Home Affairs

House of Lords Debate

**Assisted Dying Bill: Second Reading, House of Lords**

col 393 Baroness Meacher (Crossbench): … Today, in England and Wales, assisted dying is prohibited by the Suicide Act 1961. Anyone who assists a person to end their life is liable to prosecution and imprisonment for up to 14 years. It turns compassionate friends and family into criminals and causes thousands of dying people to attempt to take their own lives alone in order to safeguard their relatives. …
col 395 We have seen a radical shift in the views of doctors. In 2019, the Royal College of Physicians ended its opposition to assisted dying. Last month, the BMA did the same thing following a survey that showed that 50% of its members supported assisted dying and 39% were against. My belief is that, about 10 years ago, maybe 5% of doctors supported assisted dying. The change has been extraordinary. I had a meeting with the Royal College of Surgeons the other day. It is considering reviewing its position. If it does, all the royal colleges will have moved from opposition to neutrality. …

col 396 The right to an assisted death, where and when the patient chooses, surrounded by loved ones, is an essential and complementary part of high-quality palliative care. …
col 397 The current law is unsafe and results in untold suffering. No civilised society should tolerate such a law. …

**Lord Winston (Labour):** … [The Bill] raises the most important moral question and needs clarity without euphemism. “Assisted dying” could equally be applied to palliative care, so the Bill’s title does not represent what is really intended. The word “euthanasia”—from the Greek “eu”, meaning well or good, and “thanatos”, meaning death—is what we are actually talking about. …
col 398 The Archbishop of Canterbury: … compassion must not be drawn too narrowly … It must extend beyond those who want the law to provide help to end their lives to the
whole of society, especially those who might be put at risk. Our choices affect other people. The common good demands that our choices, rights and freedoms must be balanced with those of others, especially those who may not be so easily heard.

Sadly, I believe this Bill to be unsafe. … We know that the sad truth is that not all people are perfect, not all families are happy, not everyone is kind and compassionate. No amount of safeguards can perfect the human heart. No amount of regulation can make a relative kinder or a doctor infallible. No amount of reassurance can make a vulnerable or disabled person feel equally safe and equally valued if the law is changed in this way.

col 399 All of us here are united in wanting compassion and dignity for those coming to the end of their lives, but it does not serve compassion if, by granting the wishes of one closest to me, I expose others to danger, and it does not serve dignity if, in granting the wishes of one closest to me, I devalue the status and safety of others. …

col 402 Lord Gold (Conservative): … The Bill requires that the High Court must be satisfied that the applicant is terminally ill and wants to end their life. The evidence supporting this must come from two doctors, one of whom may be the applicant’s GP and the other an independent doctor. Beyond requiring that those two doctors have examined the patient and read the medical records, there is no stipulation about the time they must spend with the patient or the extent of the examination that must be undertaken. Not only must they certify that the patient is terminally ill and reasonably expected to die within six months—something that experts say is incredibly difficult truly to predict—but they must certify that the applicant has voluntarily reached a clear and settled intention to end their own life without any coercion or duress. How do they do that? It is simply by talking to the patient? Perhaps the medics talk to the patient’s relatives. We all know how overburdened general practices are. It is a rare luxury to see the same doctor twice, let alone regularly. … If the medics speak to the family, how do they know that they are not motivated by their own financial interests, especially where weekly payments to a care home are eating into their future inheritance? Hidden persuasion is the risk that by words or conduct the patient is made to feel guilty that they continue to live, that they are a burden and an expense on the family, and that it would be better for everyone if they were no more. How does one determine whether such hidden persuasion has occurred? …

col 404 Lord Rees of Ludlow (Crossbench): … We have heard widespread concerns that the vulnerable would be pressured to opt for assisted dying so as not to be a burden—a compelling case—but it is worth mentioning a counterargument. When the great Baroness Mary Warnock spoke in a debate in this House in 2014, she offered a countervailing view: “All the way through their life until this point, putting their family first will have been counted a virtue, and then suddenly, when they most want to avoid the trouble … sorrow and misery of disruption to their family, they are told they are not allowed to follow that motive.”—[Official Report, 7/11/14; col. 1908.] She found this “extraordinarily puzzling”. …

col 412 Lord Hogan-Howe (Crossbench): … We are warned that the proposal could lead to the patient being bullied or making a guilt- ridden decision to end their life, but this Bill applies only to those within six months of their death. Why would the patient’s relatives take the risk of a criminal investigation, when all they had to do was wait for six months to be released from their burden of care or receive the financial benefits of inheritance? However, should they take that risk, the intervention of a doctor or High Court judge is, I am sure, more likely to discover a case than the present system, which provides no systematic investigation at all before a patient dies.

