

A doctor in the House of Lords

Leslie Turnbull

Leslie Turnbull

MD FRCP,
Former President,
Royal College of
Physicians; House
of Lords, London

Clin Med
2007;7:14–15

Late one Friday evening, I was asked if I would be willing to take the 'Labour Whip' in the House of Lords? I was not sure that I liked the sound of a 'Labour Whip' and although, of course, flattered to be considered, I was confused about what it would entail. I had little idea then about what, if anything, the Lords really did. As a complete outsider it is certainly a confusing place to enter and only now after some six years have I begun to understand a little of its procedures, how it works and, equally important, how to get around the complex warren of corridors that make up the buildings.

I have learnt at least two important lessons. First, that it is possible for external organisations to have an influence on government policy and legislation. From the outside, parliament seemed to me to be impenetrable. But from the inside I see a different picture: certainly I have been intrigued to see how parliamentarians can be successfully lobbied and briefed. The Royal College of Physicians (RCP) has been successful at that in recent years but I cannot help feeling that it may be able to do more and could learn from others.

Secondly, I quickly found how often topics relevant to medicine and health, medical education and research come up in the work of the House of Lords. Scarcely a week goes by when a bill, a debate or a question on an issue of relevance to medicine is not discussed. Important examples in 2006 were the Assisted Dying Bill, the Health and Social Care Bill with its focus on smoking, and a debate on the Science and Technology Select Committee's Report on Research into Ageing.

Within two weeks of entering the House of Lords I found myself giving my maiden speech (on infectious disease) and I have been on my feet every couple of weeks since then. I never do so, however, without considerable trepidation. Although there are relatively few doctors (nine on my reckoning) there are experts on every conceivable matter within the House: there are many who have wide experience of the health service or of science, to say nothing of the innumerable lawyers and ex-ministers who are always ready to comment if facts are incorrect. The knowledge base is awesome at times but never less than stimulating – so carefully informed preparation is vital before one speaks.

Although the number of doctors is small, we more than make up for this in our collective contributions

to debates. We all speak – some only occasionally while others never seem to stop. You might ask, are we effective and do we influence the government at all? I believe that we do have some effect at times, particularly in medical matters where the government seems to value professional advice.

To give a clearer picture it is important to understand how the House of Lords works and what its role really is. It is primarily a revising and amending chamber whose purpose is to ensure that new legislation from the House of Commons is fit for purpose. About 60% of the work of the Lords is concerned with debates on new legislation in the form of bills and statutory instruments, while 40% is spent on debates and questions. About 100,000 amendments are raised each year of which about one-third are accepted and taken up into bills as they become Acts of Parliament.

The House of Lords spends days and often weeks in debates on the various stages of a bill and after all of this it is very rare for the Act which finally emerges not to have been amended, sometimes quite markedly as a result. It is here that intervention by the doctors is important and we have been able to introduce a number of changes which I believe have improved certain bills. Amendments, which one or more of us have introduced, have been accepted in, for example, the Human Tissue Bill (clarification of how research and teaching may be undertaken on pathological specimens), the Mental Capacity Act 2005 (setting out safe, workable and ethical conditions under which research may be undertaken in patients lacking the capacity to give consent, eg patients in coma), the Health and Social Care Bill (ensuring that universities and medical schools are involved in the deliberations of NHS Foundation Trusts), the Serious Organised Crime Bill (relating to animal rights extremists) and the Health Bill (smoking-related issues).

Some medical debates, for example on stem cell research, have been outstanding while others on avian flu, cancer registries and medical research have all been stimulating. I introduced a debate recently on clinical academic staffing and am aiming to introduce another on the proposed changes to the General Medical Council later this year.

The RCP has performed an extremely valuable role in providing background papers and briefings to peers on many of these important issues. The College

is often quoted as an authoritative source during debates although this may not be widely recognised within the profession. A good example is Lord Joffe's Assisted Dying Bill which produced some of the most interesting sets of debate. I was privileged to sit on a Select Committee on this Bill and was able to hear a wide range of views from witnesses, including workers in the Netherlands and Oregon where assisted suicide is practised. The RCP's evidence to that Committee was very well received and widely quoted during the second reading of the Bill in May 2006. The doctors spoke, of course, but we were not alone as 85 speakers made their views known during more than seven hours of debate.

