(By email)

Hello Mr Briggs,

Firstly, thank you very much for bringing forward this Bill.

It is much needed, especially with a growing older population, and a social climate where it seems the only answer to terminal illness is the legal right to kill yourself.

On Question 1 I answer 'Strongly Agree' but for all the other questions I don't feel I have enough knowledge or experience of the system and what's currently available to comment in any worthwhile way.

My only observations would be that I think the practical, common sense proposals are what is needed because the whole topic of death and dying gets overshadowed by 'right to die'-which doesn't change the need for an alternative and a good alternative will be the main weapon to fight this sad, negative belief that killing yourself early is the answer.

I also would love this Bill to be able to encourage a change in Medicine's approach to pain relief. I know it's difficult for them, especially since the Dr Shipman atrocity and the controversies over the Liverpool Pathway but 'double effect' should be at the very forefront of treating terminal illness, obviously with what exactly it means and the agreement of the patient.

I do have the experience of both my parents receiving good pain relief which changed everything for them and gave both of them another 'good' 10 and 11 months of life. And in 2005 an aunt who unfortunately in hospital even 2 days before her death had a very difficult time because the medics were sticking rigidly to the 4 hour rule for pain medication, when in reality she was comfortable only for about 2-2hours 30 minutes with it.

I don't know if things have changed in the last 20 years but I feel 'fear of pain' unsurprisingly is a huge part of why so many in society are so fearful of dying and 'double effect' pain relief would surely go a great way in helping people not be so worried.

Thank you again for your work on this and best wishes,

Yours,

Eileen Sullivan