TERMINALLY ILL ADULTS (END OF LIFE) BILL PROCESS

Protecting people at each stage

1

Initial discussion: There is no obligation on any doctor to conduct the initial discussion but, if they do, an assisted death can only be discussed alongside all other options including any available palliative, hospice or other care, including symptom management and psychological support.

2

First declaration: If a person wants to request an assisted death they must first prove their identity and make a declaration confirming their eligibility, age and residency and that they are registered with a GP in England and Wales. They must confirm they were 18 at the time of the initial discussion. This declaration must be witnessed.

3

First assessment: The 'co-ordinating' doctor must now assess the person's eligibility including that they are terminally ill and have mental capacity. They must discuss the person's diagnosis, palliative care and other options, how an assisted death might be provided and any possible complications. They must be satisfied that the person has a clear, settled and informed wish to end their own life and have not been coerced or pressured into making the decision. The person must be aware that they can change their mind at any time and the doctor can advise on informing their next of kin. The doctor must then produce a report into the assessment and provide a copy to the person and the Voluntary Assisted Dying Commissioner.

4

If there is doubt on...
Capacity: Doctors must refer to a psychiatrist if there is doubt as to the person's mental capacity.
Diagnosis: Doctors must refer to another specialist practitioner if there is doubt about the person's terminal illness.

5

Pause for reflection: Seven days must elapse before the next stage.

6

Second assessment: A different doctor who has not been involved in the person's care must carry out a second independent assessment. The second doctor must also make a report and provide copies to the Commissioner and the person themselves.

7

Once again, if there is doubt on...
Capacity: Doctors must refer to a psychiatrist if there is doubt as to the person's mental capacity.
Diagnosis: Doctors must refer to another specialist practitioner if there is doubt about the person's terminal illness.

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Next steps: The process can only continue if both doctors are satisfied that all the conditions have been met. If the second doctor is not satisfied, the person can request, once and once only, that another independent doctor be asked to give their opinion.

9

Voluntary Assisted Dying Commission: If two doctors have given their approval, the application goes before a multi-disciplinary panel supervised by the Voluntary Assisted Dying Commission. The Commissioner must be a High Court judge or a retired judge. The panel is made up of another senior lawyer, who could also be a High Court judge, a psychiatrist and a social worker. They must unanimously agree that all eligibility requirements have been met – that the person has an inevitably progressive illness and is expected not to live beyond a further six months; has capacity to make the decision to end their life; has a clear, settled and informed wish to end their own life; made the initial declaration that they wanted to end their life voluntarily and were not coerced or pressured into making it. They must hear from the person and at least one of the doctors, and can hear from anyone else. The decision of the panel can be challenged on the grounds of an error of law, or if it is irrational, or procedurally unfair, in which case the Commissioner must review that decision and can ask another panel to examine the application.

10

Second pause for reflection: Fourteen days must elapse, unless the person is expected to die within a month in which case it is reduced to 48 hours.

11

Second declaration: The person must now complete a second declaration that they are eligible and wish to go ahead. This must be witnessed as before and reported to the Commission.

12

Provision of assistance: If the coordinating doctor is satisfied that the person continues to meet all the eligibility requirements, and that they do not want to cancel their request for assistance, they may provide the person with the approved substance. Only the person themselves can administer it. The doctor must remain with the person until they have died, the process has failed or the person has decided not to proceed. If the person does not administer the substance the doctor must remove it. The doctor must then complete a final statement and provide a copy to the Commissioner and take steps to have it recorded in the patient's records.

The Terminally Ill Adults (End of Life) Bill:

How the bill was strengthened in committee

The public bill committee concluded its scrutiny on the bill at the end of March, after around 90 hours of debate during 29 sittings.

Altogether, the committee considered nearly 600 amendments and accepted around a quarter of them. Over a hundred amendments in Kim's name strengthened the bill and helped make it more workable, on the advice of officials and Government lawyers. More than 30 amendments that had been tabled by MPs who voted against the bill at Second Reading were also accepted.

This has been a thorough, collaborative process that has heard evidence from all sides of the debate and accepted amendments from MPs of all parties represented on the committee, and from differing positions on the principles of the bill.

Below is a list of some of the key areas of the bill that have been improved during the Committee Stage process.

Detailed doctor conversations

Doctors may only discuss assisted dying with their patients in the context of other end-of-life choices. The bill now explicitly prevents doctors from discussing assisted dying in isolation from other options, including palliative and hospice care, symptom management and psychological support.

