Terminally Ill Adults (End of Life) Bill

EXPLANATORY NOTES

Explanatory notes to the Bill, prepared by Kim Leadbeater MP, are published separately as Bill 12—EN.

Terminally Ill Adults (End of Life) Bill

[AS INTRODUCED]

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[AS INTRODUCED]

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B I L L

TO

Allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life; and for connected purposes.

BE IT ENACTED by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Eligibility to be provided with lawful assistance to voluntarily end own life

1 Assisted dying

(1) A terminally ill person who—

(a) has the capacity to make a decision to end their own life (see section 3),

(b) is aged 18 or over at the time the person makes a first declaration (see section 5),

(c) is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration, and

(d) is registered as a patient with a general medical practice in England or Wales,

may, on request, be provided with assistance to end their own life in accordance with sections 5 to 22.

(2) Sections 5 to 22, in particular, require steps to be taken to establish that the person—

(a) has a clear, settled and informed wish to end their own life, and

(b) has made the decision that they wish to end their own life voluntarily and has not been coerced or pressured by any other person into making it.

2 Terminal illness

(1) For the purposes of this Act, a person is terminally ill if—

(a) the person has an inevitably progressive illness, disease or medical condition which cannot be reversed by treatment, and

Commented [AR1]: Query: what consideration has been given to the operation of Articles 8 and 14 ECHR as regards the prohibition of those who are ordinarily resident elsewhere in the United Kingdom from accessing assistance with dying?

Commented [AR2]: **Note**: this focuses on external coercion / pressure. It does not address the situation where the person has internalised (for instance) a feeling of being a burden to others.
Query: what consideration has been given to identifying and responding to such internalised pressure? Or is it outside the scope of the Bill (and, if so, should this be made express)?

Commented [AR3]: Is a person considered to be terminally ill if they have a chronic condition, but decline further treatment, such that their death in consequence can reasonably be expected within 6 months?

Commented [AR4]: Query: what consideration has been given to the operation of Articles 8 and 14 ECHR as regards the argument that excluding those who wish assistance but who are not terminally ill (including those who wish it because of suffering caused by mental disorder is discriminatory? Even if there is no obligation under the ECHR to provide for a framework for assistance with dying, what consideration has there been given to the question of whether, if one is set up, it has to be set up in a non-discriminatory fashion?

(b) the person's death in consequence of that illness, disease or medical condition can reasonably be expected within 6 months.

(2) For the purposes of subsection (1), treatment which only relieves the symptoms of an inevitably progressive illness, disease or medical condition temporarily is not to be regarded as treatment which can reverse that illness, disease or condition.

(3) For the avoidance of doubt, a person is not to be considered to be terminally ill by reason only of the person having one or both of—

(a) a mental disorder, within the meaning of the Mental Health Act 1983;

(b) a disability, within the meaning of section 6 of the Equality Act 2010.

3 Capacity

In this Act, references to a person having capacity are to be read in accordance with the Mental Capacity Act 2005.

Initial discussions

4 Initial discussions with registered medical practitioners

(1) No registered medical practitioner is under any duty to raise the subject of the provision of assistance in accordance with this Act with a person.

(2) But nothing in subsection (1) prevents a registered medical practitioner exercising their professional judgement to decide if, and when, it is appropriate to discuss the matter with a person.

(3) Where a person indicates to a registered medical practitioner their wish to seek assistance to end their own life in accordance with this Act, the registered medical practitioner may (but is not required to) conduct a preliminary discussion about the requirements that need to be met for such assistance to be provided.

(4) If a registered medical practitioner conducts such a preliminary discussion with a person, the practitioner must explain to and discuss with that person—

(a) the person's diagnosis and prognosis;

(b) any treatment available and the likely effect of it;

(c) any available palliative, hospice or other care, including symptom management and psychological support.

(5) A registered medical practitioner who is unwilling or unable to conduct the preliminary discussion mentioned under subsection (3) must, if requested by the person to do so, refer them to another registered medical practitioner whom the first practitioner believes is willing and able to conduct that discussion.

Commented [AR5]: In light of Kim Leadbeater's clear position that "eating disorders are absolutely not within the scope of the bill," what, if any, steps are required to ensure that anorexia (or severe malnutrition consequent upon anorexia) are not considered as potential terminal illness as appears to have been the case in Oregon (see the Death with Dignity Act 2021 data: which lists under "underlying illness, other illnesses" as including "deaths due to anorexia, arthritis, arteritis, blood disease, complications from a fall, hernia, kidney failure, medical care complications, musculoskeletal system disorders, sclerosis, and stenosis" (see page 14 of here).

