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# How (and when) does party matter? Explaining MPs' positions on assisted dying/assisted suicide

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While the legalisation of assisted dying/assisted suicide (AD/AS)<sup>1</sup> has enjoyed sustained public support for several decades, Parliament has repeatedly voted decisively against legalisation. This article explores this parliamentary deviation from citizens' preferences by explaining what shapes MPs' positions on this free vote issue and, in particular, how (and when) party matters in shaping these positions. It considers both the last Commons vote in 2015 and developments up to July 2024,<sup>2</sup> thus avoiding a snapshot analysis of a single moment in time. It finds that while party mattered in the 2015 vote, it was one of many factors that mattered, and was not obviously the most important. However, developments since 2015 suggest that party is likely to play a greater role in the next vote, which is expected in the current parliamentary term.

**Keywords:** assisted dying; assisted suicide; conscience issues; euthanasia; free voting; morality policies.

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<sup>1</sup>The issue is referred to as AD/AS to capture two terms that are preferred by opposing sides and which reflects the language of the most recent parliamentary consideration of the issue: the Health and Social Care Select Committee's Inquiry into Assisted Dying/Assisted Suicide in 2023. However, other terms are used where they more accurately reflect what has been said by a particular contributor or where they provide more nuance.

<sup>2</sup>The research for this article was completed in July 2024 and the article submitted in early September. Later that month, Kim Leadbeater MP came first in the PMB ballot and put forward a bill on AD/AS (Terminally Ill Adults (End of Life) Bill). On 29 November, the Commons voted 330–275 in favour of the principle of AD/AS. At the time of writing this footnote, the Bill had further stages to be completed ahead of a final vote in the Commons.

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## Introduction

Since the 1980s UK public support for assisted dying/assisted suicide (AD/AS) undertaken by a doctor for people with a painful incurable disease has consistently hovered around the 80% mark (BSA 2017, 26).<sup>3</sup> This figure stands in stark contrast to the most recent (free) vote in the House of Commons on the issue: in 2015, 73% of MPs voted against the Assisted Dying Bill No. 2 (2015–16). The British Social Attitudes survey suggested that ‘The most surprising aspect of this issue is, perhaps, how out of step UK law is with long-standing and significant majority public support’ (BSA 2017, 8). This aspect may be even more surprising, given that the UK has introduced permissive legislation in other areas of morality policy—abortion, assisted reproductive technologies, embryo and stem-cell research, and same-sex marriage (Engeli et al., 2012, 194).

Political responsiveness to citizens’ preferences is a key component of democratic accountability. As Schwartz and Tatalovich (2019, 1) note, ‘Most normative and empirical theories of democratic governance give high priority to whether political regimes are responsive to public opinion in their enactments of public policy’. However, while there is a clear sense that public policy should broadly correspond to the preferences of citizens, no-one expects an exact correspondence between them. Nonetheless, the assumption that there should be a close congruence between the laws of a nation and the preferences of its citizens means that ‘we must always justify and explain cases in which law deviates from citizen preferences’ (Rehfeld 2009, 14). This is particularly so where there is such an apparently large deviation, as in the case of AD/AS. In this context, this article seeks to explain what shapes MPs’ positions on this free vote issue, and, in particular, how (and when) party matters in shaping these positions. It does so by considering both the last Commons vote in 2015 and developments up to July 2024, thus avoiding a snapshot analysis of a single moment in time. The focus is on developments as they relate to law that would apply to England and Wales, as the issue is devolved to other parts of the UK.

While the article speaks to the issue of political responsiveness, which has received renewed attention since the Brexit referendum in 2016, it contributes primarily to the literature on free voting on matters of conscience in Parliament. This literature suggests that, while MPs are not subject to party whipping on such matters, there is a clear relationship between party allegiance and voting behaviour (Hibbing and Marsh 1987; Pattie et al., 1998; Warhurst 2008), and, for some, party remains the ‘key determinant’ (Cowley and Stuart 2010). While this article finds this relationship present in the 2015 vote on AD/AS, it was only one of many

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<sup>3</sup>There is less clear-cut support for the other scenarios, for example, where euthanasia is carried out by a close relative (39%), where the person is not suffering from a terminal disease (51%) or is completely dependent but not in pain or danger of death (50%) (BSA 2017, 24–5).

factors that explain this vote, and not obviously the most important. However, the research finds that developments since 2015 suggest that party is likely to play a greater role in the next vote, which is expected in the current parliamentary term.

### Previous research on free voting

The specification of the proper relationship between citizens' preferences and public policy has been described as the 'central normative problem' of democracy: one that is complicated by the third party (political representatives) who mediate between the law and citizens' preferences (Rehfeld 2009, 14). This issue of how closely a politician's votes should correspond to the preferences of their constituents has traditionally been captured by Edmund Burke's distinction between 'delegates' and 'trustees'. In the former case, political representatives are expected to vote in line with the wishes of their constituents; while in the latter, they are expected to use their judgement to vote on the best course of action. Research has suggested that the vast majority of MPs view themselves as trustees rather than delegates (Smith 2019): a finding confirmed in the interviews for this article.

