Home Affairs

House of Commons Health and Social Care Committee

Assisted dying/assisted suicide

Q181 Dr Yvonne Gilli [President, Swiss Medical Association]: Basically, anyone in Switzerland is allowed to help someone else to commit suicide. The restriction imposed by the Swiss criminal court … is that it must not be done for selfish motives. Euthanasia is illegal and regulated … under the chapter of homicide, even at the request of the victim. We think that there is very good acceptance in society, as well as among doctors, for the actual solution, particularly without having very specific legislation on assisted suicide. …

Q182 Professor Samia Hurst-Majno [Professor of Biomedical Ethics, University of Geneva and member of the Swiss National Advisory Commission on Biomedical Ethics]: … We conducted a study in the university hospitals of Geneva and Lausanne. … We were surprised to find quite a high degree of support among different healthcare professionals. We have no idea whether these results can be generalised to other parts of the country. …

In studies by physicians in general, not specifically about entering hospital but about the Swiss current system on assisted dying, support is pretty high. …

Q183 Chair (Steve Brine, Conservative): If it was changed to allow physician-administered, what do you think would be the outcome?

Professor Hurst-Majno: … We make a very explicit distinction in Switzerland between suicide assistance and physician-administered, which we would call active euthanasia. We tend not to use the term “assisted dying” … because it blurs the lines between what is legal and illegal in Switzerland. …

We have never had a lot of support for physician-administered dying—active euthanasia—and perhaps one of the reasons is that the Swiss model seems to be predicated in part on a model of resistance to the medicalisation of death. … We are the only country in the world that allows non-physician assisted suicide. Every other country that allows it has made physician participation a requirement. …

Part of this is resistance to the medicalisation of death, not just by society, but by medicine itself. … Many people who use assisted dying choose to die at home. It is in this context
that, for a very long time, hospitals have actually banned the practice outright on their premises. …
I do not think that there is societal, medical or political support for the legalisation of euthanasia in Switzerland today. …

Q184 Dr Georg Bosshard [Practising geriatrician and nursing home physician, Reader for Clinical Ethics, University of Zürich]: … A large opinion poll of medical doctors carried out by the Swiss Academy of Medical Sciences in 2018 … showed that 75% of all doctors thought that assisted suicide should be legal in Switzerland, and 50% of all doctors said that they would be willing, under certain circumstances, to assist in the suicide of a patient. …

Q185 Chair: … Are the high figures that you were quoting on the grounds of compassion and alleviation of suffering? …

Dr Bosshard: … We have carried out studies on medical end of life decisions. We can show that in modern medical systems it is an exception that the patient dies completely naturally, meaning that there is no decision at all preceding death. …
 Normally, of course, the decision is not about assisted suicide; there are decisions not to carry on life-sustaining treatment or maybe not to start a new life-sustaining treatment, and probably to use sedatives in high doses for terminal sedation. In that context, it seems logical to me that assisted suicide is allowed. It would be consistent. …

Q186 Chair: … where is the debate around end of life decisions and minors—under-18s?

Professor Hurst-Majno: … In the Swiss legal system, the criminal code article says nothing about the age. …
The fact of the matter is that in law it is allowed to assist the suicide of minors, but my understanding is that nobody will touch it. …
Suicide assistance has a particular status. It is not part of medical care in an ordinary sense. It is not something that people have right of access to. It is something which people have a liberty right to. … but, to my knowledge, no minor has found a person who was willing to assist them in an assisted suicide request.

Q187 Chair: … Why is it okay to alleviate suffering for an adult, but we would be content to allow children to suffer? …

Professor Hurst-Majno: … My guess would be that there is too much uncertainty as to whether there would be societal support for people who dared to go into that terrain …

Q188 Dr Gilli: … with a 16 or 17-year-old things start changing, so if a boy really suffers from unbearable pain or a deadly untreatable illness, there will be cases in Switzerland where assisted suicide will happen, but that does not mean that there will be a legal case about it. In those circumstances everybody would be very careful in following the guidelines and integrating family matters and the whole social situation surrounding the person.