The RCP's report on smoking was invaluable during debates on the Health Act 2006 which has effectively banned smoking in the workplace, pubs and restaurants (effective from summer 2007).¹

I know from experience that it is difficult for those outside to be kept aware of all the business of the House. Even those in parliament are not always in touch with every topic coming up for debate or with the new bills which have a direct or indirect impact on medicine. Some organisations, however, do manage to keep a very close eye on new legislation and debates. They maintain a list of members of parliament and peers who have a specific interest in health matters and do not hesitate to lobby them with background information. They prepare briefings and, for particularly friendly parliamentarians, they may help with the wording for potential amendments to bills. I find that especially helpful and many colleagues in the House agree since none of us are expert in the wide range of topics that arise and rely heavily on these briefings. It is unfortunately true that there is rarely a great deal of time before information is needed and I often contact colleagues directly for specific advice. My sense is that the RCP is good at this but could do more in marshalling the enormous body of expertise and information which resides in its Fellows, Members and Officers. Providing advice on topics passing through parliament is invaluable but briefings need to be accurate, succinct and timely and this requires a system to be in place which provides rapid access to relevant expertise within the Fellowship. I have been struck by how well some bodies manage to achieve this.

House of Lords reform is continuing and this is an exciting time to be involved. Since the first phase of the reform in 1999, in which the majority of hereditary peers were excluded, there has been much discussion about the 'next stage'. We now have about 700 members including the remaining 90 hereditary peers. There are now more or less equal numbers of Conservative and Labour peers each representing about a third, the Liberal Democrats have 10% and the cross benchers about 20%. The remainder are made up of 25 Bishops and a handful of independents. Of the questions still to be debated, the exclusion of the remaining hereditary peers is most likely to be followed through although many 'hereditaries' perform an extremely valuable role and are likely to be re-introduced as life peers.

The most significant question is whether the Second Chamber should be made more 'democratic' by being elected either

wholly or in part. Votes on this issue were indecisive in the House of Commons a couple of years ago but the matter is again on the agenda. The prime arguments in favour of a partially elected chamber (around 50% elected) include the need to make the House of Lords more representative of the population at large and to bring in a broader spread of people from around the UK. However, a second democratically elected chamber given greater 'legitimacy' and responsibility to an electorate would not so easily give way to the House of Commons, where currently the final responsibility for legislation lies. That such opposition would not be comfortable was recognised by the Commons when it voted last time round. It could also be a recipe for interminable inter-chamber disagreements as each tried to be responsive to essentially the same electorate. In dramatically changing the nature of the House of Lords and its relationship with the House of Commons, it would no longer simply be a revising and amending chamber. Furthermore, it seems unlikely that the breadth of expertise and knowledge which is currently provided by selection would be replicated by election.

There is a clear need, however, for change, not least because of the stigma of favouritism, 'cronyism' and sleaze which surrounds the current selection of peers. I am in favour of a new selection process which is seen to be independent and transparent. A new independent panel could undertake this task using clearly agreed criteria for selection so that a range of backgrounds, expertise and accomplishments could be included. This should incorporate the need for a wide geographic spread and would bring together a chamber which was fit for the purpose of advising the elected House of Commons on its legislative programme and proposing sensible amendments to its bills.

Other important changes, for example the introduction of an age limit or time limit for members of the House of Lords and a simplification of the often repetitive and tortuous processes by which bills are considered in the House, would increase efficiency.

All these matters are being hotly debated in the corridors and we will undoubtedly see the introduction of change, if not immediately then in the next few years. These are certainly interesting times for a doctor to be in the House of Lords and I feel enormously privileged to be there.

Reference

- 1 Royal College of Physicians. *Going smoke-free. The medical case for clean air in the home, at work and in public places*. A report on passive smoking by the Tobacco Advisory Group of the Royal College of Physicians. London: RCP, 2005.