While it has been said that for a Burkean MP, every issue is an issue of conscience (Pattie et al., 1998, 175), free voting on AD/AS signals that this is *explicitly* a matter of conscience for individual MPs. However, it has often been argued that, even on free votes, MPs tend to vote on party lines (e.g. Hibbing and Marsh 1987; Pattie et al., 1994; Overby et al., 2011; Plumb and Marsh 2011; Plumb 2015), and it is broadly acknowledged that social democrats, socialists, greens, and liberals are generally more likely to support socially liberal measures than are Conservative MPs (Hibbing and Marsh, 1987, 281; Pattie et al., 1998, 8; Engler and Dümig 2017, 564). As such, the party composition of the Commons is crucial to understanding the fate of such issues (Cowley 1998, 84). Warhurst (2008) provides a useful starting point for discussing the factors that explain this phenomenon by distinguishing between indirect and direct party effects.

A key indirect effect is the habit of voting with party colleagues, because parties 'consist of like-minded people engaged in a competition with rival groups of similarly like-minded people' (Warhurst 2008, 585). This pattern has been widely observed in the literature (e.g. Pattie et al., 1998; Overby et al., 2011; Plumb 2015; Engler and Dümig 2017; Raymond 2017a). As Balint and Moir 2013, 46) put it, the factors that matter for this can be summarized as 'the shared general ideologies, policy views and beliefs that attract like-minded people to specific parties in the first place'. However, Raymond (2017b, 353–4) suggests that these high levels of cohesion are also due to MPs' party identifications, which are independent of shared preferences and stem from a sense of duty to help their party win; especially when the outcome is consequential to their party.

More direct party effects on free voting occur ‘when the party organization or party leader makes their particular position very clear’ (Warhurst 2008, 586). In this vein, scholars have identified parties as often having ‘unofficial positions’ on conscience votes (Raymond 2017b, 355), with one example being the influence on party colleagues of Australian Prime Minister John Howard’s stated opposition to euthanasia (Warhurst 2008, 586; Balint and Moir 2013, 46). Where there is such an unofficial position, the main motivation to vote with the party is driven by future career considerations (Warhurst 2008; 586; see also Hibbing and Marsh 1987, 278).

However, while it is generally accepted by scholars that party allegiance is the strongest indicator of how an MP will vote on conscience issues, it has long been observed that there is a great deal of variation in voting that is not explained by party affiliation (Hibbing and Marsh 1987, 292). In considering the causes of variation, Balint and Moir (2013, 44) identify a limitation in most existing studies because they share the same basic methodology: ‘they rely on the outcomes of conscience votes to then hypothesize about possible causes.’ This means that while party is identified an effective predictor of conscience voting, relying on the outcomes of votes does not explain how strong the party influence is, or what party factors—direct or indirect—matter most; nor does it explain the relative importance of non-party factors on MPs’ positions.

### Non-party factors

Extant studies observe a number of non-party factors that may matter on conscience issues, some of which vary according to the issue. For example, the role and position of the medical profession is seen as important for morality policy issues such as abortion (Isaac 1994, 175; Cowley 1998, 76) and human fertilization and embryology (Plumb 2015, 536). However, one factor that is commonly explored in such studies is the importance of constituency pressures, as ‘many academic analysts and practising politicians draw a strong linkage between free votes and better representation of constituent preferences by MPs’ (Overby et al., 2011, 468).

Despite the potential for ‘better representation’ of constituents in the absence of party whipping, most studies find little evidence that MPs respond to constituents or public opinion more generally on conscience issues. This is often because most conscience issues do not rank highly on the public’s list of concerns (Cowley, 1998, 80), but may also be because constituents are evenly divided on an issue (Balint and Moir 2013, 52). However, there is also a tendency for MPs to be risk averse on contentious issues, which means they will ‘routinely avoid responsibility’ where possible for fear of offending a vocal minority of constituents with passionate views (Overby et al., 2011; 469; see also Smith and Tatalovich 2003).

Thus, conscience votes are ultimately personal votes, as the term ‘conscience’ implies. As such, [Balint and Moir \(2013, 44\)](#) have argued for a greater focus on the personal dimension. On this, they distinguish between two broad categories: the influence of personal experience ‘that has a clear and causal connection to the particular conscience issue’, and that of personal ideology (values and beliefs) ([Balint and Moir 2013, 54](#)). This latter point highlights aspects of ideology, such as religious belief, that do not sit neatly within party boundaries. It is for this reason that personal ideology is considered a non-party factor.

### **The 2015 vote**

Taking together these observations on party and non-party factors, voting on the AD/AS bill in 2015 illustrates a number of points. The first is that, among the two major parties, Labour MPs were more inclined to vote for legalization (72 or 44.2%), compared to Conservative MPs (27 or 11.5%), with Labour clearly more split on the issue. Relatively even splits could also be seen within the Scottish National Party (14 for, 11 against) and the Liberal Democrats (3/3). Of the other parties casting more than one vote in 2015, there was unanimity against legalization within the Democratic Unionist Party (8 votes) and the Social Democratic and Labour Party (3 votes) ([The Public Whip 2015](#)). While this data provides some evidence for the claims of party as a good indicator of voting intention, it is necessary to go beyond the predictive methodology to address the main research question of this article: what explains MPs’ positions on AD/AS?

