

## News from the Department of Social Responsibility

On the 25th January Mr. Jim Dobbin M.P. successfully introduced to the House of Commons his Bill on Palliative Care for the terminally ill.

*Jim Dobbin (Heywood and Middleton) (Lab/Co-op):* I beg to move,

That leave be given to bring in a Bill to require the provision of palliative care for persons suffering from a terminal illness; and for connected purposes.

Palliative care is about enhancing quality of life and enabling patients to live as actively as possible until they die, naturally and peacefully and, whenever possible, with their families around them. I am proud of the fact that the UK leads the world in palliative care, but the reality is that we are not doing enough because the service remains underfunded.

The all-party parliamentary group on dying well was launched on 10 January to ensure that we all have the opportunity of a good death and that we die with dignity, by pressing for better and more widely available palliative care, by promoting greater support for friends and family members who care for the dying, by opposing euthanasia and assisted suicide, and by encouraging debate and promoting understanding of how people can achieve comfortable and natural deaths.

There is strong objection to the recent attempt by the Voluntary Euthanasia Society to rename itself Dignity in Dying—a name synonymous with the hospice movement and with palliative care. The chief executives of Marie Curie Cancer Care, Help the Hospices, and the National Council for Palliative Care said yesterday:

"We deplore the misleading use of the phrase Dignity in Dying as the new proposed name and trademark for VES, an organisation whose clear intent is the promotion of euthanasia. We urge Alan Johnson, the Secretary of State for Trade and Industry, and the Charity Commission to ensure that this is prevented."

They added:

"We believe the development of excellent palliative care at the end of life in the last decade has ensured that hundreds of thousands of people have experienced a dignified death."

The quality of palliative care in Britain has made huge strides during the last 10 to 20 years, but its quantity and distribution have not kept pace. As a result, there is something of a postcode lottery for the terminally ill. Inadequate funding is allocated to palliative care in the NHS and there are not enough trained specialists in practice. Two recent parliamentary reports drew attention to these shortfalls and the Government have indicated that they are investing more money in palliative care. For example, in 2003–04, the NHS cancer plan promised an extra £50 million per annum specifically for specialist palliative care. That addition is welcome, but it is thinly spread across the country. Progress is slow and not all the resources are reaching front-line specialists.

In a recent Adjournment debate initiated by the hon. Member for Tiverton and Honiton (Angela Browning) on care of the dying, the Under-Secretary of State for Health, my hon. Friend the Member for Birmingham, Hodge Hill (Mr. Byrne), reaffirmed the Government's commitment to

"ensuring equality of access to high-quality palliative and end-of-life care, regardless of age or condition".—[Official Report, 12 January 2006; Vol. 441, c. 544.]