it has to be wrong that the option of an assisted death is available to those who can afford to travel to Switzerland, those who have someone who cares enough for them to help them and those who are physically able to make the journey. What happens if you are poor, alone or physically unable to make that journey? Surely we should help those patients too. Why should they have to die on a grey industrial estate in a foreign country rather than in
their own home, in surroundings that provide comfort, with friends around them to say goodbye ... and pets to hug and seek solace from? ... 

col 413 Lord Sheikh (Conservative): ... Human life is sacred, and we should do all we can to preserve and enhance human life in every way. It is not appropriate for a medical professional to believe that a patient's life is no longer worth living. ... One of my greatest concerns is that, if this Bill is passed, some patients may lose trust in their GP, especially if the doctor is offering assisted dying. ... 
I also think that the safeguards proposed by the Bill will be eroded over time and so we may be on a slippery slope. There is a possibility that disabled persons, mental patients and other vulnerable groups may be targeted. In time, assisted suicide regulation may also be relaxed and more widely available. A right to die will become a duty to die. Furthermore, we cannot rule out the danger that certain family members may feel that their ill relative is a burden, or they may have a financial agenda. There is the possibility of coercion against the ill person. 
As a Muslim, I am totally opposed to this Bill ... 

col 415 Lord Parekh (Labour): ... When people talk about assisted dying, what are they talking about? They are not saying simply that dying should be made peaceful and suffering relieved. They are saying that death presents people with terror and a paralysing fear that one is going to disappear without a trace to God knows where. ... the question human beings have been asking is: "Is death the end of life or can death be turned into an event in life such that I can regulate it? If I plan my funeral can I not also plan my life and my death?" ... 
In that kind of context, some of the assumptions the objectors make turn out to be irrelevant. If one looks at many of the letters that we have received, they say, for example, that life should not be ended because it is given by God. ... Others say that life is not given by human beings, that it is a natural process and it should be allowed to run its natural course. Why should it run its natural course? What happens to human beings? What about their agency and their freedom? For all those reasons, I think the assumption that life should be allowed to run on is invalid. If that is invalid, then the question arises: does my right to life include the right to be allowed to continue to live until life comes to a natural end? Is no attempt to be made to terminate, for example, the life of an individual who has been in a coma for months or years? I think there is some degree of sentimentalism involved. ... 

col 416 Lord Carlile of Berriew (Crossbench): ... Clause 1 requires the consent of the Family Division of the High Court before suicide can be assisted. ... 
The Bill therefore asks a Family Division judge to approve something that no judge has ever been asked to do since the abolition of the death penalty—namely, intentionally bring to an end the life of another person of full mental capacity and competence. Have the judges been asked? ... I have heard no evidence at any stage of their opinions being sought, let alone analysed, whether through official channels or otherwise. ... 
Let us suppose that 25% of those judges objected to the jurisdiction on grounds of conscience, which would have to be respected, and that there were 1,000 cases a year—a very conservative estimate, given that legislation of this kind tends to create its own culture change, as experience elsewhere has shown. Each case would be bound to take two or three days before the court. In a sentence, the Family Division would be swamped by those cases; it would not be able to do anything else—and this is something that has been wholly and dangerously overlooked, even without asking those judges.

col 417 In my view, parliamentary Bills founded on such fragile safeguarding and analysis, especially after years of trying to produce acceptable safeguards, should really not be troubling your Lordships’ House. ... 

