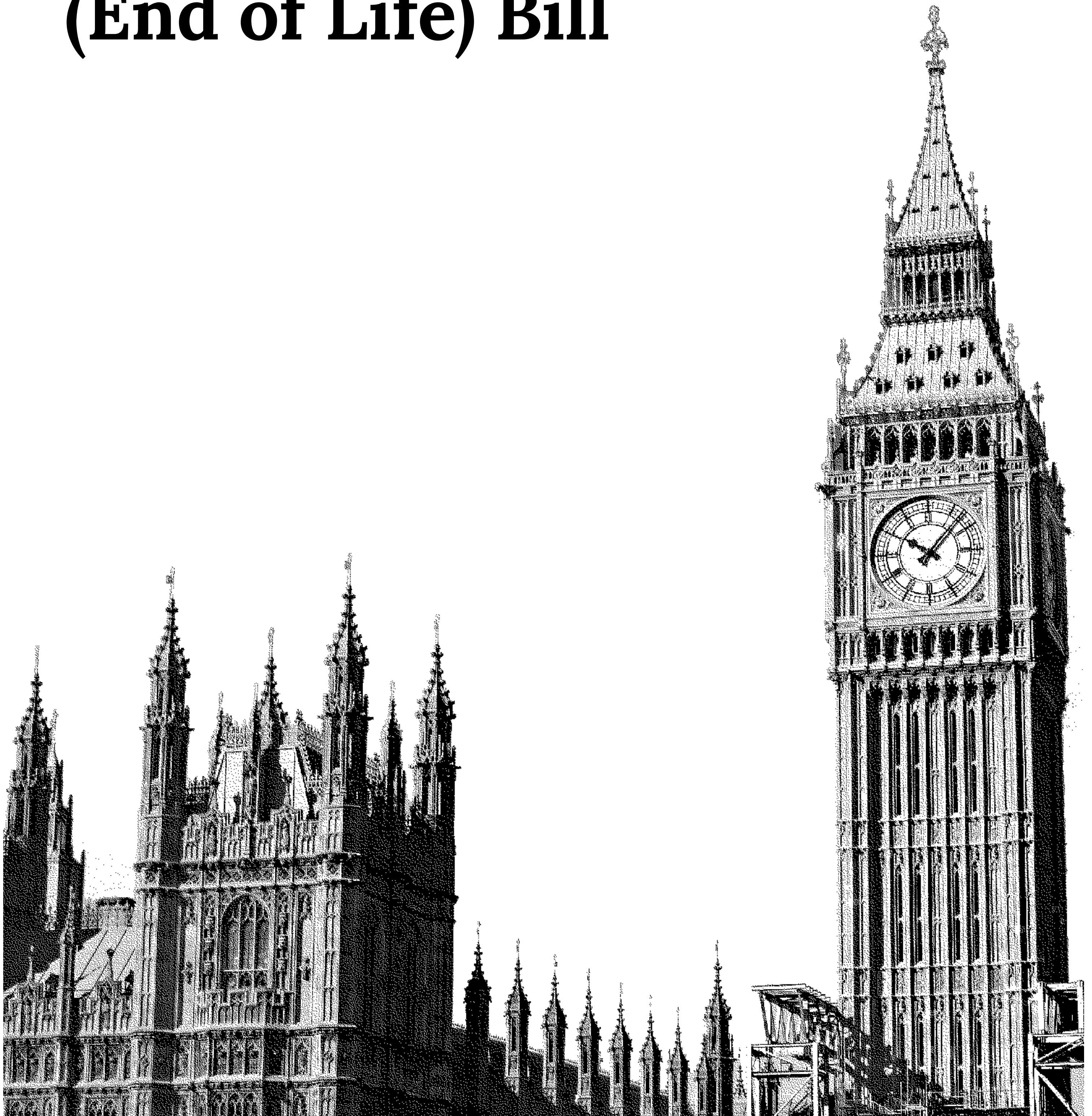
Briefing

Terminally Ill Adults (End of Life) Bill



Headlines

- MPs are being asked to endorse this specific Bill at Report Stage and Third Reading, not the *principle* of assisted suicide. Whatever one's view on the principle, the Bill itself is irredeemably flawed.
- Legalising assisted suicide - particularly in the way that this Bill proposes - is a social experiment that puts the lives of many of the most vulnerable people in our society at risk.
- Once the Bill is sent to the Lords, there is no further opportunity for a 'final vote'. No matter how well-intentioned this Bill may be, if an MP has any doubt about its provisions, **in the interests of public safety, they must vote against the Bill at Third Reading.**