### **Methodology**

Before conducting fieldwork, a range of primary and secondary materials were reviewed on developments in the UK and other jurisdictions where significant AD/AS debates have taken place (e.g. Canada, Netherlands, USA). Semi-structured elite interviews were a central component of the data collection strategy in order to provide a deep understanding of the political dynamics of a complex and contentious issue and to provide insight into the meanings of the interviewees’ experiences. Interviewees were identified through their engagement with UK processes. These included parliamentary debates and evidence submissions to the Health and Social Care Select Committee (HSCSC) hearings on AD/AS in 2023. Further interviewees were identified through initial interviews, following the snowball sampling method ([Goodman 1961](#); [Parker et al., 2019](#)).

While the research sought to avoid the moral issues surrounding AD/AS, it was felt necessary to strike a reasonable balance of interviewees for and against legalization, and from a range of backgrounds, which might reveal different perspectives on the factors that influence politicians. Thus, interviews were conducted with

twenty-two individuals in favour of legalization, eighteen against, and four neutral or undecided, from the following backgrounds: parliamentarians (15)<sup>4</sup>; academics/researchers (11); religious/secular/humanist organizations (9); issue-specific campaign groups (6); and medical professionals (3). Two initial interviews were conducted in July 2022, 40 conducted between May 2023 and January 2024, and two final interviews in July 2024.

All interviews began with an open question on what shapes MPs' positions on the issue. Interviewees were subsequently prompted to respond to various factors identified as potentially important, either in secondary literature or by other interviewees. Having had the opportunity to reflect on a wide range of relevant topics, interviewees were asked at the end of the interview to identify the factors that would shape the destiny of the issue in the next decade or so. This provided further insights on the factors that matter most and, within this, the importance of party influence. The data from different respondents was cross-checked to validate key findings. To provide verification, a working paper containing the main findings was sent to interviewees for comment in early 2024.

While there were not significant differences in the views of politicians and non-politicians on the substantive question, parliamentarians are identified as a distinct group in the discussion below, while other interviewees are generally not identified by organization or sector to protect the anonymity of some individuals.

## Background to AD/AS in the UK

Under the Suicide Act 1961, it is no longer a crime for a person to commit suicide in England and Wales, but under Section 2 of the Act it remains an offence for a person to assist the suicide (or attempted suicide) of another. This offence is liable to imprisonment for up to 14 years. However, any prosecutions can only be brought by or with the consent of the Director of Public Prosecutions (DPP) and such prosecutions are rare.<sup>5</sup> Despite legal cases that have garnered much media attention and public debate, judges have repeatedly stated that any change in the law is a matter for Parliament and not the courts.

While parliamentary engagement with AD/AS in the UK can be traced back to the 1930s (Bache 2022), increased activity in recent decades has mirrored that in other jurisdictions, which, in a number of cases, has led to legalization at the national level: Switzerland (1942); Colombia (1997); Netherlands (2002); Belgium

<sup>4</sup>All but two of these were in Parliament at the time of the 2015 vote.

<sup>5</sup>From 1 April 2009 up to 31 March 2024, there were 187 cases referred to the Crown Prosecution Service by the police, but only four cases of encouraging or assisting suicide were successfully prosecuted (CPS 2024).

(2002); Luxembourg (2009); Canada (2016; Quebec 2014); Germany (2020); Austria (2021); New Zealand (2021); Spain (2021); and Portugal (2023). Where authority lies at subnational level, AD/AS is permitted in eleven US states, and all six Australian states. As the issue is not party political in the UK, all attempts to change UK law have come in the form of Private Members Bills (PMBs), in both the Lords and Commons.

In 2013, Lord Falconer introduced the Assisted Dying Bill [HL] (2013–14), which became the template for subsequent proposals. This Bill, based on the Oregon Death in Dignity Act (1997), sought to enable competent adults who were ‘reasonably expected to die within six months’ to be allowed assistance with ending their life. The Bill fell without debate at the end of the 2013–14 session and, following its reintroduction in 2014, was debated at second reading but fell with the dissolution of Parliament for the 2015 general election. It was subsequently reintroduced in the following parliamentary session by Falconer but did not progress beyond its first reading. In the same session, the Assisted Dying Bill No. 2 (2015–16), which mirrored Falconer’s Bill, was brought to the Commons by Labour MP Rob Marris. In the first Commons vote on the issue since 1997, Marris’s Bill was rejected by 330 to 118, following a 4-h debate. The most recent PMB came in October 2021 through crossbench peer Baroness Meacher’s Assisted Dying Bill, which also mirrored Falconer’s Bill. This Bill, like some others before it, ran out of time before the parliamentary session ended. Thus, as the most recent parliamentary decision on the issue, the 2015 vote provides a key reference point for this article.