Q189 Professor Hurst-Majno: … Suicide assistance has been legal in Switzerland for much longer than what we would recognise as modern medicine being in existence. It has been legal for longer than the period during which most of the requests have been due to terminal and incurable disease.
The examples that our predecessors had in mind when they made this legal at the end of the 19th century, and then, when it came into effect, in the 20th century, mostly did not have anything to do with illness. …
In practice, of course, doctors have a part in many steps in the process. A doctor must prescribe the lethal drug, or it cannot be had. A doctor must assess decision-making capacity, which is a legal requirement under the criminal code. A doctor must assess the clinical situation and existing alternatives in order for societal support for the practice to exist. Once the person has died, since it is an instance of unnatural death, there is the visit of a forensic physician and the possibility of an inquiry at that stage. …
Of course, in the case of physician-administered, in the case of euthanasia, you have to depart from that image. You have to imagine death in the hospital setting with the white, the chrome, the IV drips and the lab coats. That seems to be insufficiently compatible with Swiss images around assisted dying to garner support …

Q190 Professor Hurst-Majno: Arguments around fears of a slippery slope assume that there is a destination where we do not want to arrive, otherwise it is not a slippery slope, and that we will inevitably get there. …

Each time, we had a very lively debate followed by the conclusion that we were satisfied with the status quo. … In practice, assisted suicide is not only limited by law in Switzerland; it is limited by a certain perception of the acceptability of practices that might be unusual. The law allows so much that there is a fear of doing everything that the law would allow. …

Q191 Paul Blomfield (Labour): … Can we reflect on the views of the Swiss population as a whole and how far you feel there is support for the existing settlement in Switzerland from your patients, as a geriatrician?

Dr Bosshard: … When it comes to the general public, they are basically in favour. When it comes to my patients, they are very different. The good thing is that if you do not want to have any discussion on assisted suicide, which is the majority of patients, it is no issue at all. The few patients who have an interest in it have that possibility. It is a very different issue if you are young and you agree, in an opinion poll, that assisted suicide should be allowed, or if you are terminally ill … The fact that you are in favour of assisted suicide does not mean that you, as a person, will choose that way. …

Q192 Paul Blomfield: … How would your patients feel if things changed in Switzerland and the blanket ban or criminalisation that we have in the UK was applied in Switzerland?

Q193 Dr Bosshard: … I think there would be a revolution. … It is absolutely unthinkable. …

Q194 Professor Hurst-Majno: … People treat it almost like a form of insurance. If the possibility was removed I think there would be a public outcry …

Q196 Lucy Allan (Conservative): … Because the Swiss model is self-administered, it raises questions around safety and regulation. … To what extent do you feel that this is a safe practice that is not being abused, and that self-administration does not create additional risk?

Dr Bosshard: … I think it is safe. We have more than 1,000 cases every year. If the model was not well regulated, sooner or later, there would be cases becoming public where something was wrong. That is almost never the case. …

In practice, we often have a system of two doctors seeing the patient. The members of the right to die societies also have an important role in assessing decisional capacity. It is a mixed responsibility between the doctors who make the prescription and the volunteers from the right to die societies. …

Q197 Dr Gilli: … the prescription of a drug for suicide must be reported to the cantonal authorities within 30 days. Death after assisted suicide must also be reported to the competent authorities as an extraordinary death. It is subject to a corresponding examination by the cantonal medical officer or the forensic medicine department. That does not happen in every case because most cases are sufficiently judgeable by the medical—[inaudible]—ethical guidelines in the situation. …

Q199 Professor Hurst-Majno: Self-administration is actually one of the safeguards. It means that it is the patient herself who must make the final call and who can change her mind at any time. …

Q200 Rachael Maskell (Labour Co-op): … How do you ensure that people … have safeguards in place so that there isn’t coercion into your processes?

Professor Hurst-Majno: As I said, the fact that there must be a decision on capacity and that the person can change her mind until the end is part of the safeguard. … There can
be a risk of over-protection and a risk of under-protection. Lack of access can also be a vulnerability. …
Of course, pressure to go into assisted suicide can exist. It is all the more concerning that these pressures are not necessarily intentional. They are not necessarily explicit. There can be societal biases that send implicit messages that someone is no longer wanted or is no longer a “useful” member of society. Part of the protection is having access to the alternatives. …
If there is a situation where people do not have access to the alternatives, we should not live under the illusion that simply banning suicide assistance in their case will resolve their problem. …

Q201 Rachael Maskell: … [if] there is no need for a psychiatrist to carry out an assessment… how can you be secure in the decision that is made?

Professor Hurst-Majno: A psychiatrist is required in cases where there is a psychiatric diagnosis and where there is doubt as to whether a mental illness may affect decision-making capacity. …

Q202 Dr Gilli: … Patients who receive treatment in Switzerland are subject to the same framework conditions as residents in Switzerland. … the guidelines are available in English, and are public and accessible on the internet. …

Professor Hurst-Majno: Right to die societies are not subjected to accreditation and professional criteria. … there have been attempts to subject them to such things and they have failed. …

Q203 Rachael Maskell: No training requirements either?

Professor Hurst-Majno: No, not from the state, not from the law. …

Q205 Rachael Maskell: … Obviously, palliative care is comparatively a new area of medicine in Switzerland. How are you finding that that is given true credence by the societies that oversee assisted dying?