Key points: General

Vulnerable people will be placed at risk by legalised assisted suicide

- **Legalising assisted suicide is not a safe, rational or appropriate response to addressing suffering at the end of life.** Legalised assisted suicide normalises the view that some lives are not worth living, to the extent that the state will sanction a means of assisting death. This will have a devastating impact on many vulnerable people in our society who are voiceless - those who are elderly, infirm, frail, who may be disabled or who may be lacking in capacity in some way.
- **Presenting assisted suicide as an "option" or "choice" makes it extremely difficult to guard against coercion, whether that is overt or more subtle, including 'self-coercion' where someone feels they have a 'duty to die'.** Legalised assisted suicide leaves the door open for the thought to enter someone's mind that it would be a good option to avoid being a burden on loved ones, whether that be financially or due to caring needs. Sadly, cases of abuse are more common than we would hope.
- **Assisted suicide is not risk-free and does not guarantee a 'good death'.** In Oregon, when complications have been recorded, patients have experienced difficulty swallowing, drug regurgitation and seizures, and have even regained consciousness. On one occasion, death took over five days. The Canadian Association of MAID Assessors and Providers has noted that patients can experience regurgitation, burning and vomiting. Assisted suicide does not automatically entail a dignified death as supporters claim. Rather, the conversation on end-of-life care - including palliative and hospice care - should be taken forward as a priority. The Commission on Palliative and End-of-Life Care is already undertaking this work. It would be premature to legislate whilst significant issues with palliative and end-of-life care remain outstanding.

Other jurisdictions should give pause for thought, not be an impetus for change

- **Eligibility criteria have rapidly expanded where assisted suicide or euthanasia has been legalised.**
  - In Canada in 2023, **15,343 people** died through Medical Assistance in Dying (MAID). This equates to **4.7% of all deaths.** In the nine years since the law passed in 2016, the requirement for death to be "reasonably foreseeable" has been removed, and legislation was introduced in February 2024 so that euthanasia and assisted suicide would become legal on the grounds of mental illness alone from 2027. In 2023, more than a fifth (21.1%) of those who ended their life cited isolation or **loneliness** as a factor in their decision.
  - In **Oregon,** almost half (42%) of those who ended their life by assisted suicide in 2024 reported concern about **being a burden** on family, friends or caregivers. Tragically, 9.3% said they were concerned about the financial implications of treatment.
  - In **Australia,** the law in Victoria changed in 2017 to permit 'Voluntary Assisted Dying'. Subsequent laws in Queensland (2021) and Australian Capital Territories (2024) are

progressively **broader in scope** and have seen **safeguards eroded.** Putting barriers or eligibility criteria in place to limit access, as Kim Leadbeater has sought to do with her Bill, is fraught with difficulty.

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  - **Prognosis is notoriously hard to predict with any certainty**
    - In written evidence to the Committee examining the Bill, Marie Curie warn starkly that *"The Bill's requirement for a prognosis of death within 6 months could lead to significant errors, where individuals either receive assisted dying prematurely or are denied it when desired. The variability in prognostic accuracy, especially for non-cancer illnesses, may exacerbate inequities in patient care."*
    - Even before the Bill was published, a group of 54 MPs pushed for the Bill to be **extended beyond terminal illness.**
  - UN human rights experts caution that *"…even when access to medical assistance in dying is restricted to those at the end of life or with a terminal illness,* ***people with disabilities, older persons, and especially older persons with disabilities, may feel subtly pressured to end their lives prematurely due to attitudinal barriers as well as the lack of appropriate services and support".***

There is no good time to legalise assisted suicide, but this is a particularly bad time

- **Laws are not introduced into a vacuum.** Even a perfectly drafted piece of legislation sits in a wider context, one where at the moment:
  - **Disabled people** already face considerable discrimination and difficulty accessing services.
  - Age UK notes that **ageism** is the most common form of discrimination in the UK.
  - The NHS is under considerable pressure. A Royal College of GPs' survey in 2023 noted that 93% of GP respondents were concerned that the rising number of patients needing support with the **cost of living** would limit their ability to provide the medical care that patients need.
- **The Secretaries of State for Health and Social Care and Justice - those responsible for the implementation and operation of the Bill - both firmly oppose legalising assisted suicide.** An amendment passed at Committee Stage pushed back the implementation date from 2 to 4 years. These facts should be very concerning for MPs interested in producing workable legislation.