### Explaining parliamentary voting on AD/AS

Reflecting on both the 2015 vote and the current state of the debate, interviews for this research revealed a wide range of factors shaping MPs’ positions on AD/AS. In response to the open question on this, the factors that emerged as most important were non-party factors: religion and religious lobbying; the views of medical associations; and developments in other jurisdictions. Following discussion of these issues below is consideration of other factors that emerged as significant for some parliamentarians: personal experience; concern for vulnerable groups; and public opinion and constituents’ representations. We take each of these issues in turn before discussing the importance of party influence. It is important to note at this point that *no interviewee identified party as the most important factor in response to the open question*, but interviewees did provide valuable reflections on this factor when prompted. While both court cases and issue-specific campaign groups were also recognized as having contributed to developments, neither emerged spontaneously from interviewees as key factors in shaping the views of politicians and so, for reasons of space, are not discussed further below.

## Religion and religious lobbying

Most religious organizations are opposed to AD/AS legislation and religious people are less likely to support AD/AS: the British Social Attitudes survey found that only 67% of people with a religion agreed that ‘euthanasia by a doctor for someone with a terminal disease’ should be allowed, compared with 89% of people without a religion (BSA 2017, 27). Central to religious opposition to AD/AS is the notion of sanctity of life; although in the context of a more secular society, religious actors have increasingly employed secular rather than theological modes of argumentation. As one AD/AS opponent stated, making theological arguments ‘just makes our job more difficult because we immediately get accused of being cranks and religious weirdos and all that kind of thing’ (INT27). However, religious actors have generally been viewed as ‘at the forefront of resistance to changing the law in this area’ (Kettell 2019, 387).

The importance of religion to parliamentary voting on AD/AS is arguably the most contested aspect of the issue. For some, generally in the pro-legalisation camp, religious opposition is the most significant obstacle in the way of legalisation in the UK. However, for others, generally in the anti-camp, religion is seen to be of more limited importance. Yet interviewees broadly agreed that there are distinct aspects of religious influence to consider, relating to Parliament as a religious institution, the religiosity of MPs, and the impact of religious lobbying.

The main arguments relating to *Parliament as a religious institution* refer to practices such as the 26 seats in the House of Lords that are given to Church of England bishops, who sit as the ‘Lords Spiritual’, and lead daily prayers in the Lords. In the Commons, the Speaker appoints a Church of England chaplain, who leads the Commons in prayer, and an MP is selected by the Government to speak officially on behalf of the Church of England. Through these practices and others, religion is seen by some to be ‘woven through the fabric of Parliament’ (pro-AD/AS parliamentarian, INT33).

However, there are contrasting views on the significance of such practices. For example, some pro-campaigners suggest that the seats given to the Lords Spiritual provide them with ‘unmerited access to law makers in Westminster and the executive’, which has bolstered their opposition to reform in a number of morality policy areas (National Secular Society 2023). By contrast, some opponents suggest that the number of Lords Spiritual is a relatively small proportion of the overall membership (3%) of a relatively weak institution. On daily prayers, some interviewees cited the healthy attendance at this as further evidence of the religiosity of Parliament, while others suggested that other factors account for this, including the desire to secure a good seat in the chamber. As one anti-AD/AS parliamentarian commented: ‘I think prayers in Parliament is, is utterly meaningless for this issue. You know, we sing “God Save the King.” Does that mean that every football

stadium and concertgoer is an active Christian? Of course not. It's a tradition' (INT34).

On the *religiosity of MPs*, a number of interviewees claimed that this was higher than among the general public, while others disputed this claim. The problem in making a persuasive case that religion is over-represented in Parliament in this way is that MPs are not officially required to reveal their religious affiliations or beliefs, and they are often reluctant to do this informally. As such, there is no firm evidence that the proportion of MPs with faith is higher than that of the general public. However, one anti-AD/AS parliamentarian (INT38) pointed out that, at the same level of faith as the general public, 'you would still be talking perhaps about 300 MPs who would have a faith. That's still a lot of people'.

The degree to which individual faith matters in shaping the scale of parliamentary opposition is fiercely contested. For some, the importance of faith was central to the issue: 'I think it matters hugely... I think, in fact, it's the biggest barrier at the moment' (pro-AD/AS INT14). Faith was seen as particularly important in the Conservative Party. As one pro-AD/AS (Conservative) MP stated: 'If you ask the vast majority, certainly of Conservative MPs, do you regard yourself as a Christian? I think you'd probably find 80% of them would say "yes"' (INT33). However, perhaps the strongest point made on this issue was that faith is particularly important to those who are most actively opposed to AD/AS. As one pro-AD/AS interviewee (#11) said: 'it's been evident that most people who speak most strongly against assisted dying are religious. And that to me appears to be the strongest driver to opposition'.

On *religious lobbying*, it was clear that while not all religious actors oppose AD/AS, and some are actively in favour, most religious organizations remain opposed and make their views known. For example, the [Church of England \(2015\)](#) released a statement encouraging parishioners to either make an appointment to see their MP or write to them expressing their concerns about the Marris Bill. However, as on other aspects of religion, the importance of religious lobbying is strongly disputed.