Commented [AR6]: Query: does the presumption of capacity apply? And are doctors involved under a duty to support the person to make the decision to end their life? For more on these issues see HSC-Committee-CLADD-Research-Group-evidence-January-2023.pdf

Commented [AR7]: Query: does 'explain to and discuss' cover 'recommend' in relation to e.g. counselling or treatment?

Commented [AR8]: Query: what should the response be if the person declines to accept any recommendations made as regards such care?

Procedure, safeguards and protections

5 Initial request for assistance: first declaration

(1) A person who wishes to be provided with assistance to end their own life in accordance with this Act must make a declaration to that effect (a "first declaration").

(2) A first declaration must be—

(a) in the form set out in Schedule 1,

(b) signed and dated by the person making the declaration, and

(c) witnessed by—

(i) the coordinating doctor in relation to that person, and

(ii) another person,

both of whom must see the declaration being signed.

(3) In this Act, "the coordinating doctor" means a registered medical practitioner—

(a) who has such training, qualifications and experience as the Secretary of State may specify by regulations,

(b) who has indicated to the person making the declaration that they are able and willing to carry out the functions under this Act of the coordinating doctor in relation to the person,

(c) who is not a relative of the person making the declaration, and

(d) who does not know or believe that they—

(i) are a beneficiary under a will of the person, or

(ii) may otherwise benefit financially or in any other material way from the death of the person.

(4) Before making regulations under subsection (3)(a), the Secretary of State must consult such persons as they consider appropriate.

(5) A person may not witness a first declaration under subsection (2)(c)(ii) if they are disqualified under section 36 from being a witness.

(6) Regulations under subsection (3)(a) are subject to the negative procedure.

6 Requirement for proof of identity

(1) This section applies where a person makes a first declaration.

(2) The person must, at the same time as that declaration is made, provide two forms of proof of identity to the coordinating doctor and the witness mentioned in section 5(2)(c)(ii).

(3) The Secretary of State may, by regulations, make provision about the forms of proof of identity that are acceptable for the purposes of subsection (2).

(4) Regulations under subsection (3) are subject to the negative procedure.

7 First doctor's assessment (coordinating doctor)

(1) The coordinating doctor must, as soon as reasonably practicable after a first declaration is made by a person, carry out the first assessment.

(2) "The first assessment" is an assessment to ascertain whether, in the opinion of the coordinating doctor, the person—

(a) is terminally ill,

(b) has capacity to make the decision to end their own life,

(c) was aged 18 or over at the time the first declaration was made,

(d) is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration,

(e) is registered as a patient with a general medical practice in England or Wales,

(f) has a clear, settled and informed wish to end their own life, and

(g) made the first declaration voluntarily and has not been coerced or pressured by any other person into making it.

(3) If, having carried out the first assessment, the coordinating doctor is satisfied that the requirements of subsection (2)(a) to (g) are satisfied, the coordinating doctor must—

(a) make a statement to that effect in the form set out in Schedule 2, and sign and date it,

(b) provide the person who was assessed with a copy of the statement, and

(c) refer that person, as soon as practicable, to another registered medical practitioner who meets the requirements of section 8(6) and is able and willing to carry out the second assessment ("the independent doctor").

8 Second doctor's assessment (independent doctor)

(1) Where a referral is made under section 7(3)(c), the independent doctor must carry out the second assessment of the person as soon as reasonably practicable after the first period for reflection has ended.

(2) "The second assessment" is an assessment to ascertain whether, in the opinion of the independent doctor, the person who made the first declaration—

(a) is terminally ill,

(b) has capacity to make the decision to end their own life,

(c) was aged 18 years or over at the time the first declaration was made,

(d) has a clear, settled and informed wish to end their own life, and

(e) made the first declaration voluntarily and has not been coerced or pressured by any other person into making it.

(3) In subsection (1) "the first period for reflection" means the period of 7 days beginning with the day the coordinating doctor made the statement under section 7(3).

(4) The independent doctor must carry out the second assessment independently of the coordinating doctor (subject to section 9(4) (sharing of specialists' opinions)).

(5) If, having carried out the second assessment, the independent doctor is satisfied as to the matters mentioned in subsection (2)(a) to (e), the independent doctor—

(a) must make a statement to that effect in the form set out in Schedule 3 and sign and date it, and

(b) provide each of the coordinating doctor and the person who was assessed with a copy of the statement.

(6) A registered medical practitioner may carry out the functions of the independent doctor under this Act only if that practitioner—

(a) has such training, qualifications and experience as the Secretary of State may by regulations specify,

(b) has not provided treatment or care for the person being assessed in relation to that person's terminal illness,

(c) is not a relative of the person being assessed,

(d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,

(e) did not witness the first declaration made by the person being assessed, and

(f) does not know or believe that they—

(i) are a beneficiary under a will of the person, or

(ii) may otherwise benefit financially or in any other material way from the death of the person.