col 423 The Lord Bishop of Durham: ... There is a very real danger that individuals will feel that they have become a burden and thus think that the dutiful option to their families
is to end their life. In Oregon and Canada, where assisted dying has been legalised, fear of being a burden to family actually frequently accompanies the requests. … The practice of weighing the value of lives against emotional and financial cost simply is dehumanising. The consequences of the Bill to the most vulnerable have to be deeply considered. If the value of people’s lives is called into question, it is likely that those who have been historically undervalued and overlooked will be again. Those with disabilities and mental health issues, and other minorities, are already vulnerable, and the difference of experience between those groups and others has again been evident during the pandemic. The Bill acts on the principle that people should have the ability to act upon their will to end their lives, but we have seen instances over the pandemic, as reported by the Care Quality Commission, of “do not attempt CPR” decisions that have been made either without or against the will of the vulnerable. Perhaps even more troubling was the aspect of the report by the CQC, which said that those decisions “were being applied to groups of people”. In a stretched and overwhelmed health service that has supported us over a long pandemic, safeguards against oversight cannot be guaranteed. … We must not overlook the cultural implications of passing a Bill that leads anyone to measure the worth of someone else’s life. Who are we to put a value on human life or determine that, in some instances, the person is not worth the cost? Let us not abandon the imperative principle that is innate to us of valuing every human life and protecting and caring for the vulnerable. …

Lord Carey of Clifton (Crossbench): … I regret deeply that I am out of step with my own Church, a Church I love because of its breadth, tolerance and great contribution to our nation, as well as other Churches. … We often hear the saying, “If it isn’t broken, don’t fix it”. We should follow that firmly if we truly believe that on the matter of dying all is well and that our practices are above reproach. Alas, things are not just broken, but beyond repair. This is what 84% of the population are telling us. This cannot be argued away when every eight days a person travels to Zurich to end their life and when people suffering from acute and intractable pain implore us to end their lives. …

Lord Howarth of Newport (Labour): … if we legislate to make it legal to dispose of a particular class of human being, there will be consequences that none of us would wish. In thus devaluing human life, we will reinforce existing tendencies towards a desensitisation and coarsening of our society. The paradox, I fear, is that, in seeking to extend self-determination, and with an intention to mitigate suffering, we would jeopardise the liberal and humane values that we must uphold. A majority of the public in fact has serious concerns about legalising assisted suicide. A ComRes poll has shown that, when the issues were properly understood, support dropped from 73% to 43%. … Our democracy is precarious. … There is a smell of the 1930s in the air. We have again seen the allure of populism. Anti-Semitism and violence against women have been on the rise. Social media algorithms intensify anger and curate hatred. Online abuse, intimidation and a discourse of hate have become normalised. Death threats against MPs are now routine; two MPs have been murdered. We are witnessing a new intolerance, with virulent assaults on academic freedom, licensed by cowardly academic leadership. Our public life is perceived as corrupt. …

Lord Taverne (Liberal Democrat): … he Office of Health Economics published a study in 2019 which found that in Britain 17 people a day would have no relief from their pain as they died even if there was universal access to specialist palliative care, which, of course, there is not. …
If the Bill is passed, no one, even if they have the money, will need to make the traumatic journey to Dignitas in Switzerland—traumatic particularly for those who accompany them. ... people will be able to ask a doctor to supply them with a lethal dose—a vital change to avoid people making a botched attempt at suicide, which can have the most appalling and catastrophic consequences. ... One should have control of one’s own life. This is a humane Bill, which, however, needs one improvement: to add as beneficiaries those who suffer incurably as well as those about to die. ...

Lord Mawson (Crossbench): ... The Bill seems to assume that we live in a rational world and that families and individuals can be trusted to behave in a rational manner and make rational decisions when faced with the trauma of losing a loved one in circumstances that the Bill describes. ... Individuals and families say and do many things when they are vulnerable which they regret later, but at the time seem all too clear. Anomalies exist that show that people change their minds over whether they want to live or die, and intelligent debate must acknowledge those anomalies. ...

Those who say they want to die are always profoundly tied up in a complex set of social, cultural and family relationships, and pressures that an outsider will have limited understanding of. ...

So much of this debate is about “Me, me, me: my rights, my life, my choice”. Yet we human beings are fundamentally social creatures. We are not islands floating aimlessly in a sea but are part of a family, a community and a culture. What we do as individuals has profound rational and irrational effects on us all. ...

Lord McColl of Dulwich (Conservative): ... A group of young palliative care doctors recently issued a statement in which they said: “The overwhelming majority of palliative care doctors do not want the introduction of assisted dying and will not participate if it is brought in.” ...

What guarantees are there that the conscience clause will function as it is supposed to? What guarantee is there that a healthcare worker will not be dismissed if he or she refuses to take any part in the procedure? What guarantee do we have to prevent a court rewriting the law at a later date, as occurred in similar conscience clauses such as the Doogan case, which resulted in an invaluable midwife losing her job? ... Studies in the Netherlands have shown that there is a significant incidence of emotional distress, both in doctors who receive a request for euthanasia and in those who perform the procedure.