For some, religious groups have 'substantial influence' (pro-AD/AS parliamentarian INT01) and are seen as highly effective political lobbyists. As one pro-AD/AS campaigner put it: '... we've had lots of MPs say to me that they are worried about religious constituents and how they'll mobilize against them' (INT06). On the other side, campaigners argue that the church is far less active than is claimed. Indeed, one pro-AD/AS parliamentarian suggested that: 'it's obviously got embedded operatives in the House of Lords, if that's the word for them, who express their disapproval when this thing bubbles up every now and again. But I don't get the impression they're devoting huge amount of resource to it' (INT33).

In short, while it is clear that while religion is central to shaping the views of some politicians with a significant voice on the issue, and is thus important to its fate, its overall impact is strongly contested and seen to be declining.

### The medical associations

Historically, UK medical associations have for the most part opposed legalisation of AD/AS and this opposition has been seen as a key factor for politicians in past votes. The importance of this factor was highlighted by a leading AD/AS opponent in 2018:

‘If the British Medical Association [BMA] were to change its view and go neutral or in favour of euthanasia and assisted suicide, that would be the loss of a major block to a change in the law... And the general pattern we’ve seen around the world is that in the countries where the Medical Association - the doctors’ trade union - has gone neutral or has changed to go in favour, then the law very quickly follows after that’ (Saunders 2018).

However, there is an increasing number of exceptions to opposition. The Royal College of Nursing has taken a neutral position since 2009, and the Royal College of Physicians (RCP) adopted the same stance in 2019. Most significantly, in September 2021, the BMA voted 49% to 48% in favour of changing the BMA’s policy from opposition to a position of neutrality. In April 2023, the Royal College of Surgeons followed suit. In introducing her Bill in October 2021, Baroness Meacher claimed that since 2015 there had been a ‘radical shift in the views of doctors’ (Hansard 2021), noting the change in position of the RCP and the BMA.

There was a clear view among parliamentarians and other interviewees on both sides of the debate that these shifts were an important development. For example, from the pro-AD/AS side, one campaigner said: ‘It’s not necessarily giving them a reason to support legislation, but it’s taken away one of the reasons they can use to oppose it. So I think its importance will be clear at the next debate’ (INT07). And from the anti-AD/AS side: ‘I think that in 2015 one of the factors in a lot of MPs’ minds was pretty much the unanimity in opinion amongst the medical colleges that were opposed... that would have put a lot of people off any change; and, as I say, that’ll be different next time around’ (INT24). The level of concern around these developments for anti-AD/AS campaigners was set out clearly by one interviewee (#27), who said: ‘It’s very disturbing for those of us who want to leave the law as it stands... It worries us greatly.’

### Developments in other jurisdictions

Developments in other jurisdictions are increasingly referred to in UK debates, but there is strong disagreement on their impact. Some interviewees talked of the

spread of legalization to new jurisdictions as inspiring a ‘domino effect’, with one pro-AD/AS parliamentarian likening the pressure on the UK to the opening title sequence of the TV show ‘Dad’s Army’, with ‘those arrows coming from the continent—of assisted dying’ (INT33). By contrast, many interviewees pointed out that while there was clearly an increase in permissive jurisdictions, this remained only a small minority. As one pro-legalisation interviewee (#20) stated: ‘people have said 4% of the world’s population can now access assisted dying. Well, that means 96% can’t. So it’s one of those arguments that you can choose to use both ways, really’.

On the significance of evidence of how AD/AS operates in other jurisdictions, there was a similar level of disagreement. On one side, a pro-AD/AS parliamentarian stated that ‘what happens in other jurisdictions is going to be increasingly important in that process because, increasingly, those of us who believe in assisted dying will be able to point to there and say, “Where’s the problem?” (INT02). Here, the main case cited is Oregon, which not only informs UK proposals but is also seen not to have broadened the scope of its legislation beyond the terminally ill since it was introduced in 1997. However, some overseas evidence was seen to favour the anti-AD/AS campaign, where eligibility for AD/AS has been seen to expand over time and present significant safeguarding challenges. As one pro-AD/AS interviewee (#14) acknowledged: ‘What’s happened in Canada has been very, very negative for the campaign because it seems that there’s a big push in Canada to change their parameters’.

While those actively involved in debates were alert to developments in other jurisdictions, some emphasized the limited reach of this information beyond those closely involved with the issue; not least because stories from overseas had less ‘cut through’ in the UK media than domestic stories. As one anti-AD/AS parliamentarian stated: ‘the debate isn’t live in the Commons at the moment, so I can’t say that I’m reading lots about it’ (INT38). Yet while developments overseas struggle to secure attention beyond those actively involved with the issue, this is less so with developments elsewhere in the UK. In May 2024, the Assembly of the Crown Dependency of Jersey agreed to support AD/AS for those with less than six months to live, with a debate on the draft law planned by the end of 2025. In July 2024, the Isle of Man Parliament moved closer to a law by passing the third reading of a bill, with the possibility of a law by 2027. However, the case seen as most important to developments in England and Wales is that of Scotland, where developments suggested the Parliament could vote in favour of a change in the law in 2025 (Bache 2025).

These UK developments were seen as very significant by most interviewees, although with the occasional dissenting voice. It was said of developments in Jersey that it would make the issue ‘harder to ignore’ in Westminster (pro-AD/AS INT05). However, in contrast to the suggestions that legislation in Scotland would

have a diffusion effect in the rest of the UK, one anti-AD/AS interviewee (#4) pointed out that ‘just because Oregon and Washington introduced it in America hasn’t meant that every state has gone that way’, noting that only 11 of 50 US jurisdictions had legalized.