Dr Bosshard: We all agree that to have good palliative care is absolutely crucial. It is much more important than to have legislation for assisted dying. … We should make good palliative care, but it is not the task of palliative care to prevent euthanasia or assisted suicide. …

Q206 Paulette Hamilton (Labour): … What are your views on organisations from Switzerland like Dignitas accepting foreign nationals into the country for assisted dying reasons?

Dr Gilli: … In the Swiss population there is a certain ambivalence concerning these organisations, especially when it comes to the fact that the people need a flat and some rooms where other citizens live. It is a confrontation if somebody comes to die beside my flat. …
The other side is that from a medical association view it is very important that we are sure that the professionals act professionally and that we have qualified doctors and an in-depth assessment of the patient who comes to Switzerland to die, and that the medical ethical guidelines are applied. …

Q207 Professor Hurst-Majno: … Given the model that I described before—the idea that most people want to die where they have lived and to have their dying time be the continuation of their life and the wish for people to die at home, which is part of the motor behind the support for assisted suicide in Switzerland—I would not think that most people think that having to leave their country and go somewhere far away where a different language is spoken is the ideal option. … There is also the troubling proximity that Dr Gilli described. … They would probably much rather that those people could remain at home. …

Q208 Professor Hurst-Majno: … In theory, it is also possible for a non-resident foreigner to contact a Swiss physician directly rather than Dignitas, but every Swiss physician—
every Swiss person actually—has a complete right to say no, even to someone who would fulfill legal requirements, because suicide assistance is a liberty right and not an entitlement. …

**Q210 James Morris (Conservative):** Mr Luley, in Dignitas’s evidence to our inquiry, the first sentence says, “Contrary to a widely-held opinion, people suffering from mental health problems normally have sufficient capacity of discernment to decide whether they would like to continue living or end their life.” The paragraph concludes, “There are no rational reasons to patronise these people through paternalism.” Can you explain what you mean by that?

**Silvan Luley [Dignitas]:** The Swiss Federal Supreme Court, in a judgment in 2006, which was followed by a judgment by the European Court of Human Rights in 2011, made it clear that a person who is able to make up their mind and act accordingly has the freedom and the right to decide on the time and manner of their own end of life. The so-called right to die, or more precisely the right to choose, is a basic human right all over Europe. …

**Q211 James Morris:** What is your evidence for the part of the sentence that asserts that people suffering from mental health problems “normally have sufficient capacity”?

**Silvan Luley:** If you speak to experts in the field—psychiatrists or psychologists—you will see that it is a widely held misconception, and maybe even a prejudice, that people who have some sort of mental illness are not competent. … Nobody needs to prove that they are competent; it is the other way round. … The starting point is that people are competent. People have the right to decide about their end of life. From there on, it is a matter of investigating the individual request and whether that wish to have an end to one’s own life, based on whatever motivation it may be, was a motivation that comes from some delusion or severe depression that would legally impair capacity. …

**Q212 James Morris:** To be clear on the process, if somebody was to approach you to say, “I want to consider going down the assisted dying route. I have been suffering from severe depression most of my life and I want to end my life,” how would you handle that person? …

**Silvan Luley:** The very first approach is to take that wish to die seriously. It is one of the biggest mistakes to treat people as inferior or not take them seriously when they express a wish to die. …

The Swiss Federal Supreme Court clearly outlined that, in the case of a request for assisted dying of a person who has an underlying psychiatric illness, the person needs to see a psychiatrist who assesses whether the wish to have an end to life is rooted in some psychiatric illness that can be treated or is a problem that can be solved and the person would be better off afterwards, or whether that wish to die is based on long-standing suffering where the person has tried treatments and been in and out of psychiatric hospitals but their quality of life has been low for many years, and they have well reflected on that. …

**Q213 Bernhard Sutter, Director, EXIT (Deutsche Schweiz):** You have to understand that these are very rare cases. We are talking about 1% of the people who die with our organisation, EXIT. You also have to understand that we are a members’ society. When people join us, their average age is 47. The average age of people dying with us is 79.6, almost 80. …

**Q216 Chair:** Do you think that people in the UK would be happy to have the same last human right as people in Switzerland?

**Silvan Luley:** Maybe “happy” is a euphemistic word, but I have followed polls back to the 1970s and, as far as I can see, there has in all that time been strong support from the public and a strong wish by the public to have the choice. …

**Q221 Chair:** … When we visited the US in Oregon, which was the first state to allow this,
there is no universal access to medically assisted dying. If you cannot afford it, you are effectively shut out of it. Obviously here, in England, we have a national health service. … What are your reflections on how a change in the law would be paid for here? …

Silvan Luley: … in Switzerland … if the work we do was implemented in the healthcare system, those organisations would not exist. They only exist because the medical and political establishment in Switzerland, towards the end of the 1970s and the beginning of the 1980s, did not want to take care of the public wish to have choice over end of life. … In Britain, if you implemented it in the healthcare system, it would be simply a part of normal health provision among palliative care and hospice care. That is what we of Dignitas think it should be. … How are you going to fund that? … If Brits do not get proper public healthcare—it is not a question of assisted dying, yes or no—you have a serious problem in your country which you should definitely solve as soon as you can.

