

BRIEFING

Terminally Ill Adults (End of Life) Bill



Key points:

- Lauren Edwards MP has reintroduced the assisted suicide Bill as a Private Members' Bill, **in near-identical form** to Kim Leadbeater's Bill, which failed to pass in the last parliamentary session.
- MPs will be voting at the Bill's Second Reading (on Friday 11 September) on this specific [Bill](#), not the *principle* of assisted suicide. The Bill is virtually unchanged from the last session, so **significant flaws highlighted by various organisations, including Royal Colleges and charities, remain**.
- New Prime Minister, Andy Burnham, has called for a delay on the debate concerning assisted suicide until palliative and social care are better funded, saying, "that's the position I will stick to."
- Bill proponents have stated their intention, if necessary, to invoke the Parliament Acts to force the Bill into law (which [The Times](#) has said would be "unconscionable" and a "constitutional outrage"), if the House of Lords rejects the Bill again. This means that the House of Commons will, in practice, not have the opportunity to address the Bill's flaws. If the Bill is sent to the Lords, there would be no further opportunity for MPs to have a 'final vote'.
- The 11 September vote will therefore be about not just the Bill itself, but whether MPs are willing to back a near-identical Bill that could bypass the House of Lords' expert scrutiny altogether and become law with **its existing flaws intact**.

Andy Burnham says palliative and social care must be fixed before assisted suicide is considered

- The new Prime Minister, Andy Burnham, expressed his view at the end of July that "the fixing of the funding of palliative care and social care" needs to happen *before* any debate on assisted suicide. He added it's "very challenging" to have the wider debate while people lack that care.
- Earlier this year, [Hospice UK reported](#) that "nearly **60%** of hospices in England have made or are considering cuts to frontline services" and that current hospice funding models are "**not fit for purpose**". Professor Katherine Sleeman, Chair in Palliative Care at King's College, London, has [warned](#) that "We risk people choosing assisted dying simply because of lack of high-quality care. That is not... a true choice".

Polling shows the public backs Andy Burnham on fixing care first

- **The Prime Minister's position aligns with the public mood.** An [MRP poll of over 10,000 people](#), the largest poll conducted on assisted suicide since Kim Leadbeater's Bill was introduced in October 2024, found no mandate to revive the Bill. Assisted suicide ranks **last** among voter priorities, picked by just 7% of the public, as one of their top three priorities.
- The same [poll](#) revealed that in every constituency, a **majority agreed that Parliament should prioritise fixing the NHS and improving palliative, social and end-of-life care** before considering assisted suicide. 60% of the public nationally support this; only 19% disagree.

Bill supporters may bypass the House of Lords by using the Parliament Acts

- **This is controversial. The Parliament Acts have been used only a handful of times for Government legislation, and [never for a Private Members' Bill](#) like this.**

- **A Parliament Acts route would make it almost impossible for MPs to improve the legislation, as the Acts can only be invoked if the Commons passes the same Bill to the Lords as the Bill it passed in the last parliamentary session (this is why Lauren Edwards has brought back a near-identical Bill, despite its widely publicised flaws).** MPs are therefore being asked to back essentially the same Bill, one which experts, including Royal Medical Colleges, organisations of and for disabled people, for victims of domestic abuse, and for elderly and vulnerable people, have consistently been unable to say is safe.
- **An MRP poll of over 10,000 people showed that, in every constituency in Great Britain, a majority of voters said they would not want their MP to support a law pushed through without full scrutiny and approval by both the House of Commons and House of Lords.** Across the country, only 8% supported pushing a non-manifesto Bill into law without full scrutiny, as would occur if the Parliament Acts were used.
- **The likely attempt to use the Parliament Acts should be treated as part of the choice before MPs now.** This is a vote on whether assisted suicide supporters should force a flawed, demonstrably unsafe Private Members' Bill through in near-identical form without the opportunity for amendment.

Assisted suicide legislation will place vulnerable people at risk

- **Legalising assisted suicide is not a safe, rational or appropriate response to addressing suffering at the end of life.** It 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 put many voiceless, vulnerable people at risk, including those who may be elderly, infirm, frail, disabled, or lacking capacity.
- **Framing assisted suicide as an “option” makes coercion hard to guard against. This includes self-coercion, where someone feels a duty to die.** Assisted suicide legislation leaves the door open for people to see it as a way to avoid being a [burden](#) on loved ones, either [financially](#) or due to caring needs.
- Domestic abuse and safeguarding organisations have repeatedly warned that **coercion can be hard to detect**, particularly where dependency or fear are already present.
- **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.

Experts identified dozens of serious flaws in the Bill and cannot say it is safe

- The following experts, who gave evidence to a House of Lords Select Committee, are among many others to have expressed concerns about the near identical Bill debated in the last session and identified dozens of serious flaws in the Bill: [the Royal College of Physicians](#), [the Royal College of Psychiatrists](#), [the Association for Palliative Medicine](#), [the British Association of Social Workers](#), [domestic abuse campaigners](#), [the Royal College of Pathologists](#), [Mind](#), [the British Geriatrics Society](#), [the National Down Syndrome Policy Group](#) and [the Equality and Human Rights Commission](#).
- **Even the Bill’s supporters have acknowledged its defects.** Lord Falconer, who sponsored Kim Leadbeater’s Bill in the House of Lords, said “[The NHS clause] is currently very wide, and... needs to be limited”, and [accepted](#) that young adults may be “more emotionally impulsive and more easily influenced”. He also raised concerns that suicidal patients detained for their own safety may still [be eligible](#) under his own Bill. Among other things, he also [recognised](#) that motivation should be probed for signs of coercion, [acknowledged](#) concerns over advertising and flagged the [risks](#) of remote consultations.
- **The Commons cannot clean up the Bill and address such problems if Lauren Edwards pursues the Parliament Acts.** Supporters themselves have identified the need for changes, but are prepared to press ahead with the same legislation rather than a safer bill.

There are serious concerns about the workability of the Bill

- **In written evidence, [Marie Curie](#) warned a six-month prognosis could lead to “significant errors”. They even warn that** “assisted dying [could be granted] prematurely”.
- **The Bill is problematic regarding capacity and implementation.** An amendment requiring someone to prove they have capacity to undergo assisted suicide was rejected. Key questions are deferred to regulations. There is little detail on the process or who would be involved. Questions about drug safety and failed procedures also remain unanswered. This is a dangerous basis for legislating on life and death.
- Prior even to the publication of Kim Leadbeater’s near-identical Bill in the previous session, a group of 54 MPs called for an **extension beyond terminal illness**. Once legislation is introduced, expansion of eligibility criteria is inevitable.
- In the ten years since the law passed in **Canada 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.

This would be a particularly bad time to legalise assisted suicide

- **Parliament does not introduce laws into a vacuum.** Even “perfect” legislation sits in a wider context. **People with disabilities** already face [discrimination](#), ageism [remains](#) widespread, and the [NHS](#) and social care system are under pressure.
- The Prime Minister’s **intervention underscores the danger of legislating now**. If palliative and social care aren’t adequately funded, it’s hard to claim that vulnerable people can exercise free choice. People nearing the end of life would be choosing within a struggling system, which is no choice at all.
- Lauren Edwards’ Bill has a four-year implementation window (as a result of an amendment passed in the Commons during debate on the Leadbeater Bill). That this implementation period was deemed necessary, due to concerns about the workability of the Bill and its provisions, highlights how unfit for purpose the legislation is. It simply would not be possible to ‘fix’ social and palliative care in this four-year period.