(7) In subsection (6)(b) the reference to "terminal illness" means the illness, disease or medical condition mentioned in section 2(1)(a).

(8) Before making regulations under subsection (6)(a), the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(9) Regulations under subsection (6)(a) are subject to the negative procedure.

9 Doctors' assessments: further provision

(1) In this section "assessing doctor" means—

(a) the coordinating doctor carrying out the first assessment;

(b) the independent doctor carrying out the second assessment.

(2) The assessing doctor must—

(a) examine the person and their medical records and make such other enquiries as the assessing doctor considers appropriate;

(b) explain to and discuss with the person being assessed—

(i) the person's diagnosis and prognosis;

(ii) any treatment available and the likely effect of it;

(iii) any available palliative, hospice or other care, including symptom management and psychological support;

Commented [AR9]: Does 'explain to and discuss' cover 'recommend' in relation to e.g. counselling or treatment?

Commented [AR10]: Query: what should the response be if the person declines to accept any recommendations made as regards such care?

(iv) the nature of the substance that might be provided to assist the person to end their own life (including how it will bring about death);

(c) discuss with the person their wishes in the event of complications arising in connection with the self-administration of an approved substance under section 18;

(d) inform the person—

(i) of the further steps that must be taken before assistance can be provided to the person to end their own life in accordance with this Act;

(ii) that the person may decide at any time not to take any of those steps (and of how to cancel the first declaration and any of those further steps);

(e) advise the person to inform a registered medical practitioner from the person's GP practice that the person is requesting assistance to end their own life (unless the assessing doctor is themselves a practitioner from that practice);

(f) in so far as the assessing doctor considers it appropriate, advise the person to consider discussing the request with their next of kin and other persons they are close to.

(3) To inform their assessment, the assessing doctor—

(a) must, if they have doubt as to whether the person being assessed is terminally ill, refer the person for assessment by a registered medical practitioner who holds qualifications in or has experience of the diagnosis and management of the illness, disease or condition in question;

(b) may, if they have doubt as to the capacity of the person being assessed, refer the person for assessment by a registered medical practitioner who is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council or who otherwise holds qualifications in or has experience of the assessment of capability;

(c) must, if they make a referral under paragraph (a) or (b), take account of any opinion provided by that other registered medical practitioner.

(4) An opinion provided to one assessing doctor under subsection (3)(a) or (b) must be shared with the other assessing doctor.

(5) Where the independent doctor is required to obtain an opinion under subsection (3)(a)—

(a) that duty may be discharged by an opinion obtained under that provision by the coordinating doctor, or

(b) the independent doctor may make their own referral under that provision.

10 Another independent doctor: second opinion

(1) If, following the second assessment, the independent doctor refuses to make the statement mentioned in section 8(5), the coordinating doctor may, if requested to do so by the person who made the first declaration, refer that

Commented [AR11]: Query: what is to happen if complications do ensue? Can the attending doctor provide medication to address those complications so as to bring about the person's death? And, if so, how can they do that consistent with clause 18(8)?

Commented [AR12]: Query: this provides for discretionary (but not mandatory) referral in the case of doubt as to the person's capacity. Why is there a difference between this discretionary duty and the mandatory duty to refer in the case of doubt as to whether the person is terminally ill (in clause 9(3)(a)), given that both are necessary criteria?

The clause does not specifically address whether the starting point for the person receiving the referral would be that the person has capacity (i.e. would the presumption of capacity apply)?
Query: would there be circumstances under which a psychologist be better placed to consider capacity?
(And pedantically, "capability" is not a term used in English law in this area).

person to a different registered medical practitioner who meets the requirements of section 8(6) and is able and willing to carry out a further assessment of the kind mentioned in section 8(2).

(2) Where a referral is made to a registered medical practitioner under subsection (1), that referral is treated as a referral under section 7(3)(c), the practitioner becomes the independent doctor (replacing the registered medical practitioner to whom a referral was originally made) and sections 8 and 9 apply accordingly.

(3) In consequence of a particular first declaration made by a person, the coordinating doctor may make only one referral for a second opinion under subsection (1).

11 Replacing the coordinating doctor on death etc

(1) The Secretary of State may, by regulations, make provision about cases where, after a first declaration has been witnessed by the coordinating doctor, that doctor dies or through illness or otherwise is unable or unwilling to continue to carry out the functions of the coordinating doctor.

(2) Regulations under subsection (1) may, in particular, make provision—

(a) relating to the appointment, with the agreement of the person who made the declaration, of a replacement coordinating doctor who meets the requirements of section 5(3) and is able and willing to carry out the functions of the coordinating doctor;

(b) to ensure continuity of care for that person despite the change in the coordinating doctor.

(3) Regulations under subsection (1) are subject to the negative procedure.

