

## **Terminally Ill Adults (End of Life) Bill** **Assisted Suicide Committee Stage Briefing**

### **Summary**

Kim Leadbeater MP's [Terminally Ill Adults \(End of Life\) Bill](#) is expected to have its third reading in April 2025. It passed its second reading in November by a margin of 330-275.

The third reading is the final chance for MPs to vote against the assisted suicide bill.

This briefing outlines many of the bill's problems. Please contact your MP about these, explaining why the bill must not progress.

### **Practical Problems with the Bill**

MPs need to be pointed towards the biggest practical problems with the bill.

These include that the bill:

#### **1. Does not fully protect conscientious objectors:**

- Doctors, hospices, and staff in medical institutions are not fully protected from conscientiously objecting from assisting a suicide.
- A new clause is needed to protect all medical staff and institutions.

#### **2. Does not prevent doctors from pressuring vulnerable patients:**

- Terminally ill patients are highly susceptible to coercion from doctors. Banning doctors from raising the option of suicide will protect vulnerable patients.
- A new clause is needed preventing medical professionals from proactively mentioning the option of suicide to patients.

#### **3. Does not ensure all patients are offered free palliative care:**

- Assisted suicide is not a real choice if the patient is not offered free, accessible palliative care.
- Require all patients to be informed about palliative care, and given the option of free palliative care first.

#### **4. Does not exclude chronic conditions:**

- Chronic conditions have often come under the scope of assisted suicide, despite the best intentions of lawmakers, e.g. diabetes in Oregon, USA.
- Explicitly exclude chronic conditions from being included in the bill.

## 5. Allows 'doctor-shopping':

- Doctor-shopping (seeking out a new doctor if the first won't approve suicide) greatly increases the chance of exploitation by doctors and the bypassing of necessary safeguards.
- Remove doctor-shopping from the bill

## 6. Does not require a psychiatric assessment:

- Doctors have no formal training in assessing coercion, so an assessment by a trained psychiatrist is essential to ensure that vulnerable patients are not being coerced.
- Add requirement that psychiatrist "must" assess each patient and come to conclusion about whether they have been coerced.

## 7. Does not inform patients of assisted suicide risks:

- Patients wishing to undergo an assisted suicide must be informed there is no evidence that assisted deaths are painless, and that 6 month prognoses are [only 46%](#) accurate.

## 8. Does not require proxy to know the patient:

- It is a safeguarding concern that the proxy is not required to know the patient at all. This must be removed.

## 9. Does not inform next of kin:

- Bill must ensure next of kin are informed during the reflection period.

## 10. Does not ensure the Judge is actually a High Court judge:

- Leadbeater [has admitted](#) her bill does not require a High Court judge, and that a Junior District Judge could instead approve assisted suicides.
- Tighten bill to ensure that only High Court judges can adjudicate.

### Further Concerns:

There are many more [problems](#) on top of this, including that the bill:

- **Devalues life**

The terminally ill are effectively told that they are '[better off dead](#)', as Liz Carr put it, and not worth protecting. Undermines the Genesis 1 principle that we are all equally made in the image of God.

- **Pressures the vulnerable**

In Oregon, [43% cited](#) feeling like a burden as a key reason for their assisted suicide. Assisted suicide is not a free choice.

- **Relies on impossible prognoses**

It is [practically impossible](#) to accurately legislate for access to assisted suicide to be limited to 6 month prognoses, as [only 46%](#) of prognoses are right.

- **Will lead to a slippery slope**

[Some MPs](#) have already called for the scope to be widened beyond terminal illness.

- **Is open to judicial reinterpretation**  
[Oregon, USA](#) and [Canada](#) have had their laws expanded by the courts, rather than Parliament, to include the non-terminally ill.
- **Will likely lead to more suicide**  
Around 5% of deaths in [Canada](#) and [the Netherlands](#) are now due to suicide.
- **'Not what judges are for'**  
Former Head of the High Court's family division Sir James Munby [said that making](#) death rulings is, "not what judges do and not what judges are for".
- **Lack of palliative care**  
There are few estimates about how many people have access to palliative care. [65% of adults](#) worry about getting access to it.
- **Opposed by medics and disabled**  
350 [UK Disability Groups](#), 80% of [Palliative Care Doctors](#), the [Royal College of GPs](#), and the [British Geriatrics Society](#) are among groups opposed.

#### **'Stacked' bill committee:**

- The Committee is weighted 14-9 in favour of MPs who voted for the bill.
- Six of the nine 'against' MPs are from the new 2024 intake, who will be less familiar with the processes and likely less effective in shaping the bill
- Four of the 'against' MPs were undecided before the vote, or had made no previous comments on the issue.
- Eight of the 'for' MPs are strong/official supporters of the bill.
- MPs must pressure this committee to pass good amendments to the bill.