In addition, the committee has removed the requirement on doctors who do not wish to conduct a preliminary discussion with their patients to refer them to another doctor who is willing to do so. Following evidence from the BMA, the doctor is now required only to provide their patient with the necessary information so a discussion can take place with a doctor who is willing to participate.

A person can only sign a declaration requesting an assisted death after an initial discussion with a doctor. The bill now makes clear that the person must have been over 18 when that discussion took place.

Independent advocates will now be made available for people with learning disabilities, autism or mental disorders.

Multidisciplinary panels to expand scrutiny and expertise:

Evidence received by the committee strongly advocated for a multi-disciplinary approach. The committee agreed, so now, rather than relying on a High Court judge sitting alone to assess a person's eligibility for assisted dying, a Voluntary Assisted Dying Commission will be established to oversee all applications. The Commissioner, who must be appointed within a year of the bill receiving Royal Assent, will be a High Court judge or a retired judge, retaining the judicial element in the process. And every application will now be scrutinised by a multi-disciplinary panel consisting of a senior lawyer (who may also be a High Court judge), a consultant psychiatrist, and a social worker. This third layer of scrutiny and safeguarding is more comprehensive and

ensures a broader range of expertise to assess not just the person's mental capacity but any relevant factors behind a person's request for assistance.

Identifying and protecting against dishonesty, coercion and pressure:

As a further protection against people being pressured into making a decision they would not otherwise choose to make, participating doctors will have to undergo specific training on mental capacity and on identifying domestic abuse, including coercive control and financial abuse. Members of the multidisciplinary panel will also have undergone training in these matters.

The training provisions include detecting coercive control and financial abuse. Vulnerable people – and in particular women – who may have been subject to coercive control or abuse would be significantly better protected under this bill because their personal circumstances would be subjected to scrutiny to identify any abuse on three separate occasions.

Clarifying eligibility criteria:

Eligibility for an assisted death has always been restricted to adults with terminal and progressive physical illnesses and diseases that are expected to lead to their deaths within six months. To remove any possible ambiguity, the word 'condition' has been removed to ensure that a condition such as frailty would not allow a person to be eligible for assistance.

Reporting and reviewing the process:

To enable the process to be monitored as closely as possible, strict new reporting requirements have been introduced so at every stage the Commission is made aware of the progress of an application and the measures taken to ensure that a person has, and retains, a clear, informed and settled desire to proceed. The Commissioner will be supported by a Disability Advisory Board and must issue annual reports with the Chief Medical Officers in England and Wales having been consulted. The Equality and Human Rights Commission will be consulted on the drafting of secondary legislation and the monitoring and reports on the process will include data on people with protected characteristics. The Secretary of State must undertake a full review within five years of the bill becoming law.

Commencement period:

With an issue of such importance it is, of course, more important to get it right than to do it quickly. So instead of requiring that the bill's provisions must come into force within two years this has now been extended to four. That doesn't mean four years is the target date, it isn't. It's simply a backstop, and the Secretary of State will be required to make a statement on progress towards implementation every six months after the first year. The evidence from other jurisdictions is that it can be done more quickly and, so long as it is done safely, that remains the aim.

The Terminally Ill Adults (End of Life) Bill:

Issues raised since MPs last voted at Second Reading

A number of issues that colleagues have raised as concerns were extensively debated in committee. These include:

Disability

The bill has always made clear that the only people eligible to request an assisted death would be terminally ill adults with six months or less to live. Nobody would be eligible on the basis of a mental illness or disability alone. Nevertheless, concerns have been expressed that the bill could lead to coercion and pressure on disabled individuals to end their lives prematurely. While the bill already makes coercion a criminal offence, further safeguards have been added in committee. A Disability Advisory Board will monitor all aspects of the process if the bill becomes law and issue a report every year. The doctors involved will all be trained specifically in detecting coercion. And the multi-disciplinary panel, all of whom will have been trained in coercion also, will always include a social worker.

Mental health conditions

The bill already excluded people with mental health conditions alone from accessing assistance unless they were assessed as being terminally ill and having mental capacity. This has been strengthened by the requirement that, if an assessing doctor has doubts as to a person's mental capacity, a referral for further psychiatric assessment is mandatory.

The committee received extensive evidence and debated in great depth the question as to whether a person with an eating disorder such as anorexia nervosa could be eligible for assistance under the bill. The committee concluded that the bill's requirements that a person has a terminal illness, which is inevitably progressive and cannot be reversed by treatment, would exclude anorexia as a qualifying condition.

