



Zöe Franklin MP
House of Commons
London
SW1A 0AA

26th June 2025

Dear Zöe Franklin,

You recently told *Premier Christian News* that your vote in favour of the Assisted Dying Bill was “likely the hardest I will ever undertake as an MP,” describing it as “safe, compassionate and carefully regulated.” You explained that your Christian faith led you to support the Bill, and stated: “*I do not believe that [God] is content with the current situation where people suffer in pain... Nor... with the inequality... that someone may choose assisted death... only if they can afford to travel to Dignitas.*” You acknowledged that many would question how a Christian could support assisted dying, but concluded, “I do not see a conflict.”¹

With due respect for the gravity of your decision, I write not only as a churchman but as a public witness concerned by the moral, legal, and societal consequences of your position.

A Faith Recast in Sentiment

To claim that the God of Life is in *favour* of assisted suicide is to fashion a deity in our own image—one that reflects modern sentimentalism rather than divine truth. True compassion does not end suffering by ending lives but by enduring with the sufferer. Christ’s solidarity with the suffering on the Cross formed our understanding of mercy, not its negation. The Book of Wisdom confirms this: “God did not make death... and he does not delight in the death of the living. For he created all things that they might exist.”²

Emotion Is Not Ethics

Your concern for suffering is deeply human. Yet emotion alone cannot ground law. As explored in *The Rule of Feeling*, emotion-driven legislation erodes moral clarity and ultimately betrays justice.³ Law must be anchored in principle, not feeling.

Dangerous Precedents: Safeguards Fail

Where assisted dying is regulated, safeguards have rapidly faded. In Canada, the MAiD programme expanded from terminal illness to include disabilities, mental illness, and even minors.⁴ Belgium and the Netherlands permit euthanasia for non-terminal cases, such as psychiatric illness or loneliness. When the state permits intentionally ending life, exceptions multiply—and protections weaken.



Medical Profession Warns: Vulnerabilities Unaddressed

Medical royal colleges across the UK have raised sharp warnings:

- The **Royal College of Physicians** warns of “deficiencies in protecting patients and professionals,” citing weak capacity safeguards, prognostic uncertainty, and diversion of resources from palliative care.⁵
- The **Royal College of General Practitioners** stresses that assisted dying must not become core GP work, must be separately funded, and must not detract from palliative care.⁶
- The **Royal College of Psychiatrists** states it “cannot support the Bill in its current form,” warning that mental illness is a risk factor for suicide, and that inadequate psychological support may lead to preventable deaths.⁷
- The **Royal College of Pathologists** objects to Clause 35, which exempts assisted deaths from coroner review, warning that this would bypass independent scrutiny.⁸
- The **Royal College of Surgeons of England**, while officially neutral, notes that many members oppose the Bill, while others only support it under strict and enforceable conditions.⁹

These are not marginal objections. They represent the informed concerns of medical professionals tasked with safeguarding life. Their concerns cannot be ignored.

Inequality Cannot Justify Killing

You argue that inequality—like only the wealthy being able to reach Dignitas—is unjust. Yet remedying inequality by offering lethal options is a moral inversion. True justice demands investment in palliative provision, institutional support, and community care—not an expansion of death services.

Cultural Pressure to Die

Once legalised, assisted suicide changes the social atmosphere. People begin to feel that suffering equals burden. Data from jurisdictions with such laws show internalised pressure to end life, especially for the elderly and disabled. The physician, once the guarantor of life, becomes a facilitator of death.

Dignity Is Not Conditional

Human dignity is not earned—it is inalienable. It does not fluctuate with autonomy, capacity, or anguish. To reduce life's value to personal choice or functional ability contradicts the moral foundations of both Church and state.



Conclusion: The Moral Imperative to Choose Life

We understand the pressure to alleviate suffering. But solutions must be rooted in care, not cancellation. The Bill may be well-intentioned, yet it risks enshrining despair as dignity.

As Lord Sumption warned, the law must “protect people, especially the vulnerable... That’s not compassion. That’s abandonment.”¹⁰

Ms Franklin, I urge you: reconsider. Reject legislation that confuses mercy with murder, and embrace one that affirms life—even in its final pain. Invest in palliative care, strengthen social support, and give voice to hope, not hastened death.

Choose life—not because it is easy, but because it is sacred.

Yours faithfully,

The Most Reverend Dr J Lloyd
Titular Archbishop of Selsey

Footnotes

¹ Anna Rees, “Christian MP: Why I supported Assisted Dying Bill,” *Premier Christian News*, 24 June 2025

² *Wisdom* 1:13–14

³ *Selsey Substack*, “The Rule of Feeling: How Emotionalism Is Undermining Law and Public Reason,” June 2025

⁴ Canada, Special Joint Committee on Medical Assistance in Dying (AMAD), Final Report (Feb 2023), and subsequent parliamentary debates, 2023–2024

⁵ Royal College of Physicians, Letter to Peers, June 2025

⁶ Royal College of General Practitioners, Submission to House of Lords, June 2025

⁷ Royal College of Psychiatrists, Position Statement on Assisted Dying Bill, June 2025

⁸ Royal College of Pathologists, Briefing to Parliament, June 2025

⁹ Royal College of Surgeons of England, Parliamentary Evidence, June 2025

¹⁰ Lord Sumption, interview on BBC *Hardtalk*, January 2021, and remarks in *The Times*, 2021