We hear a lot about the right to commit suicide and autonomy, but let us be clear: the Bill is not about that. It is about the right to tell someone else—a doctor or a dispensing pharmacist—to end a patient’s life. That is not about autonomy. It turns us as doctors into takers of life, and that is not what we were called to do. ...

Lord Sentamu (Crossbench): ... The desire to live is always responsive and outward-looking: living for the good goals, living for other people, living for the service of God and the common good. The desire to control one’s death is an attitude premised on the notion that the life of a person succumbing to a fatal illness cannot be a life to be lived. That view should not be recognised by our law, except as a pathology which itself needs addressing. ...

Baroness Hollins (Crossbench): ... My own research, published with Dutch colleagues and my noble friend Lady Finlay, found that autistic people and people with mild learning disabilities were given physician-assisted deaths in the Netherlands, rather than addressing the underlying issues of inequality, loneliness, feeling a burden or inadequate support. That is 38 people in recent years. Doctors were shown to be poor judges of decision-making capacity and their recommendations were seemingly influenced by their own assumptions about quality of life.

Clause 4(6) requires the doctor to be present throughout. In summing up, will my noble friend please specify the doctor’s role if the person has not died within, say, six hours?
What if after taking the drugs the patient is in pain, vomiting, having a seizure, or dying slowly over hours or days, with their distressed relatives, expecting a quick and gentle death, pleading with the doctor to “do something”? In Oregon, one person took 104 hours to die after taking lethal drugs; eight people survived their suicide attempt. …

Lord Grade of Yarmouth (Conservative): … I reject one key argument: that assisted dying restores an individual’s dignity. I cannot accept that it is undignified to succumb to nature, however inevitable or distressing. Dignity and indignity in the dying process depend entirely on the treatment and care afforded to the patient. To be the involuntary victim of fatal illness cannot be regarded as undignified.

On the other side, I was not persuaded that to vote against the Bill and deny choice means that you must be uncaring, content to stand idly by and allow individuals to suffer unimaginable pain and despair. … If there is a choice to end life, why bother to continue to improve palliative care? …

Baroness Grey-Thompson (Crossbench): … I oppose this Bill because I am a disabled person. I will explain the three different ways I am treated, which gives me a unique perspective and comparison. The first is as a Paralympian: I represented my country with great pride and I am treated very well because of it. The second is as a parliamentarian, where people like or do not like me based on my opinion. That is very simple. But the third is far more complicated, and that is as a disabled person. It is where I experience most and significant discrimination.

We do not live in an equal society. This Chamber has spent considerable time looking at coercive control. Why do we accept that in domestic abuse legislation but assume that in this legislation it would never happen?

We have to look at the wider context of life for many disabled people in this country. I cannot get on many forms of public transport without the approval of a non-disabled person. Airlines ask me to fill in forms that ask whether my impairment is offensive to others. Based on that form, they decide whether I am allowed to fly. In recent times, we have challenged airlines that tell me I am not allowed to fly my own because I am not a responsible adult. We have an unemployment gap. Care packages are being cut. During the pandemic, “do not attempt resuscitation” orders were put on hundreds—that we know about—of disabled people with no underlying health conditions. …

As a disabled person, I have been told that people like me should not be allowed to have children. When people list the things that they could not bear to live with, such as incontinence, it upsets me, because what does that say about me? I am incontinent. Does that mean that my life has less value? I certainly do not feel any loss of dignity when I catheterise myself or have to use suppositories. This is something that can be very easily managed.

Many people have also said to me, “If my life was like yours, I would kill myself.” I have a huge amount of privilege in my life, but if people think this, it becomes very easy for them to conflate disability and a six-month diagnosis, and decide that we have no right to live. Serious consideration and sense check must be given to conscious and unconscious bias before the Bill can proceed. …

Cambridge University Press has shown research on the impact on doctors of legalising assisted dying, and in 2019, the Royal College of Physicians noted that 24.6% of doctors were willing to do it, but only 5% of palliative care physicians. …

The Parliamentary Under-Secretary of State, Ministry of Justice (Lord Wolfson of Tredegar): … So far as the position of the Government is concerned, I can sum it up in one word: neutrality. But I mean real neutrality. If the will of Parliament is that the law on assisting suicide should change, the Government would not stand in the way of such change but would seek to ensure that the law could be enforced in the way that Parliament intended. …