Evidence from Australia demonstrates that people with anorexia are not eligible to access assisted dying and none have done so. The Australian laws almost universally define terminal illness as being a progressive illness or disease that is irreversible, as is the case in this bill.

Voluntary stopping eating and drinking

It is not unusual for terminally ill people to stop eating and drinking as they get to the end of their lives and there is nothing in law to stop them doing so. It may be a choice, but it is equally likely to be as a result of their body shutting down. Many people will face a reduced appetite, or will have difficulty swallowing food, and some may take nutrition through mechanical means instead. The committee took the view that a person who has requested an assisted death should not be treated any differently in this regard to any other patient.

Palliative care provision

The bill has always provided for a review after five years, to include an assessment of the state of palliative care alongside assisted dying. Amendments passed in committee have widened the scope of that review, and additional implementation reviews have been introduced. Assisted dying is not an alternative to palliative care but as part of a holistic approach to end of life care. The experience from other jurisdictions is that around 30-40% of people who are told they can access an assisted death never actually do so. It is now mandatory for palliative care options to be discussed as part of the process. Although requirements about the provision of palliative care are outside the scope of this bill, the debate around assisted dying has already shone a spotlight on the availability of palliative care in England and Wales and additional funding has been provided.

Discussions with those under 18

The committee has strengthened the provisions regarding the initial conversation between a doctor and their patient. Before making a first declaration, the person must have had an initial discussion with the doctor and must have been over 18 at the time. The bill now ensures that this preliminary discussion for the purposes of accessing assistance to die must only have been undertaken after a person has reached the age of 18. On the advice of the BMA and others, placing restrictions on the nature of those discussions was felt to be counterproductive. Doctors must be able to use their own expertise to ensure proper communication with their patients.

The Terminally Ill Adults (End of Life) Bill:

Developments since Second Reading vote

Since MPs last voted on the Terminally Ill Adults (End of Life) Bill, there have been significant developments around the subject in other parts of society and in other jurisdictions in these islands.

Isle of Man becomes first jurisdiction in British Isles to legalise assisted dying[1]

In January 2025, the Legislative Council in the Isle of Man passed the Assisted Dying Bill 2023 through its final stage by 7 votes to 1. It was approved in the House of Keys, the Manx lower chamber, by 16 votes to 8 last summer.

The bill, sponsored by Dr Alex Allinson MHK, was given its final approval on Tuesday 25th March and will now be sent to the UK Government for Royal Assent. Following a period of implementation, it is expected that terminally ill, mentally competent adults living in the Isle of Man will have access to assisted dying by 2027.

Scotland's Assisted Dying for Terminally Ill Adults Bill continues to be scrutinised by Holyrood. Its Health Select Committee report is expected to be published by the end of April, with a Stage 1 vote in Holyrood in the coming months.

In Jersey, the States Assembly continues to draft a law to allow assisted dying for terminally ill adults, following the Assembly's approval of the policy proposals in May 2024. The drafting is being supported and informed by a health and care professionals working group. The bill is due to be published and debated by the end of 2025.

Royal College of General Practitioners drops opposition to assisted dying[2]

In March 2025, following a survey of its membership, the Royal College of GPs dropped its opposition to assisted dying, adopting a more neutral position of neither supporting nor opposing law change. In the RCGP's survey, less than half of respondents said the College should oppose law change, a significant shift since 2013, when a survey indicated 77% of GPs favoured this position. This now means that no medical royal college in the UK opposes assisted dying law change. The British Medical Association has taken a neutral stance since 2021.

Neutrality across the professional bodies reflects the wide range of views held by medical practitioners, and represents those who want conscientiously support patients with greater choice at the end of life under the terms of the bill.