Q222 Rachael Maskell: … My question is first to EXIT and then to Dignitas as to why Dignitas fees are so far in excess of those of EXIT.

Bernhard Sutter: You have to understand the finance model of my organisation. EXIT simply works like insurance. That means we have members who pay a yearly fee, which is 45 Swiss francs. … If you have paid the fee, the prime, the services are free. It means that the majority of members never have to call upon us. They do not need so many services. They get information from time to time, and we help them with their living will and so on. The money pays for the unfortunate few who have to actually go down the path of assisted dying. …

Q223 Silvan Luley: … At Dignitas we only have around 12,000 members worldwide … If we had the same membership base, we could have the same model as EXIT. To extend that, if health insurance in Switzerland paid for our services and for what we do, people would not need to pay anything at all. …

Q224 Rachael Maskell: … How has greater prominence of palliative care changed the conversation around assisted dying?

Q225 Silvan Luley: One of the misconceptions is to dig a divide between palliative care and assisted dying. … Most of the patients turning to us are already in palliative care. … Some of the patients say, “Thank you. I have both options.” Some then die by palliative care—continuous deep sedation, in hospice care—while at the same time having requested an assisted death with Dignitas. It also happens the other way around. …

Q226 Bernhard Sutter: EXIT counsels all the alternatives that there are … Palliative care is a big alternative. We have been working with palliative organisations quite tightly for 25 years. … we see many people who are actually in palliative care. They are just trying to find out about their options. …

Q227 Rachael Maskell: … When we were in Oregon, we were struck by the records that the state department maintained about how people die and complications around that, as well as the time. In the evidence that we have received, it states that most people die within 30 minutes and fall asleep within two to five, but it can be longer. How is that information actually recorded? How is it analysed? What methodology is used? How are complications recorded? …

Bernhard Sutter: Keep in mind that, in every case where a person dies of their own free will with assisted dying, the police are called. The police come immediately afterwards. Every case is looked into by the police, the coroner and the state district attorney. All these cases are kept on record in different facilities: the district attorney, the coroner’s office and so on. … You mentioned complications, meaning that somebody could take more than 30 minutes to die. Those are very rare with EXIT. …

Q228 Rachael Maskell: We heard that nausea, seizures and so on occur. …
Bernhard Sutter: I don’t think that I understood the question. Are you saying that there are complications other than the process being longer?

Q229 Rachael Maskell: On top of time length, we heard reports of people experiencing seizure and nausea in the period after taking medication.

Bernhard Sutter: I am not a doctor—I am the director here—so I do not think that I can get into that too much. Of course there are cases when someone feels nausea. That is also to do with their underlying illness, for example. … These people are not in great shape, so of course there are other things that can come, but the medication, sodium pentobarbital, which has been used for 30 years, has been proven to be very effective and very complication-free …

Q230 Silvan Luley: … I would like to ask you who provided those reports of alleged nausea and seizures. Who says that? If the medication is pentobarbital, nausea is an issue. You can check that. That is why, before ingesting pentobarbital, you have to ingest an anti-emetic. …

Seizure is not an issue because pentobarbital is an anaesthetic. … The medication has been around for 100 years and has been used as an anaesthetic and sleeping medication in most cases, so seizure is not an issue. …

Dignitas has conducted over 3,600 assisted deaths in our 25 years. There has been not one case that did not work, in the sense of the person not reaching the goal in a dignified way. People drink the medication or take it intravenously, fall unconscious within three or four minutes, and die after 30 or 45 minutes, on average. …

Q231 Bernhard Sutter: … a lot of people think of the Swiss system as a non-medical system, but that is not actually true. We depend hugely on the pre-treating doctors, the hospital reports and the physicians—the prescribing doctor, the psychiatrists who do assessments and so on. If you need an IV, you have a medically trained nurse who helps you with that. The whole system only works because there are mainly medically trained staff. …

When people say that there are no training requirements from the Government, it is meant simply about the people in our organisation who do the human kind of work; those who visit the patient, talk to the patient’s family members and, as we put it, accompany the patients in the process. There are no requirements for that but, again, we have 40 years of experience. … We have the requirement that they must be at least 40 years of age … and that they cannot do it for financial reasons. They have to be able to finance their life in a different way. …

Then they go through our internal training of one year, which we have shaped and formed over the past 40 years. …

Q232 Silvan Luley: … It would take up too much of your valuable time to explain historically why Switzerland has this model. One thing that is essential historically is that our state is based on progressive liberal thinking and freedom of choice. …

Q233 Paul Blomfield: … It is argued that good palliative care removes the requirement for people to choose an assisted death. In the UK, international studies suggest that we have some of the best palliative care in the world. … Why do you think that so many Britons therefore still choose to come to Switzerland to seek an assisted death?