12 Court approval

(1) Where—

(a) a person has made a first declaration under section 5 which has not been cancelled,

(b) the coordinating doctor has made the statement mentioned in section 7(3), and

(c) the independent doctor has made the statement mentioned in section 8(5),

that person may apply to the High Court for a declaration that the requirements of this Act have been met in relation to the first declaration.

(2) On an application under this section, the High Court—

(a) must make the declaration if it is satisfied of all the matters listed in subsection (3), and

(b) in any other case, must refuse to make the declaration.

(3) The matters referred to in subsection (2)(a) are that—

(a) the requirements of sections 5 to 9 have been met in relation to the person who made the application,

Commented [AR13]: Query: is the coordinating doctor required to inform the second independent doctor of the reasons why the first independent doctor refused to make the relevant statement?

Commented [AR14]: I set out below a number of queries relating to the High Court role here (distinct to the question of the appropriateness of involving the High Court at all raised by Sir James Munby, which I do not address here). It is important to be clear, given some commentaries around this, that the Court of Protection is a separate court to the High Court, established under s.45 Mental Capacity Act 2005. As the Bill stands, no application could go to the Court of Protection.

Commented [AR15]: Query: what level of judge is, in fact, required? Note this interview on 23 November 2024: "Leadbeater acknowledges in written correspondence after the interview that the bill does not specify it must be a High Court judge – under the Senior Courts Act, that technically means a district judge could provide the safeguard. However, she says, "from my discussions, the clear expectation is that the number of cases in the first few years of operation would be relatively small and this would certainly be a High Court judge"."?

Commented [AR16]: Query: does this mean that the High Court is bound to make the declaration if it considers that the person satisfies the criteria but is making the request because (1) they consider that they are a burden? Or (2) they are making the choice because they do not consider that they have access to suitable palliative care?

(b) the person is terminally ill,

(c) the person has capacity to make the decision to end their own life,

(d) the person was aged 18 or over at the time the first declaration was made,

(e) the person is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration,

(f) the person is registered as a patient with a general medical practice in England or Wales,

(g) the person has a clear, settled and informed wish to end their own life, and

(h) the person made the first declaration and the application under this section voluntarily and has not been coerced or pressured by any other person into making that declaration or application.

(4) Subject to the following provisions of this section and to any provision made by Rules of Court, the High Court may follow such procedure as it deems appropriate for each application under this section.

(5) The High Court—

(a) may hear from and question, in person, the person who made the application for the declaration;

(b) must hear from and may question, in person, the coordinating doctor or the independent doctor (or both);

(c) for the purposes of paragraph (b), may require the coordinating doctor or the independent doctor (or both) to appear before the court.

(6) For the purposes of determining whether it is satisfied of the matters mentioned in subsection (3)(g) and (h), the High Court may also—

(a) hear from and question any other person;

(b) ask a person to report to the court on such matters relating to the person who has applied for the declaration as it considers appropriate.

(7) In subsection (5)—

(a) in paragraph (a), the reference to the person who made the application includes, in a case where the person's first declaration was signed by a proxy under section 15, that proxy, and

(b) "in person" includes by means of a live video link or a live audio link.

(8) Where, on an application made by a person under this section, the High Court refuses to make the declaration, that person may appeal to the Court of Appeal against that decision.

(9) The Court of Appeal must—

(a) if it is satisfied of the matters mentioned in paragraphs (a) to (h) of subsection (3), make a declaration that the requirements of this Act have been met in relation to the first declaration, and

(b) in any other case, confirm the High Court's decision.

(10) Subsections (4) to (7) apply in relation to the Court of Appeal as they apply in relation to the High Court.

Commented [AR17]: Query: will the procedure come at cost to the person making the application? And will legal aid be available?

Query: will the hearing take place in public or in private?

Commented [AR18]: Query: under what (if any) circumstances, would the High Court be required to involve a person to argue against the application being made?

Commented [AR19]: Note: this would be an unusual provision in English law, because the Court of Appeal does not exercise a first instance jurisdiction - this would be directing the Court of Appeal to sit as a first instance court and hear evidence.

Query: is there a route of appeal from the Court of Appeal to the Supreme Court?

(11) No appeal lies from a decision of the High Court to make a declaration under this section.

Commented [AR20]: Query: what is an interested party supposed to do if they consider that the High Court erred in making the declaration?

13 Confirmation of request for assistance: second declaration

(1) Where—

(a) the High Court or Court of Appeal has made a declaration in respect of a person under section 12, and

(b) the second period for reflection has come to an end,

if the person wishes to be provided with assistance to end their own life in accordance with this Act, the person must make a further declaration to that effect (the "second declaration").