### Personal experience

The importance of personal experience in shaping politicians’ views on AD/AS was cited more by pro-AD/AS interviewees than their opponents, but again was seen as significant by both sides. On this issue, politicians were seen to be no different to the general public in having ‘a very real lived experience of dying’ (pro-AD/AS INT14). As one pro-AD/AS parliamentarian (INT2) stated: ‘My experience with my father’s death is significant... it has changed me from kind of thinking this was the right thing to speaking out on it and getting involved in the campaign’. From the other side, one anti-AD/AS parliamentarian said that ‘of everything that we’ve discussed, personal experience trumps almost everything else, I think, when it comes to making decisions of this kind’ (INT31).

Personal experience has been seen as a factor in changing the minds of some MPs since 2015. One pro-AD/AS campaigner described how the language used in an AD/AS debate in the Commons in 2019<sup>6</sup> was quite different from that in 2015, with more MPs referring to someone they had known who had a ‘terrible experience’ of death (INT19). One pro-AD/AS parliamentarian illustrated this argument in relation to the debate on Baroness Meacher’s Bill in 2021: ‘the likes of Ruth Davidson, Michael Forsyth, Frank Field ... had come on a journey from opposition to supporting, influenced largely because of that direct or indirect personal experience’ (INT37). However, personal experience, does not exclusively favour the pro-side. One anti-AD/AS parliamentarian (INT36) described how their view was influenced by the story told in a debate by a parliamentary colleague about her mother’s experience of not wanting to feel a burden on her family in the closing stages of her life.

### Concern for vulnerable groups

Concern for vulnerable groups is often expressed in debates, in particular for those who might consider AD/AS because they feel a burden to others, or who might be coerced to consider AD/AS by those close to them. While this concern is wider than just for people with disabilities, it was this category of vulnerability that emerged most prominently from interviews.

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<sup>6</sup>House of Commons debate on the functioning of the existing law relating to assisted dying ([Hansard 2019](#)).

The position of both disabled people and disability groups on AD/AS is not clear cut, and there are issue-specific disability campaign groups on both sides of the legalization debate. On the position of disabled people, one pro-AD/AS disability campaigner stated:

‘They are very much presented in the media and in Parliament as a unified voice of disabled people against assisted dying... that’s very much not the case. The polls of disabled people tend to come in exactly the same as the wider population... So it’s often presented as disabled people do not want this change, when actually when we look at it, the crux of the campaigners and the people who have led to change on this issue have been disabled people’ (interviewee #17).

In contrast, one anti-AD/AS disability campaigner said:

‘...as with the general populace, this is not something they [disabled people] know a lot about. They’re only getting fed certain information. Therefore, they follow what everyone else follows... I think the one [argument] that gains the most traction for us is that changing laws to allow people to die puts disabled people in a much more vulnerable position. And the reason for the vulnerability is the overriding sense that many of us have, and I’ve felt this myself, that I’m a burden on other people’ (interviewee #27).

From this research, it appeared that the main arguments advanced relating to vulnerability generally and disabled people specifically came from the anti-AD/AS lobby. One anti-AD/AS parliamentarian said: ‘the extent to which those organisations are clear in their views and are successful in persuading MPs to agree with them, will, I think, be quite important certainly for many of us in Parliament’ (INT36). However, this was an issue of concern on both sides. As one pro-AD/AS parliamentarian stated: ‘The disabilities lobby obviously have a very powerful voice, and everybody has a lot of empathy for them and their position’ (INT33).

### **Public opinion and constituents’ representations**

While the gap between public opinion and parliamentary voting suggests that politicians are not significantly influenced by public support for AD/AS, public opinion polls have been increasingly referenced in parliamentary debates on AD/AS since the early 1990s. [De Bruïne \(2017, 8\)](#) charts this rise, suggesting that, over this period, public opinion went from playing no significant role in parliamentary debates to become ‘one of the central points of strife between opponents and supporters [of AD/AS]’. Increasingly, public opinion has been used by pro-legislation

advocates as a strategic resource: it is seen to bring a sense of moral validity, and democratic legitimacy to their arguments (de Bruïne 2017, 32). While voting on AD/AS to date suggests that public opinion polls do not significantly influence the typical Burkean politician, research for this article went beyond de Bruïne's study to consider whether constituents' direct representations to MPs had any distinct influence.

The politicians interviewed did not generally receive regular correspondence on AD/AS from constituents, although there were exceptions to this for some of those with a prominent role in debates. One pro-AD/AS parliamentarian contrasted the position on AD/AS with abortion, on which they were 'contacted all the time' (INT02). However, it was noted that around the time of the 2015 AD/AS vote, and occasionally when the issue had been prominent in the news, there was an increase in correspondence. In these periods, and despite supportive public opinion, politicians tended to report an even split of opinion in correspondence to them, not reflecting opinion polls. This was ascribed to the step-up in organized campaign activity when the issue is on the agenda, and to those who are opposed being more motivated to write in because they are 'fighting a rearguard action' (pro-AD/AS parliamentarian, INT37).