Bernhard Sutter: … For the huge majority, the way you die nowadays, in hospital, with or without palliative care, is the right way. For most people, I guess, it is the right way. There are basically two cases where it might not be the right way. Some patients do not want to die sedated. They want to be able consciously to say goodbye, for example. They want to gather their family around them at one point, to spend one last day looking at pictures, talking to one another, having a meal together and so on, and then say goodbye, take the medication and fall asleep. …

Then there are a very few cases, as I hear from our patients, where palliation sometimes does not work fully. We have to realise that it is very few cases. Very few cases take
assisted dying. Assisted dying takes a lot of energy. You have to go through whole processes at the end of your life, when you are already really weak and are about to die. You have to do all of that, you have to talk to other people and you have to have courage. You have to administer the medication yourself. That is not as easy as just being in a hospital and slowly passing away. …

Q234 Paul Blomfield: … In your experience, does self-administration and resistance to moving towards physician-assisted death cause any difficulties, or is it restricting, for people with terminal conditions?

Silvan Luley: … People always say the same thing. They say, “I have gone through life upright, self-determinedly, and made my choices. I want to go out of life self-determinedly, on my own choice.” … Where is the line between a person drinking the lethal medication and a doctor administering it? It is a very thin line. It is really a legal thing where you say, “As long as the person acts in a way that brings about their own death, we are in the field of suicide assistance—professional assistance for suicide and physician-supported assisted suicide.” As soon as the doctor administers the medication, which is possible in Canada, the Netherlands, Belgium, several Australian states and so on, we are in the field of what is legally called voluntary euthanasia.

There is a good reason why there is the collective term “assisted dying”. At the end, it does not really matter whether the patient says, “I want it,” and drinks it himself or herself, or whether the patient says, “I want this,” and the doctor applies it. …

To read the full transcript see https://committees.parliament.uk/oralevidence/13397/html/

Race Disparity Unit

Aggregating to improve ethnicity data quality

Scottish Parliament Written Answer

Legal Age for Marriage

Claire Baker (Labour) [S6W-19071] To ask the Scottish Government what evaluation it has undertaken of the appropriateness of the legal age of 16 for marriage, in light of reported concerns regarding forced marriage and coercion.

Siobhian Brown: We recognise that points have been made around the minimum age of marriage and civil partnership and whether young people need more protection. This is why we have been meeting with interested stakeholders. There are a range of views here. Increasing the minimum age can be argued to increase safeguards for young people, but such a change can also be seen as removing their right to marry or to enter a civil partnership. Additionally, given the range of rights that people acquire when they reach 16, we need to consider carefully whether broader implications would arise from a change to the minimum age of marriage.

The number of registered marriages in Scotland involving 16- and 17-year-olds is very low. However, we are also aware that there are some concerns regarding unregistered marriage ceremonies and about children and young people being taken abroad to be married.
The forced marriage offence in England and Wales has recently been extended, so that it is an offence there in all circumstances to do anything intended to cause a child to marry before they turn 18. No form of coercion requires to be used and the offence applies where the marriage is to take place outside England and Wales, and regardless of whether the marriage would have legal effect.

We would need to assess if this approach would be right for Scotland. Introducing a similar measure here might have the adverse impact of driving forced marriages even further underground. Forcing someone into marriage is already a criminal offence in Scotland and applies to any religious or civil ceremony of marriage whether or not legally binding. This offence will extend later this year to include forced civil partnerships.

The Scottish Government will continue to listen to stakeholders and the wider debate, as we actively consider our next steps. This will help ensure that we properly assess the potential impacts of changes and, if we take forward a full public consultation, that this includes robust evidence.


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**Holocaust**

**House of Commons Oral Answer**

**Business of the House**

**Peter Bottomley (Conservative):** On yesterday’s Order Paper, the first listed item of business, subject to urgent questions and statements, was the Holocaust Memorial Bill. There was a notice on the Order Paper that the Department for Levelling Up, Housing and Communities would make a statement on the estimated cost of the memorial. The statement says, in column 13WS of *Hansard*, that the House was to be updated on the forecasted costs “Ahead of Second Reading of the Bill”—[Official Report, 28 June 2023; Vol. 375, c. 13WS.]