Our neutrality is not a shrug of the shoulders; we are not uninterested in the outcome.
Rather, as a Government we are disinterested as to the outcome. …

*col 510 Lord Winston:* … When we come to the next stages of the Bill—if we do—it is important to recognise that the Bishops’ Bench is extremely important in this. I am not a Christian—I am a Jew—but the influence the bishops have on the moral compass of this debate is extremely important. … it is not an argument about religion; religion is irrelevant. The debate is about how we understand what our ethical standards should be and how we maintain the ethics of our society. …

*To read the full transcript see*

https://hansard.parliament.uk/lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill(HL)

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**Crime Prosecution Service**

**CPS prosecution data for first quarter of 2021/22**


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**Holocaust**

**House of Commons Written Answers**

The following three questions all received the same answer.

**National Holocaust Memorial Centre and Learning Service**

*Peter Bottomley (Conservative):* [56371] To ask the Secretary of State for Digital, Culture, Media and Sport, whether her Permanent Secretary has asked for an instruction relating to the proposed National Holocaust Memorial and Learning Centre.

*Peter Bottomley (Conservative):* [56734] To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 10 September 2021 to Question 41606 on National Holocaust Memorial Centre and Learning Service, what plans the Government has to let all or part of Victoria Tower Gardens on a lease exceeding five years following the construction of the Holocaust Memorial.

*Peter Bottomley (Conservative):* [56735] To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 10 September 2021 to Question 41606 on National Holocaust Memorial Centre and Learning Service, for what reason the Answer did not indicate the timetable for announcing the arrangements for the management of Victoria Tower Gardens after the construction of the Holocaust Memorial.

*Nigel Huddleston:* No Ministerial direction relating to the proposed National Holocaust Memorial and Learning Centre has been requested.

In regard to future management arrangements for Victoria Tower Gardens, the Government intends to let a long lease.

Detailed arrangements for the management of Victoria Tower Gardens will be announced in due course.

https://questions-statements.parliament.uk/written-questions/detail/2021-10-15/56371

and

https://questions-statements.parliament.uk/written-questions/detail/2021-10-15/56734

and

https://questions-statements.parliament.uk/written-questions/detail/2021-10-15/56735

*The answer referred to above can be read at*

https://questions-statements.parliament.uk/written-questions/detail/2021-09-03/41606
Israel

House of Commons Written Answers

UNRWA

David Jones (Conservative) [58760] To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what plans her Department has to renew its multi-year commitment to the UN Relief and Works Agency for Palestine Refugees (UNRWA), which is due to end in March 2022, so as to ensure the stability and predictability of UNRWA's service provision to Palestinian refugees.

James Cleverly: The UK is a long-term supporter of the United Nations Relief and Works Agency (UNRWA). We recognise UNRWA's unique mandate from the UN General Assembly, to provide protection and core services to Palestinian refugees across the Middle East. Our future spending allocations will be set in the next Spending Review. Full budgets will be published in due course, including in our regular Statistics on International Development website and in the FCDO Annual Report and Accounts.

https://questions-statements.parliament.uk/written-questions/detail/2021-10-19/58760

The following three questions all received the same answer

Israel: Palestinians

David Jones (Conservative) [58757] To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what assessment she has made of the humanitarian impact of prolonged internal displacement of Palestinians in Gaza whose homes were damaged during the conflict of May 2021.

David Jones (Conservative) [58758] To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps her Department is taking to support reconstruction of homes and essential infrastructure in Gaza following the conflict of May 2021.

David Jones (Conservative) [58759] To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps her Department is taking to tackle mental health needs in Gaza following the conflict of May 2021.

James Cleverly: We have made clear our concern about the ongoing humanitarian situation in Gaza, including significant damage and destruction of civilian infrastructure following the escalation in violence in May 2021. The UK continues to urge Israel to ensure humanitarian access into and out of Gaza, including for essential health services. The UK remains a longstanding supporter to the UN Relief and Works Agency (UNRWA) which provides core services, including health and education to Palestinian refugees in Gaza.

https://questions-statements.parliament.uk/written-questions/detail/2021-10-19/58757 and https://questions-statements.parliament.uk/written-questions/detail/2021-10-19/58758 and https://questions-statements.parliament.uk/written-questions/detail/2021-10-19/58759