The extent of the influence of constituents' correspondence varied according to different circumstances. One anti-AD/AS parliamentarian suggested that for politicians who were genuinely agnostic on the issue and saw it as finely balanced, 'they could potentially be quite influenced by their inbox and post bag... extrapolating from my own experience' (INT30). Another anti-AD/AS campaigner said that if the issue became live during an election in a marginal constituency, 'that could have an impact for a lot of politicians' (INT12). For another anti-AD/AS MP, who said that their position was shaped by their 'own thinking,' the views of constituents were 'an important part of the background' informing that thinking (INT36).

However, while there were circumstances in which the representations of constituents were seen as potentially important in shaping an MPs' position, this was seen to be limited—not least because of the divisions between constituents. Thus, as one anti-AD/AS MP stated: 'So when people go, "you need to represent me", okay, "but how do I represent you when I also have to represent these people as well?" So, you know, it is a representative democracy: we're not delegates' (INT38).

### Party influence

As noted above, party influence did not emerge spontaneously from any interview as the most important factor in shaping politicians' views on AD/AS, and there were quite different views on its importance when interviewees were prompted. Some interviewees were clear that party mattered. One pro-AD/AS parliamentarian suggested that peer influence came mainly from within the party 'because

you are talking about close colleagues. You're talking about people you respect and whose views you understand and you want to hear' (INT01). However, other interviewees were keen to point out that the issue does not map onto the political spectrum easily and so it was not comparable to the nature of party influence on most other issues. As another pro-AD/AS parliamentarian put it, 'people are split all over the place and I don't think [it] is a big factor' (INT02).

The extent to which parliamentarians looked to others for guidance on this issue varied according to their own level of understanding and engagement. Thus, for those least familiar with the issue, there was a clear sense that drawing on the lead of others was important, but not necessarily party colleagues. This was illustrated by one interviewee with reference to the 2015 vote:

'There was a huge engagement, but there were actually lots of MPs in the lobbies around the chamber who were still struggling with it. There were one or two who stood up in debate and said, "I came here to vote this way, but actually I'm going to vote that way" ... There would have been, within parties, people they were speaking to who influenced them... There may [also] have been concerns they hadn't thought about before that were unpacked in the debate that influenced how they voted' (anti-AD/AS parliamentarian, INT38).

This parliamentarian, whose previous career had been in the medical profession, reported that MPs from other parties had approached them on the morning of the debate to solicit their opinion.

The overall position was summarized well by one pro-AD/AS parliamentarian, who stated: 'It probably depends on who your confidants are, whether in the same party or across different parties' (INT37). Thus, as one anti-AD/AS parliamentarian put it: 'It won't be entirely on party grounds because it's not a party issue, but it will be tribal in the sense that you will go along with the people with whom you are generally like-minded on other issues' (INT32). However, there was also reference to a 'herd mentality' evident at the 2015 vote. As one pro-AD/AS parliamentarian suggested, there was a tendency among newly elected Conservative MPs with one eye on their career prospects to stay on 'safe ground' and vote in line with the preferences of their leader, David Cameron, who had made clear his opposition to the Bill (INT33). A number of interviewees also suggested that Labour leader Sir Keir Starmer's support for AD/AS could be similarly important in a future vote, particularly for Labour MPs who are undecided or might be thinking of their future career prospects (below).

## Discussion

Conscience issues such as AD/AS are complex moral issues, which provide a particular challenge for politicians. They are 'not the usual kind of stuff of politics' and

MPs are 'reticent' to deal with them (pro-AD/AS parliamentarian, INT33). On these issues, MPs are not given a clear steer on how to vote, which stands in stark contrast to most issues. As one pro-AD/AS parliamentarian said:

'On almost everything we do we are not required to think. I vote on stuff all the time and I've no idea what I'm voting on because it's complex legislation on uncontroversial stuff. And so you just trust your colleagues who are dealing with it... territory where you have to make your own mind up, it's really pretty limited' (INT02).

In this context, interviewees identified MPs as instinctively risk-averse on AD/AS. However, the extent of this risk aversion differs between those MPs who have a clear and settled view on AD/AS and those who do not.

For MPs with an established position on AD/AS, this is generally informed by non-party factors, and particularly 'the personal'. The importance of *personal ideology* is clear on both sides of the debate, whether this is informed by, for example, religion on one side, or the importance of personal autonomy on the other. These beliefs are deeply held and remain constant over time and explain much of the deviation from party voting. Further, the importance of *personal experience* to MPs was seen to have increased over time, not least because as people are living for longer there is a greater incidence and awareness of suffering in old age. These personal factors create a powerful force that trump other considerations for some MPs and reduces their risk aversion.

For those MPs who do not have an established position on the issue informed by personal factors, the calculation of risk is more important. While risk aversion as a key factor was emphasized more by pro-AD/AS campaigners in explaining MPs' lack of support for legalisation, this factor was seen as important on both sides. Thus, one anti-AD/AS interviewee (#34) said: 'An elected official doesn't want to take a settled position on a contentious issue if there's a risk that it might make things worse for them in terms of re-election. So I can understand why people might not want to nail their colours to the mast.' The calculation of risk was seen as particularly important for MPs in marginal seats. On this, one pro-AD/AS campaigner (INT09) spoke of how one MP who lost his seat in 2010 was described in his opponent's campaign literature as 'Dr Death' because he had been vocally in favour of AD/AS.