That written statement was not available at the end of Prime Minister’s questions at 12.36. It became available in the Library at 13.51, over an hour and a quarter later. It was not mentioned by either Minister in the debate on the Bill, and no Member of this House knew about it.

Will my right hon. Friend say to parliamentary Clerks, if not to the Cabinet, that that is no way to treat this House? Information that is important to the House should be available for a debate, especially as the statement said that the estimated cost of the memorial had gone up from £102 million to £138 million—an increase of over a third in one year. I hope she will agree that that is not the way to treat this place.

**Penny Mordaunt:** I thank my hon. Friend for raising this matter and for his contribution to the debate yesterday. He will know that I take these matters very seriously.

We have stood up some additional training for the parliamentary teams and Clerks in Government Departments. We—my noble Friend Lord True and I—have also brought all the permanent secretaries over to Parliament and told them exactly what Members need to conduct their business well. He will know that I have also conducted, with the Commission, a survey of all Members to see what more we can do to ensure that they can do their job in the most effective way. I will certainly write to the Department and make sure it has heard his remarks today, and I will feed it back to the permanent secretary.
Department for Levelling Up, Housing and Communities

UK Holocaust Memorial moves a step closer

Construction of the UK’s National Memorial to the Holocaust moved a step closer after MPs unanimously supported the Holocaust Memorial Bill yesterday (28 June 2023). … Located next to the Houses of Parliament, the Memorial will serve as a powerful reminder to the whole of society of the Holocaust, and its victims. The Bill will now progress to Select Committee stage where it will be scrutinised further, and petitions from objectors will be considered, on its way to becoming law.

Secretary of State for Levelling Up, Housing and Communities Michael Gove said: It is profoundly important that we remember the facts of the Holocaust and all its victims and that we seek to understand the lessons it teaches Britain today. We are privileged in this country to have survivors of the Holocaust who have been willing to share their testimony. Sadly, this living testimony will not be with us forever. The government is absolutely determined to complete the Holocaust Memorial at the very heart of our national life to preserve the memory of what happened for ourselves and for all future generations. MPs from all sides of the House have expressed their support to get the Memorial built and I am pleased yesterday’s vote brings it a step closer. …

The Chief Rabbi, who sits on the UK Holocaust Memorial Foundation, is fully behind the government’s proposals as are leading representatives of the Jewish community, along with other faith and community leaders, survivors, refugees, and the wider public. Their voices, heard at the Planning Inquiry in 2020, emphasised the importance of the Memorial and Learning Centre as a way of providing Holocaust victims and the remaining survivors the prominence that they deserve.

To read the full press release see https://www.gov.uk/government/news/uk-holocaust-memorial-moves-a-step-closer

Israel

House of Commons Oral Answers

Israel: Free Trade Agreement

Nicola Richards (Conservative) [905685] What progress she has made on negotiating a bilateral free trade agreement with Israel.

The Minister for International Trade (Nigel Huddleston): We are continuing to make progress towards an upgraded UK-Israel free trade agreement, focused on services, procurement and innovation, and we concluded the second round of negotiations on 17 May. As two service-driven economies, this negotiation is an excellent opportunity to build on our existing goods-focused agreement, particularly to boost trade in services with an innovative, high-tech nation such as Israel.

Nicola Richards: The UK’s trade with Israel increased by 42% in 2022 compared with 2021, and it is valued at £7.2 billion. Israel is a key trade and security partner in the region, and it is a world leader in many areas. Can the Minister update the House on the Department’s progress on the trade aims outlined in the 2030 road map for UK-Israel
bilateral relations, namely the establishment of a UK-Israel free trade agreement, the Britain-Israel Investment Group and a UK-Israel innovation and investment summit?

**Nigel Huddleston:** My hon. Friend is all over the numbers, which saves me from repeating them. The benefits of the trade agreement are obvious, and we continue to strengthen our trade relationship with Israel, which is a valued friend and ally. As outlined in the 2030 road map for UK-Israel relations, a service-based free trade agreement between our two nations will act as a cornerstone of this relationship in years to come. As such, we are pleased to have successfully concluded the second round of negotiations in London just last month, and we look forward to holding further talks in due course.

**Jim Shannon (DUP):** I thank the Minister for that very positive response. We in Northern Ireland are keen to ensure that the bilateral trade agreements benefit our companies as well. Some people and councils across this great United Kingdom of Great Britain and Northern Ireland wish to downgrade Israel's goods. I know that the Minister and our Government want to do the very opposite. Will the Minister tell the House what he is prepared to do to ensure that Israeli goods are promoted right across this great United Kingdom of Great Britain and Northern Ireland?