(2) In subsection (1) "the second period for reflection" means—

(a) the period of 14 days beginning with the day on which the declaration was made by the High Court or, as the case may be, Court of Appeal, or

(b) where the coordinating doctor reasonably believes that the person's death is likely to occur before the end of the period of one month beginning with the day that declaration was made, the period of 48 hours beginning with that day.

(3) A second declaration must be—

(a) in the form set out in Schedule 4,

(b) signed and dated by the person making the declaration,

(c) witnessed by—

(i) the coordinating doctor, and

(ii) a person other than the coordinating doctor or the independent doctor,

both of whom must see the declaration being signed.

(4) The coordinating doctor may witness a second declaration only if, at the time the second declaration is made, the coordinating doctor is still satisfied that the person making the declaration—

(a) is terminally ill,

(b) has the capacity to make the decision to end their own life,

(c) has a clear, settled and informed wish to end their own life, and

(d) is making the declaration voluntarily and has not been coerced or pressured by any other person into making it.

(5) If the coordinating doctor is so satisfied, they must make a statement to that effect.

(6) The statement under subsection (5) must be—

(a) in the form set out in Schedule 5,

(b) signed and dated by the coordinating doctor, and

(c) witnessed by the same person who witnessed the second declaration under subsection (3)(c)(ii).

(7) A person may not witness a declaration under subsection (3)(c)(ii) if they are disqualified under section 36 from being a witness.

14 Cancellation of declarations

(1) A person who has made a first declaration or a second declaration may cancel it by giving oral or written notice of the cancellation (or otherwise indicating their decision to cancel in a manner of communication known to be used by the person) to—

(a) the coordinating doctor, or

(b) any registered medical practitioner from the person's GP practice.

(2) Where notice or an indication is given to a registered medical practitioner under subsection (1)(b), the practitioner must, as soon as practicable, notify the coordinating doctor of the cancellation.

(3) A cancellation under subsection (1) has effect from the time the notice or indication is given.

(4) From the time a first declaration is cancelled, any duty or power of the coordinating doctor or the independent doctor under sections 7 to 9 (assessments, statements and referrals) that arose in consequence of that declaration ceases to have effect.

15 Signing by proxy

(1) This section applies where a person intending to make a first declaration or a second declaration—

(a) declares to a proxy that they are unable to sign their own name (by reason of physical impairment, being unable to read or for any other reason), and

(b) authorises the proxy to sign the declaration on their behalf.

(2) A declaration signed by a proxy—

(a) in the presence of the person, and

(b) in accordance with subsection (3),

has the same effect as if signed by the person themselves.

(3) Where a proxy signs a declaration, the proxy is to add, after their signature—

(a) their full name and address,

(b) the capacity in which they qualify as a proxy, and

(c) a statement that they have signed in that capacity as a proxy.

(4) A proxy may not sign a declaration—

(a) unless satisfied that the person understands the nature and effect of the making of the declaration,

(b) if disqualified under section 36 from being a proxy, or

(c) if it is a second declaration and the proxy signed the first declaration as a witness.

(5) In this section "proxy" means—

Commented [AR21]: Query: if "any other reason" is not intended to cover cognitive impairment (which is presumably the case), does this need to be made clear?

Query: how does clause 15 interact with clause 18? If a person is unable to sign their own name by way of physical impairment, are there any circumstances under which they can authorise a proxy to carry out the final act? If a person is unable to sign their own name by way of physical impairment, are there any circumstances under which they can authorise a proxy to carry out the final act? If not, should it be made clear in clause 15 that such a person should not be allowed to start the declaration process?

(a) a person who has known the person making the declaration personally for at least 2 years, or

(b) a person who is of good standing in the community.

Information in medical records

16 Recording of declarations and statements etc

(1) This section applies where—

(a) a first declaration is made by a person;

(b) a statement is made under section 7(3), or the coordinating doctor refuses to make such a statement, in relation to a person;

(c) a statement is made under section 8(5), or the independent doctor refuses to make such a statement, in relation to a person;

(d) the High Court or Court of Appeal has made a declaration under section 12 in relation to a person or has refused to make such a declaration;

(e) a second declaration is made by a person;

(f) a statement is made under section 13(5), or the coordinating doctor refuses to make such a statement, in relation to a person.

(2) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record the making of the declaration or statement, or, as the case may be, the refusal to make the declaration or statement, in the person's medical records.

(3) In any other case—

(a) the coordinating doctor must, as soon as practicable, give a registered medical practitioner with that practice notice of the making of the declaration or statement or, as the case may be, the refusal to make the declaration or statement, and

(b) that practitioner must, as soon as practicable, record the making of the declaration or statement or the refusal to make the declaration or statement in the person's medical records.

(4) A record made under subsection (2) or (3) of a statement or declaration within subsection (1)(a), (b), (c), (e) or (f) must include the original statement or declaration.

