with my recollection of her suffering, something that I will always remember alongside poignant words that she spoke years before her diagnosis: "*Dear god, if I am ever like that, let me die*".

There is, therefore, a compelling argument *for* the implementation of the Bill, rather than the *possible* cracks it could leave behind. Unfortunately, there is a risk that those who do not walk a day in the shoes of those affected will never truly understand or endorse a change in law. Ultimately, however, implementing the law does not mean that one must vehemently support or endorse it, but simply recognise that some do, and should be able to exercise that choice – the same logic as rights to abortions.

Tragically, Simon Biggerstaff was so desperate to end things that he asked nurses how long it would take for him to die if he refused food. Ultimately, Simon considered alternative and unimaginable means to end his suffering. If the same intention prevailed amongst other individuals in similar circumstances (and certainly where they would be physically able to actively end their own suffering), rejecting the Bill would not prevent death, but would simply prevent a *dignified* death. In the United Kingdom, it is estimated that up to 650 terminally ill people per year take their own lives in the absence of lawful physician-assisted dying, with around 50, on average, travelling abroad to end their lives in a jurisdiction that allows it.[46] Whilst such a statistic would inevitably be lower based on a smaller population, the principle carries directly to the Isle of Man – regardless of whether the Bill is implemented, deaths will not be prevented.

It could also be said that where physician-assisted dying is legal in other countries, the considerable cost of travelling there would simply act as a barrier to poorer individuals, who

[46] https://www.dignityindying.org.uk/news/suicide-risk-for-terminally-ill-people-more-than-double-general-population-ons-data-indicates/#:~:text=The%20data%20comes%20after%20several,legal%20choice%20of%20assisted%20dying. – accessed 14 October 2023

cannot afford the average £10,000 Bill associated with clinics like Dignitas in Switzerland.[47] Moreover, the implementation of final wishes (such as dying at home) may not be achievable for those who are financially worse-off, due to the substantial and increasing caring costs and cost of living. It may therefore follow that failure to implement the Bill would only seek to prevent access to poorer individuals, that could otherwise be accessed by richer individuals via a 'back door.' It is therefore clear that the most dangerous and counterintuitive decision would be for Tynwald to reject the Bill,[48] for ignorance will prevent little, increase suffering and indirectly allow different rights depending on wealth.

## Conclusion

***Wrongfully prolonged life can be as tragic an error as wrongfully terminated life. In life's unhappier end games there can be no `safe side' to err on.[49]***

The Assisted Dying Bill 2023 is in its relative infancy and will be subject, no doubt, to future amendments and additions before coming into law. It has been shown, throughout this essay, that to a large degree concerns that have been raised through comparisons to other jurisdictions tend to ignore and undervalue the Isle of Man's own sense of independence and having laws that reflect the Manx way of life. Although future debate and amendments will seek to fill potential gaps left behind by the current drafting of the bill, inevitably there will be a degree of detrimental effect to the Manx people and on the Manx way of life. The high cost of implementing the Bill in an already struggling healthcare system, not least with the threat of an exodus of doctors should the Bill be implemented, will ultimately mean that even people beyond the eligibility criteria will be affected, particularly through access to healthcare. However, this author is of the firm view that the positive impact for the right to autonomy of the Manxman far outweighs speculative arguments against the bill at this stage. There should be no cost to autonomy. In a debate as sensitive as this, one must be careful not to place undue weight on the voices of those who may oppose and be indirectly affected by the Bill and speculative assumptions regarding vulnerabilities, against those who would qualify for

[47] https://features.dignityindying.org.uk/true-cost-dignitas/#:~:text=The%20average%20cost%20for%20those,chance%20of%20suspicion%20by%20authorities. – accessed 13 October 2023

[48] https://www.dignityindying.org.uk/news/isle-of-man-poll-reveals-two-in-three-support-assisted-dying-as-tynwald-prepares-for-historic-vote/ - accessed 28 October 2023

[49] Joel Feinberg. *Harm to self*, p. 370.

assistance under the Bill and who experience the suffering that its implementation seeks to ease.

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