**Nigel Huddleston:** Absolutely. Israel is already a really important trading partner, right across the UK, and it will continue to be so. As we negotiate this deal, it is important that we focus on the areas of greatest opportunity. Once the deal is done—of course, this is an upgrade—we will be actively working to make sure that the communications about the benefits of the deal are understood by everybody. We will be working with various bodies and groups, including the devolved Administrations and bodies, to make sure that we take full benefit from these deals. Signing the deal is one thing, but taking and making the best of the opportunities is another—we will be working on that as well.


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**Israel: Free Trade Agreement**

**Alan Brown (SNP)** [905689] What steps her Department has taken to ensure that the free trade agreement with Israel complies with the UK’s obligations in section 5 of United Nations Security Council resolution 2334.

**Andy McDonald (Labour)** [905697] What steps her Department has taken to ensure that the free trade agreement with Israel complies with international law.

**Nadia Whittome (Labour)** [905699] What steps her Department has taken to ensure that the free trade agreement with Israel complies with the UK’s obligations in section 5 of United Nations Security Council resolution 2334.

**The Minister for International Trade (Nigel Huddleston):** The UK’s position on settlements is clear: they are illegal under international law, present an obstacle to peace and threaten the physical viability of a two-state solution, as set out in the UN Security Council resolution 2334 and restated recently by the UNSC presidential statement in February 2023. We repeatedly call on Israel to abide by its obligations under international law and have a regular dialogue with Israel on legal issues relating to the occupation.

**Alan Brown:** The Minister is clearly aware then that resolution 2334 states that countries must “distinguish, in their relevant dealings, between the territory of the State of Israel and the territories occupied since 1967.”

I welcome his comments confirming that the Government’s belief is that the settlements are illegal under international law. How will the Government ensure that goods and
services from these illegal settlements—in effect, stolen land—are excluded from the benefits of a free trade agreement?

**Nigel Huddleston:** Under our existing agreement, Israeli goods from the state of Israel receive tariff preferences under the UK-Israel partnership agreement. Palestinian goods, from the Occupied Palestinian Territories, benefit from trade preferences in the interim UK-Palestinian Authority bilateral agreement. To be clear, only goods originating from the state of Israel are covered by our current FTA, and that will not change in the upgraded FTA.

**Andy McDonald:** Last week, it was reported by The Jerusalem Post that Israel’s National Security Minister Ben-Gvir, who just 15 years ago was convicted of inciting racism and supporting a terrorist organisation, had told settlers in the illegal west bank outpost of Evyatar: “The Land of Israel must be settled and at the same time as the settlement of the Land a military operation must be launched.” He then spoke of demolitions and the killing of “thousands” of Palestinians, in order to “fulfil our great mission.” Will the Minister condemn those genocidal remarks about Palestinians, and ensure that any trade deal with Israel explicitly bans UK trade with those illegal settlements and makes binding regulations for companies to uphold human rights standards?

**Nigel Huddleston:** The hon. Gentleman will be aware that the UK is a leading advocate of human rights around the world. We have very frank conversations with our allies and we have frank and honest discussions across Government. In answer to the trade element of his question, as I said previously, only goods originating in the state of Israel are covered by our current FTA, and that will not change under the upgraded FTA.

**Nadia Whittome:** I welcome the Minister’s restatement of Government policy in his previous answer, but if the UK signs a trade deal without a territorial clause defining the border between Israel and Palestine, it will be seen in legal terms as equivalent to letting Israel decide by default to include its settlements in the Occupied Palestinian Territories as part of Israel. Is the Minister aware that that risks a situation where, in effect, the UK recognises illegal settlements in the west bank as part of Israel, which is counter to the Government’s stated policy?

**Nigel Huddleston:** I refer the hon. Lady to the answer I gave a moment ago, but I wish to reiterate that it is long-standing UK foreign policy that Israeli settlements beyond the 1967 boundaries are illegal.


UN Security Council resolution 2334, referred to above, can be read at https://www.un.org/webcast/pdfs/SRES2334-2016.pdf

The UN Security Council presidential statement referred to above can be read at https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S.PRST.2023.1.pdf

The Jerusalem Post article referred to above can be read at https://www.jpost.com/breaking-news/article-747424

**Topical Questions: Business and Trade**

**Greg Smith (Conservative)** [905711] The Abraham accords have ushered in unparalleled opportunities by lowering trade barriers in the middle east, so how can my hon. Friend maximise the trade potential of the 2030 road map for UK-Israel bilateral relations by engaging with the wider region? (905711)

**Nigel Huddleston:** Through our road map, the UK and Israel reaffirmed the historical significance of the Abraham accords—which have the potential to bring about advancements to security, co-existence, peace and prosperity for the
region—and our commitment to work together to deepen and expand those developments, building on the progress of the Negev summit in March 2022. Through the Britain-Israeli investment group, we will also combine UK and Israeli expertise to help solve regional technology and sustainability issues right across the world.