17 Recording of cancellations

(1) This section applies where a person cancels a first declaration or a second declaration under section 14.

(2) If the notice or indication under that section is given to a registered medical practitioner at the person's GP practice, that practitioner must, as soon as practicable, record the cancellation in the person's medical records.

(3) In any other case—

(a) the registered medical practitioner to whom notice or indication of the cancellation is given must, as soon as practicable, notify a registered medical practitioner with that practice of the cancellation, and

(b) the practitioner notified under paragraph (a) must, as soon as practicable, record the cancellation in the person's medical records.

Provision of assistance to end life

18 Provision of assistance

(1) This section applies where—

(a) the High Court or Court of Appeal has made a declaration in respect of a person under section 12,

(b) the second period for reflection (within the meaning of section 13(2)) has ended,

(c) that person has made a second declaration which has not been cancelled, and

(d) the coordinating doctor has made the statement under section 13(5).

(2) The coordinating doctor may, in accordance with this section, provide that person with an approved substance (see section 20) with which the person may end their own life.

(3) The approved substance must be provided directly and in person by the coordinating doctor to that person.

(4) The coordinating doctor must be satisfied, at the time the approved substance is provided, that the person to whom it is provided—

(a) has capacity to make the decision to end their own life,

(b) has a clear, settled and informed wish to end their own life, and

(c) is requesting provision of that assistance voluntarily and has not been coerced or pressured by any other person into doing so.

(5) The coordinating doctor may be accompanied by such other health professionals as the coordinating doctor thinks necessary.

(6) In respect of an approved substance which is provided to the person under subsection (2), the coordinating doctor may—

(a) prepare that substance for self-administration by that person,

(b) prepare a medical device which will enable that person to self-administer the substance, and

(c) assist that person to ingest or otherwise self-administer the substance.

(7) But the decision to self-administer the approved substance and the final act of doing so must be taken by the person to whom the substance has been provided.

(8) Subsection (6) does not authorise the coordinating doctor to administer an approved substance to another person with the intention of causing that person's death.

Commented [AR22]: Query: how does clause 18 interact with clause 15? If a person is unable to sign their own name by way of physical impairment, are there any circumstances under which they can authorise a proxy to carry out the final act? If not, does this need to be clarified, and does it also need to be made clear in clause 15 that such a person should not be allowed to start the declaration process?

Query: What consideration has been given to the operation of Articles 8 and 14 ECHR as regards the argument that excluding those who wish assistance but who are unable to carry out the final act? Even if there is no obligation under the ECHR to provide for a framework for assistance with dying, what consideration has there been given to the question whether, if one is set up, it has to be set up in a non-discriminatory fashion?

Commented [AR23]: Where complications ensue, what, if any, steps may the coordinating doctor take? See the query to clause 9 above).

(9) The coordinating doctor must remain with the person until—

(a) the person has self-administered the approved substance and—

(i) the person has died, or

(ii) it is determined by the coordinating doctor that the procedure has failed, or

(b) the person has decided not to self-administer the approved substance.

(10) For the purposes of subsection (9), the coordinating doctor need not be in the same room as the person to whom the assistance is provided.

(11) Where the person decides not to self-administer the approved substance, or there is any other reason that the substance is not used, the coordinating doctor must remove it immediately from that person.

19 Authorising another doctor to provide assistance

(1) Subject to subsection (2), the coordinating doctor may authorise, in writing, a named registered medical practitioner to carry out the coordinating doctor's functions under section 18.

(2) A registered medical practitioner may be authorised under subsection (1) only if—

(a) the person to whom the assistance is being provided has consented, in writing, to the authorisation of that practitioner, and

(b) that practitioner has completed such training, and gained such qualifications and experience, as the Secretary of State may specify by regulations.

(3) Where a registered medical practitioner is authorised under subsection (1), section 18 applies as if references to the coordinating doctor were to that registered medical practitioner.

(4) Section 15 (signing by proxy) applies in relation to a consent under subsection (2)(a) as it applies in relation to a first or second declaration, except that, for these purposes, section 15(4) has effect as if for paragraph (c) there were substituted—

"(c) if the proxy signed the first or second declaration as a witness."

(5) Before making regulations under subsection (2)(b), the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(6) Regulations under subsection (2)(b) are subject to the negative procedure.

20 Meaning of "approved substance"

(1) The Secretary of State must, by regulations, specify one or more drugs or other substances for the purposes of this Act.

(2) In this Act "approved substance" means a drug or other substance specified in regulations under subsection (1).

(3) Regulations under subsection (1) are subject to the negative procedure.

Commented [AR24]: Note: "approved" for these purposes will have a very specific meaning, because there are (as far as I am aware) no drugs approved anywhere in the world specifically for purposes of ending life.