British Consulate-General Jerusalem

UK and partners join Palestinian farmers in olive harvesting

Heads of Mission and representatives from Belgium, the EU, France, Italy, Norway, Sweden, and the UK visited Qusra village in Nablus district. They took part in the olive harvest, which began this month and which has significant cultural and economic importance for Palestinians. The visit was organised by the British Consulate in
coordination with the local community. Participants heard from locals about settler violence in the Nablus district, which has affected Qusra village for several years and which tends to spike during the Olive Harvest season. In the discussion, participants reiterated their continued opposition to Israel’s settlement policy and concern over the increased settlers’ violence. …

British Consul General Diane Corner said: “It is very special to participate in the Olive Harvest, but it is disheartening to hear about persisting settler violence throughout the start of the season. Settlers who are responsible for crimes against Palestinians must be held to account and incidents should be thoroughly investigated by the Israeli authorities, who should take all necessary measures to protect Palestinians against such violence.”

From his side, the European Union Representative Sven Kühn Von Burgsdorff added: “Olive trees in Palestine are not just a source of income; they are part of the Palestinian cultural and national identity. Most of the olive trees are located in Area C of the West Bank where Palestinian farmers are facing frequent attacks by Israeli settlers. These attacks are unacceptable and perpetrators should be brought to justice by the Israeli authorities. The EU will continue its support to the Palestinian farmers, and particularly in Area C. …

During the visit, UN OCHA briefed the diplomats on recent settler attacks against Palestinians across the West Bank and in the Nablus area in particular. The number of incidents of settler violence resulting in Palestinian casualties has risen year-on-year since 2016. …

… the British Consulate will continue to offer support through providing a protective presence during the olive harvest at three selected location, focusing particularly on Palestinian communities who have limited access to their lands, or who face the threat of demolition or settler violence.


United Nations

Speakers Tackle Issues from Occupied Palestinian Territory to Language Parity, as Fourth Committee Continues General Debate

… Alya Ahmed Saif Al-Thani (Qatar) said a resolution of the Middle East issue can only be achieved based on international law and the Arab Peace Initiative. There is an urgent need to end the occupation of all occupied Arab territories, including Lebanese territories and the Syrian Arab Golan. Noting the need to ensure the right to self-determination of the Palestinian people on the basis of a two-State solution, she emphasized that the holy sites cannot be altered. Detailing violations by Israeli forces that are inconsistent with international law and run counter to a two-State solution, she highlighted her country’s efforts to support the inhabitants of the Gaza Strip, including its allocation for reconstruction and cash assistance projects. …

Salim Salim (Kenya), noting that his country understands all too well the ramifications of colonization, … said that a durable solution to the question of Palestine can be achieved only through the establishment of a Palestinian State living side by side in peace and security with Israel, within mutually agreed borders. …

Mathu Joyini (South Africa) … Reaffirm[ed] South Africa’s support for the inalienable right of the Palestinian people to self-determination … Palestinians living in the Occupied Palestinian Territory are daily subjected to laws and practices engineered to impede them from participating in the political system that determines their future. …

Mohammad Ali Jardali (Lebanon) … observed that the conflict in Gaza in May — the fourth since 2008 — has compounded and aggravated human suffering, leaving almost three quarters of Gaza’s population reliant on food assistance, shelter and health care
support. He also noted ongoing demolition and seizures of Palestinian-owned buildings, as well as widespread violence and excessive use of force by Israeli Forces and settlers, appealing to the international community to ensure those violations do not continue without accountability. …

Feda Abdelhady-Nasser, Deputy Permanent Observer for the State of Palestine, said UNRWA continues to create a safety net for the most vulnerable and marginalized Palestinian refugees. Turning to the issue of Israeli practices and settlements, she said the long-standing Israeli occupation is illegal and must end, and the Palestinian people must realize their inalienable right to self-determination and independence. “This right is not up for negotiation,” she stressed, adding that no people would ever willingly accept life under perpetual occupation and forsake their rights. Collective action — in line with international law and relevant United Nations resolutions — is the only way to make Israel want to end this occupation as much as others, she stressed, citing legal action in the International Criminal Court and the International Court of Justice, as well as other lawful countermeasures to confront Israeli violations and compel compliance with the law. …