Key points: Committee process

Vulnerable people will be placed at risk by legalised assisted suicide

- The Bill MPs are being asked to support at Report and **Third Reading is less safe than the Bill presented at Second Reading** on 29 November, when many MPs voted for the Bill in order to allow it to progress to Committee to see if sufficient safeguards would then be included.
- Headlines have focused on several major changes during the Committee Stage process, including:
  - **Removal of the requirement for a High Court Judge** to approve assisted suicide applications, leading to concerns about effective oversight.
    - High Court judicial oversight has been replaced by so-called 'multidisciplinary panels', which are weaker and would risk becoming rubber-stamping bodies since they would not know applicants, would have no power to subpoena witnesses to give evidence

under oath, would not be required to question applicants and families would not have a right to give evidence or appeal approvals.

- **Doubling of the implementation period from 2 to 4 years,** due to concerns about the **feasibility and workability** of the Bill and its provisions
- **Fundamental reinterpretation and shaking of the foundations of the NHS,** via amendment to the National Health Service Act 2006 to include reference to 'voluntary assisted dying services'.

- Although the three changes above captured headlines, the following amendments - all of which were rejected - speak to the detail of how the Bill would work for the most vulnerable in our society. Given the life and death significance of this Bill, the details matter, as it is through the gaps in the Bill that the vulnerable will be put at risk:

- Safeguarding: Ensuring **eating disorders** would not be permitted grounds for assisted suicide (Amendment 402)
- Eligibility: Ensuring assisted suicide would not be allowed for illnesses like **diabetes** that can be controlled by treatment (Amendment 9)
- Safeguarding: Strengthening protections for people with **Down's syndrome** (Amendment 368)
- Motivation: Ensuring a choice to die would be for one's "own sake" not from feeling a **burden** to others (Amendment 94)
- Safeguarding: Preventing doctors from **raising assisted suicide with patients unprompted** (Amendment 8)
- Safeguarding: Prohibiting doctors **talking to under 18s** about assisted suicide (Amendment 319)
- Eligibility: Ensuring **"reasonable certainty"** would be required for prognoses of 6 months left to live (Amendment 48)
- Eligibility: Requiring someone to be in **pain** to be eligible for an assisted suicide (Amendment 235)
- Safeguarding: Requiring a consultation with a **palliative care** consultant (Amendment 281)
- Capacity: Ensuring **mental capacity** to choose assisted suicide must be **beyond reasonable doubt** (Amendment 398)
- Safeguarding: Ensuring that, as a default, **next of kin** would be informed about assisted suicide requests (Amendments 307 & 308)
- Conscience: Permitting **hospices** and care homes to be **assisted suicide-free zones** if they wish (Amendment 441)
- Safeguarding: Requiring a **psychiatrist** to approve an assisted suicide request (Amendment 1)
- Safeguarding: Protecting **homeless** people from assisted suicide (Amendment 357)
- Safeguarding: Emphasising that **disabilities and mental illness** are not grounds for assisted suicide (Amendment 11)
- Capacity: Requiring that **mental capacity** to choose assisted suicide would have to be **established not assumed** (Amendment 322)
- Safeguarding: Requiring a **doctor to be physically present** during an assisted suicide procedure (Amendment 429)
- Safeguarding: **Ensuring assisted suicide drugs** can only be used if there is a scientific consensus they don't cause **pain** during death (Amendment 466)
- Safeguarding: Ensuring a doctor has to ask a person **why they wish to die** (Amendment 468)
- Safeguarding: Requiring doctors to ensure someone with **remediable suicide risk factors** cannot be approved for assisted suicide (Amendment 270)
- Eligibility: Ensuring the multidisciplinary panels would have to be satisfied **"beyond reasonable doubt"** that a person was eligible for assisted suicide (New Clause 21(a))
- Conscience: **Protecting homes and hospices** from discrimination or removal of funds if they do not assist assisted suicide provision (New Clause 23)
- Safeguarding: Prohibiting doctors from being able to **promote or advertise assisted suicide services** (New Clause 9)
- Language: Preventing assisted suicide from being considered a **medical treatment** (New Clause 34)

- Key questions would be deferred to regulations rather than being included on the face of the Bill, weakening safeguards and making future expansion easier and more likely. There is still very little or no detail about how assisted suicide would take place, who would be involved, what drugs would be used, whether they would be safe, and what doctors ought to do if a procedure failed. For an issue of such importance, the lack of clarity and bypassing of Parliament to allow ministers to make decisions on such matters via regulations is concerning.