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[1] https://www.bbc.co.uk/news/articles/c8rkz02nmy8o

[2] https://www.rcgp.org.uk/news/rcgp-position-on-assisted-dying

Nuffield Council Citizens' Jury finds public understand and back law change[3]

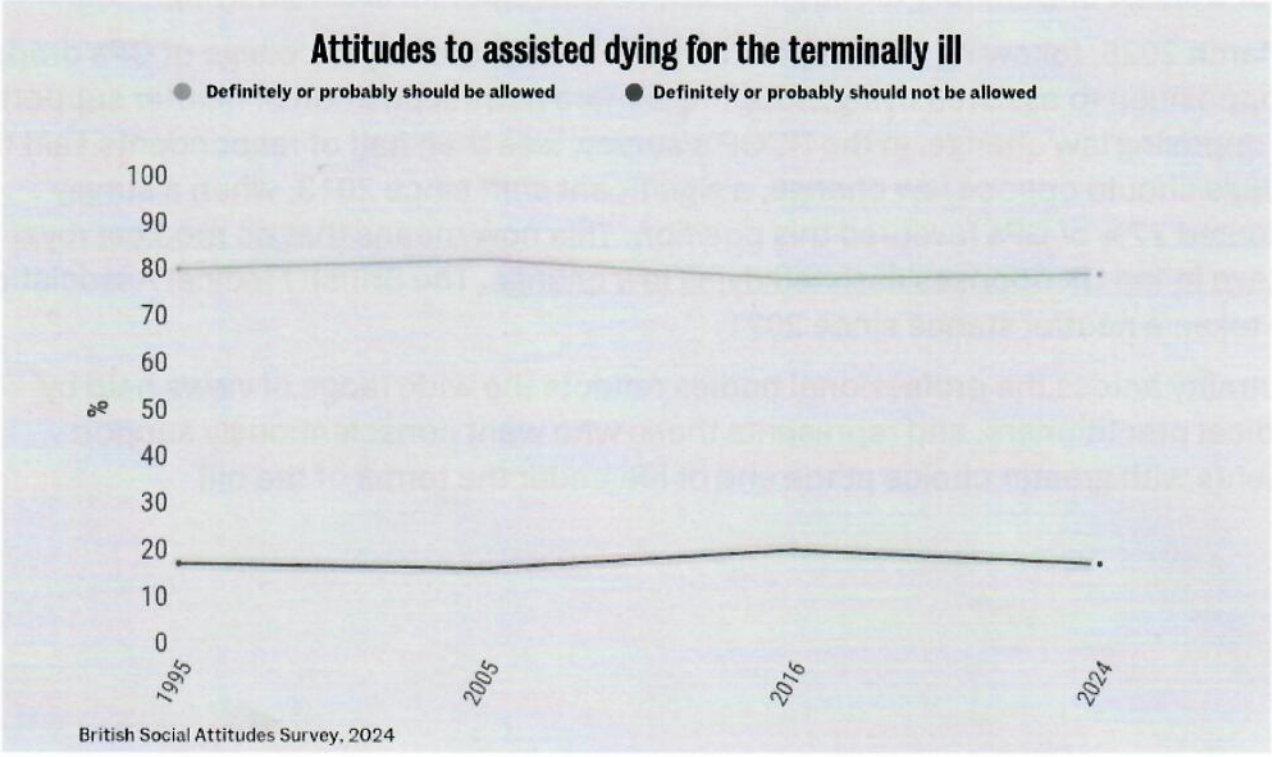
In 2024, The Nuffield Council on Bioethics conducted two opinion polls and Britain's first ever Citizens' Jury on assisted dying. Results published before the second reading showed significant public support in favour of assisted dying law change – 70% in favour across the surveys, and 71% of voting members of the Citizens' Jury.

In March 2025, the Nuffield Council published its final report, with detailed qualitative analysis of the Citizens' Jury process, and the reflections that came from it. As well as concluding that the law should be changed to allow assisted dying for those with terminal conditions and mental capacity, members of the Jury also called for the involvement of a range of experts including lawyers, social care specialists and psychologists in the development of safeguarded legislation. Members of the Jury felt society would have greater confidence that due process had been followed, and that vulnerable people would be effectively protected.

British Social Attitudes Survey shows "high and stable" support for law change[4]

The National Centre for Social Research (NatCen) published the latest data from the latest British Social Attitudes (BSA) survey, conducted in Autumn 2024, which showed that 79% of the British publish think that assisted dying should be available for terminally ill people. This is consistent with the 78% in favour when the BSA previously asked the question in 2016, and with other public opinion polls, such as that conducted by Opinium in February 2024 which showed 75% support for law change.

Public support has been consistently high since NatCen started asking the public about assisted dying in 1995:



[3] https://www.nuffieldbioethics.org/publication/exploring-public-views-on-assisted-dying-in-england-full-analysis-of-citizens-jury-and-survey-findings/

[4] https://natcen.ac.uk/news/public-support-assisted-dying-remains-high-and-stable