(4) See section 28 for provision about prescribing, dispensing, transporting, storing, handling and disposing of approved substances.

21 Final Statement

(1) This section applies where a person has been provided with assistance to end their own life in accordance with this Act and has died as a result.

(2) The coordinating doctor must complete a statement to that effect (a "final statement").

(3) The statement mentioned in subsection (2) must be—

(a) in the form set out in Schedule 6, and

(b) signed and dated by the coordinating doctor.

(4) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record the making of the statement in the person's medical records.

(5) In any other case—

(a) the coordinating doctor must, as soon as practicable, inform a registered medical practitioner with that practice of the making of the statement, and

(b) the practitioner so informed must, as soon as practicable, record the statement in the person's medical records.

(6) A record made under subsection (4) or (5) must include the original statement.

22 Other matters to be recorded in medical records

(1) This section applies where a person is provided with assistance to end their own life in accordance with this Act and either—

(a) the person decides not to take the substance, or

(b) the procedure fails.

Commented [AR25]: Query: is this limited to the situation where the procedure fails to bring about death, or does it mean where complications ensue and further steps had to be taken by the practitioner?

(2) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record that this has happened in the person's medical records.

(3) In any other case—

(a) the coordinating doctor must, as soon as practicable, inform a registered medical practitioner with that practice that this has happened, and

(b) the practitioner so informed must, as soon as practicable, record that fact in the person's medical records.

Protections for health professionals

23 No obligation to provide assistance etc

(1) No registered medical practitioner or other health professional is under any duty (whether arising from any contract, statute or otherwise) to participate in the provision of assistance in accordance with this Act.

(2) An employer must not subject an employee to any detriment for exercising their right under subsection (1) not to participate in the provision of assistance in accordance with this Act or for participating in the provision of assistance to a person in accordance with this Act.

Commented [AR26]: Query: what, if any, duty is a person under who does not wish to provide assistance? Does the person need to give reasons? And does it apply to a specialist who is being asked on referral under section 9?

Query: does this clause and the other relevant provisions of the Bill need to be further clarified to meet the BMA's requirements for the service to be an 'opt-in' one, as set out in its briefing ahead of Second Reading?

24 Criminal liability for providing assistance

(1) A person is not guilty of an offence by virtue of providing assistance to a person in accordance with this Act.

(2) Subsection (1) does not limit the circumstances in which a court can otherwise find that a person who has assisted another to end their own life (or to attempt to do so) has not committed an offence.

(3) In the Suicide Act 1961, after section 2A (acts capable of encouraging or assisting suicide) insert—

"2AA Assistance provided under Terminally Ill Adults (End of Life) Act 2024

(1) In sections 2(1) and 2A(1), a reference to an act that is capable of encouraging or assisting suicide or attempted suicide does not include the provision of assistance to a person to end their own life in accordance with the Terminally Ill Adults (End of Life) Act 2024.

(2) It is a defence for a person charged with an offence under section 2 to prove that they—

(a) reasonably believed they were acting in accordance with the Terminally Ill Adults (End of Life) Act 2024, and

(b) took all reasonable precautions and exercised all due diligence to avoid the commission of the offence."

25 Civil liability for providing assistance

(1) Providing assistance to a person to end their own life in accordance with this Act does not give rise to any civil liability.

(2) Subsection (1) does not limit the circumstances in which a court can otherwise find that a person who has assisted another person to end their own life is not subject to civil liability.

(3) The references in subsections (1) and (2) to providing assistance to or assisting a person to end their own life include references to providing assistance to or, as the case may be, assisting the person in an attempt to do so.

Offences

26 Dishonesty, coercion or pressure

(1) A person who, by dishonesty, coercion or pressure, induces another person to make a first or second declaration, or not to cancel such a declaration, commits an offence.

(2) A person who, by dishonesty, coercion or pressure, induces another person to self-administer an approved substance provided in accordance with this Act commits an offence.

(3) A person who commits an offence under subsection (1) or (2) is liable on conviction on indictment to imprisonment for a term not exceeding 14 years.

27 Falsification or destruction of documentation

(1) A person commits an offence if they—

(a) make or knowingly use a false instrument which purports to be—

(i) a first declaration,

(ii) a second declaration, or

(iii) a declaration by the High Court or the Court of Appeal under section 12, or

(b) wilfully conceal or destroy a first declaration or a second declaration by another person.

(2) A person commits an offence if, in relation to another person who has made a first declaration under this Act, they knowingly or recklessly provide a medical or other professional opinion in respect of that person which is false or misleading in a material particular.

(3) A person ("A") commits an offence if, in relation to another person ("B") who has cancelled a first or second declaration made and signed by B in accordance with this Act, A wilfully ignores or otherwise conceals knowledge of that cancellation.