In the context of risk aversion, the factor that weighs most heavily in shaping MPs' positions is the view of key medical associations, and, in particular, that of the BMA. As one pro-AD/AS campaigner put it: 'many of them are hesitant, and the easiest thing for them is to relay the responsibility on another profession and, in this respect of course, the profession that is relevant are the physicians' (INT08). Thus, the shift to neutrality of the BMA and other medical associations has made voting for the status quo less of an easy option. Evidence of how AD/

AS operates in other jurisdictions has had a similar impact on the thinking of some MPs, and the importance of Oregon on UK developments, and on pro-AD/AS campaigners in particular, is clear; although the balance of evidence on developments across a range of jurisdictions is contentious and may push some MPs in the other direction. Potentially more significant than developments overseas is the growing political support for legalization in the devolved administrations and crown dependencies in building momentum for change at UK level. Finally, the decline of religious influence over time has reduced risk aversion further. It is in the context of these changes to various non-party factors that party influence has to be understood.

There are elements of party influence, both direct and indirect, evident in MPs' positions on AD/AS at UK level. Direct influence was observed in the 'herd instinct' at the 2015 vote, with wavering Conservative MPs following the line of the party leader. Less direct, was the tendency of some MPs to 'go along with the people with whom you are generally like-minded on other issues', which often meant party colleagues. Thus, while interviewees did not consider party as the most important factor in 2015, it was clear that party mattered; and, moreover, that it looked set to matter more in the next vote.

As noted previously, among the major parties, Labour MPs are more inclined to vote for AD/AS than are Conservatives MPs. With an increase in Labour seats from 258 to 404 following the 2024 general election, and a reduction in Conservatives seats from 330 to 121, this alone increased the likelihood of a vote in favour of AD/AS in the new parliament through indirect party effects. However, the direct party effects may also be stronger in the next vote than in 2015: while Cameron made clear his opposition to AD/AS in 2015, Starmer has given even stronger signals of his support.

In 2009, Starmer was the DPP who, in response to high-profile court cases brought by individuals in favour of AD/AS, agreed to clarify the criteria that would be applied to decide whether someone would be prosecuted for assisting suicide (Bache 2025). Shortly after becoming an MP in 2015, he voted in favour of the Marris Bill and has remained supportive of AD/AS. In March 2024, as leader of the opposition, he committed a future Labour government to provide the necessary time for a PMB on the issue to be fully debated and voted on (Sky News 2024); this has been a key obstacle for even popular PMBs on controversial issues in the past, which have been talked out by opponents (Brazier and Fox 2010, 204). In short, the strength of Starmer's support on the issue is unusual among party leaders and unique among Prime Ministers. Should his position remain unchanged, and the non-party factors remain relatively constant, it will provide the clearest party effect on the issue to date: this would be direct in terms of signalling an 'unofficial government position,' but may also have additional indirect effects in promoting party identification.

## Conclusion

This article has sought to explain MPs' positions on AD/AS and, in particular, how (and when) party matters in shaping these positions. In doing so, it identified both party factors and non-party factors as important. It has found that while some politicians are motivated to vote on the issue because of their deeply held views, many MPs seek to avoid the issue if possible, and, when pushed to vote, these MPs have tended to default to the safety of the status quo backed by the medical profession. However, since 2015 the shift to neutrality of major medical associations and the growing number of jurisdictions legalising AD/AS have been at the forefront of developments that have reduced the anxiety around voting for legalisation in the UK.

On the issue of political responsiveness, the weight of public opinion does not factor largely into the views of MPs on AD/AS, who largely see themselves as trustees rather than delegates. This is in line with the established literature on this issue and is not a surprising conclusion from this research, given past voting on AD/AS: while public support for AD/AS is high, it is not a priority issue for most voters at elections and, in the absence of party competition, there is little electoral pressure on most MPs to be responsive to the broad sweep of public opinion. Direct representations from constituents may have more of an impact, but only for a limited number of MPs in specific circumstances, particularly those defending marginal seats.

Yet it is likely that the fate of the issue in the near future will rest with those MPs who are presently uncertain and undecided. Interviewees suggested this was a significant number before the 2024 general election, and that number would have increased with the election of 335 MPs new to Parliament in 2024. When these MPs are confronted with a vote they will look to the guidance of medical professionals, evidence from other jurisdictions, and/or take advice from respected colleagues. It is in this context of uncertainty that party is most important in shaping the destiny of AD/AS. Recent developments have undermined defaulting to the status quo as the easy option, and have thus cleared the path for party cues to become more important to a future vote. At the same time, and somewhat uniquely, the Prime Minister has given a clear and strong signal of where his sympathies lie. All of this suggests that legalisation of AD/AS has become more likely, and that party matters to MPs' positions on the issue. By examining this issue over a sustained period, this article has explained how and when party matters most.

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