https://hansard.parliament.uk/commons/2023-06-29/debates/50840133-BC73-4FD1-B441-0AA52F30BDA0/TopicalQuestions#contribution-3199BEC5-C367-4539-A121-E56FC93E5DC8

The Abraham Accords, referred to above, can be read at https://www.state.gov/the-abraham-accords/

The roadmap referred to above can be read at https://www.gov.uk/government/publications/2030-roadmap-for-uk-israel-bilateral-relations/2030-roadmap-for-uk-israel-bilateral-relations

Scottish Government

Scotland’s Vision for Trade Annual Report includes several brief references to trade with Israel:

p20
"In line with our commitment to the UN Guiding Principles on Business and Human Rights, we wrote to seven companies identified as having a relationship with a Scottish public body and which were included in the UN Office of the United Nations High Commissioner for Human Rights (OHCHR) Database of companies involved in ‘listed activities’ in the Occupied Palestinian Territories. We asked what they have done or were doing to cease those listed activities. This followed guidance issued in December 2021 to all public bodies asking them to consider the OHCHR Database in their due diligence processes."

p22
"Monitoring updates to the publication of any revised UN OHCHR Database of companies involved in ‘listed activities’ in the Occupied Palestinian Territories and communicating with public bodies on any implications for human rights due diligence."

p27
"... in relation to the FTA with Israel, we encouraged the UK Government to refer directly to specific international human rights obligations. We also sought assurances that goods and services sourced from illegal settlements in the Occupied Palestinian Territories (OPTs) are excluded from the UK-Israel FTA in a way that can be reliably enforced."

p30
"While we have identified services opportunities across ongoing FTA negotiations with Israel, the GCC and Switzerland, we have also raised concerns. For example, in relation to architectural services, we have raised concerns about the treatment of migrant workers within the construction sector in Israel."

https://tinyurl.com/mrxbw37d

United Nations

The Security Council ... renew the mandate of the United Nations Disengagement
Observer Force (UNDOF) in the Golan for six months, until 31 December 2023, while requesting the Secretary-General to ensure that it has the required capacity and resources to fulfil its mandate in a safe manner. …

Further, the Council called on the parties to exercise maximum restraint and prevent any breaches of the ceasefire and the area of separation. It underlined that UNDOF remains an impartial entity, stressing the importance of halting all activities that endanger United Nations peacekeepers on the ground.

Among other provisions, the Council called on all parties to cooperate fully with UNDOF’s operations, to provide all necessary support to allow for the full utilization of the Quneitra crossing by UNDOF and to lift COVID-19-related restrictions as soon as sanitary conditions permit. The organ also requested UNDOF, Member States and relevant parties to take all appropriate steps to protect the safety, security and health of all UNDOF personnel.

Additionally, the Council underscored the importance of progress in the deployment of appropriate technology, including counter-improvised-explosive-device capabilities and a sense-and-warn system, as well as in addressing civilian staffing needs, to ensure the safety and security of UNDOF personnel and equipment.

To read the full press release see

The resolution referred to above is not yet available online

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** Relevant Legislation ** new or updated today

** UK Parliament **

Economic Activity of Public Bodies (Overseas Matters) Bill
https://bills.parliament.uk/bills/3475

Education (Non-religious Philosophical Convictions) Bill
https://bills.parliament.uk/bills/3186

Holocaust Memorial Bill
https://bills.parliament.uk/bills/3421

Marriage Act 1949 (Amendment) Bill
https://bills.parliament.uk/bills/3325

** Online Safety Bill **
https://bills.parliament.uk/bills/3137

Scottish Parliament Legislative Consent Motion approved

Nakba Commemoration Bill
https://bills.parliament.uk/bills/3461
Palestine Statehood (Recognition) Bill
https://bills.parliament.uk/bills/3217

Private Burial Grounds and Cemeteries Bill
https://bills.parliament.uk/bills/3188

Same Sex Marriage (Church of England)
https://bills.parliament.uk/bills/3438

Schools Bill
https://bills.parliament.uk/bills/3156

Terrorism (Protection of Premises) Draft Bill

Universal Credit (Removal of Two Child Limit) Bill
https://bills.parliament.uk/bills/3163

Universal Jurisdiction (Extension)
https://bills.parliament.uk/bills/3454

Scottish Parliament

Charities (Regulation and Administration) (Scotland) Bill

Gender Recognition Reform (Scotland) Bill

Consultations

Charities tax compliance (closing date 20 July 2023)

A Human Rights Bill for Scotland (closing date 5 October 2023)

The future of population and migration statistics in England and Wales (closing date 26 October 2023)
https://consultations.ons.gov.uk/ons/futureofpopulationandmigrationstatistics/