The representative of Israel rejected statements made about her country, noting that some countries continue to politicize the Palestinian agenda. Noting attempts to hijack yet another discussion of the Committee to propagate biased information against Israel, she described the Palestinian position as rejectionist and expressed hope that a more constructive, forward-looking approach will be adopted instead. Israel remains a great partner for peace, she said, requesting the Palestinians to transform their culture of incitement into one of tolerance. In response to the statement made by the representative of Lebanon, she drew attention to the actions of Hizbullah, describing the group as a real threat to stability in the Middle East, which Lebanon does not attempt to disarm. …


UN Office of the High Commissioner for Human Rights

Israel: Release or charge five Palestinian hunger strikers – UN experts

Expressing grave fear for the lives of five Palestinians currently on hunger strike in Israeli prisons, UN experts … called on Israel to either release or charge the prisoners, and to completely end its unlawful practice of administrative detention. “In violation of international law, Israel continues to use administrative detention to imprison more than 500 Palestinians — including six children — without charges, without trials, without convictions, all based on classified secret information that the detainees have no access to,” the experts said. “They have no recourse to challenging these undisclosed allegations, and they do not know when, or if, they are going to be released.”

Borrowing from incarceration practices first employed by the British mandate administration in Palestine in the 1930s, the Israeli government has used administrative detention as a frequent method of political control since its occupation of the Palestinian territory began in 1967. The Israeli military can hold Palestinian detainees for six-month periods, which may be renewed and extended indefinitely. While judicial review is available, this is held in front of an Israeli military judge, where international minimum standards of rights, evidence and procedural fairness do not apply. …

“These practices would appear to be arbitrary detention, which is strictly prohibited under international law, including international humanitarian law”, said the experts. “And the arbitrary detention of children is particularly abhorrent …

The experts said that Israel’s’ practice of administrative detention drives prisoners to desperate measures, even risking their lives, to bring attention to their plight. …

Two of the men, Kayed Al-Fasous and Miqdad Al-Qawasam, are said to be in imminent
danger of death. …
The experts noted that, under the Fourth Geneva Convention of 1949, an occupying power is not permitted to transfer prisoners from the occupied territory to detention centres in its territory. “The United Nations has regularly observed that Israel is in violation of this legal duty, and has called upon it to comply with its obligation, but to no avail.” …
The experts also called upon Israel to end its harsh detention conditions of Palestinian prisoners. “In particular, we insist that the imposition of solitary confinement on detainees already weakened by months of hunger strike, must stop immediately.” …

To read the full press release see

Relevant Legislation  ** new or updated today

** UK Parliament

Animal Welfare (Sentience) Bill
https://bills.parliament.uk/bills/2867

** Assisted Dying Bill
https://bills.parliament.uk/bills/2875
Second Reading, House of Lords
https://hansard.parliament.uk/lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill(HL)

Charities Bill
https://bills.parliament.uk/bills/2877

Education (16 to 19 Academies) (Religious Character) Bill
https://bills.parliament.uk/bills/2946

Education (Assemblies) Bill
https://bills.parliament.uk/bills/2878

Higher Education (Freedom of Speech) Bill
https://bills.parliament.uk/bills/2862

Israel Arms Trade (Prohibition) Bill
https://bills.parliament.uk/bills/3025

Marriage Act 1949 (Amendment) Bill
https://bills.parliament.uk/bills/3017

Marriage and Civil Partnership (Minimum Age) Bill
https://bills.parliament.uk/bills/2900
** Nationality and Borders Bill  
https://bills.parliament.uk/bills/3023  
Evidence sessions, Joint Committee on Human Rights  
https://committees.parliament.uk/oralevidence/2848/html/  
and  
https://committees.parliament.uk/oralevidence/2849/html/  

Online Safety Bill (Draft)  
https://www.gov.uk/government/publications/draft-online-safety-bill  

Palestine Statehood (Recognition) Bill  
https://bills.parliament.uk/bills/2942  

Northern Ireland Assembly  
Organ and Tissue Donation (Deemed Consent) Bill  

Consultations  
** new or updated today  

** closes in 5 days  
The Scottish Government’s international work (closing date 29 October 2021)  
https://yourviews.parliament.scot/cteea/international-engagement-external-affairs/  

Labelling for Animal Welfare (closing date 6 December 2021)  

Proposed Assisted Dying for Terminally ill Adults (Scotland) Bill (closing date 22 December 2021)  

Animal Welfare – revision of EU legislation (Food Safety) (closing date 21 January 2022)  

Northern Ireland Human Rights Commission Strategic Plan 2022-2025 (closing date not stated)  