(4) A person guilty of an offence under subsection (1)(a), (2) or (3) which was committed with the intention of causing the death of another person is liable, on conviction on indictment, to imprisonment for life.

(5) Unless subsection (4) applies, a person convicted of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding the general limit in a magistrates' court or a fine, or both;

(b) on conviction on indictment to imprisonment for a term not exceeding 5 years or a fine, or both.

Commented [AR27]: Query: does this need to be clarified in light of the answer to the question above in relation to supporting decision-making capacity? I.e. at what point (if such is acceptable) supporting a person to have capacity to make a decision to request assistance constitute coercion or pressure to make the request?

Regulatory regime for approved substances

28 Prescribing, dispensing, transporting etc of approved substances

(1) The Secretary of State may, by regulations, make provision—

(a) about the prescribing and dispensing of approved substances;

(b) about the transportation, storage, handling and disposal of approved substances;

(c) about the records to be kept in relation to the prescribing, dispensing, transportation, storage, handling and disposal of approved substances.

(2) Regulations under subsection (1) may make provision about enforcement, including provision imposing civil penalties.

(3) Regulations under subsection (1) are subject to the negative procedure.

Investigation and registration of deaths

29 Inquests, death certification etc

(1) A person is not to be regarded as having died in circumstances to which section 1(2)(a) or (b) of the Coroners and Justice Act 2009 (duty to investigate certain deaths) applies only because the person died as a consequence of the provision of assistance to that person in accordance with this Act.

(2) In the Births and Deaths Registration Act 1953, after section 39A, insert—

"39B Regulations: assisted dying

(1) The Secretary of State may by regulations—

(a) provide for any provision made by or under this Act relating to the registration of deaths to apply in respect of deaths which arise from the provision of assistance in accordance with the Terminally Ill Adults (End of Life) Act 2024 with such modifications as may be prescribed in respect of—

(i) the information which is to be provided concerning such deaths,

(ii) the form and manner in which the cause of such deaths is to be certified, and

(iii) the form and manner in which such deaths are to be registered, and

(b) make such incidental, supplemental and transitional provisions as the Secretary of State considers appropriate.

(2) Any regulations made under subsection (1)(a)(ii) must provide for the cause of death to be recorded as "assisted death" along with a record of the person's terminal illness by reason of which they were entitled to be provided with assistance to end their own life in accordance with the Terminally Ill Adults (End of Life) Act 2024.

(3) In subsection (2) "terminal illness" means the illness, disease or medical condition mentioned in section 2(1)(a) of that Act.

(4) The power of the Secretary of State to make regulations under subsection (1) is exercisable by statutory instrument.

(5) Regulations may not be made under subsection (1) unless a draft of the statutory instrument containing them has been laid before and approved by a resolution of each House of Parliament."

(3) The Registrar General for England and Wales must, at least once each year, prepare and lay before Parliament a report providing a statistical analysis of deaths which have arisen from the provision of assistance to persons in accordance with this Act.

Codes and guidance

30 Codes of practice

(1) The Secretary of State may issue one or more codes of practice in connection with—

(a) the assessment of whether a person has a clear and settled intention to end their own life, including—

(i) assessing whether the person has capacity to make such a decision;

(ii) recognising and taking account of the effects of depression or other mental disorders (within the meaning of the Mental Health Act 1983) that may impair a person's decision-making;

(b) the information which is made available as mentioned in sections 4 and 9 on treatment or palliative, hospice or other care available to the person and under section 9 on the consequences of deciding to end their own life;

(c) the arrangements for ensuring effective communication in connection with the provision of assistance to persons in accordance with this Act, including the use of interpreters;

(d) the arrangements for providing approved substances to the person for whom they have been prescribed, and the assistance which such a person may be given to ingest or self-administer them;

(e) such other matters relating to the operation of this Act as the Secretary of State considers appropriate.

(2) Before issuing a code under this section the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(3) A code issued under subsection (1) does not come into force until the Secretary of State by regulations so provides.

(4) Regulations bringing a code into force are subject to the affirmative procedure.

(5) When draft regulations are laid before Parliament in accordance with that procedure, the code to which they relate must also be laid before Parliament.

(6) A person performing any function under this Act must have regard to any relevant provision of a code.

Commented [AR28]: Query: how would such a code relate to the MCA Code, given that capacity is directly cross-referred to the MCA 2005?

(7) A failure to do so does not of itself render a person liable to any criminal or civil proceedings but may be taken into account in any proceedings.

31 Guidance from Chief Medical Officers

(1) The relevant Chief Medical Officer must prepare and publish guidance relating to the operation of this Act.

(2) Before preparing guidance under this section, the relevant Chief Medical Officer must consult such persons as that Chief Medical Officer considers appropriate.

(3) When preparing that guidance, the relevant Chief Medical Officer must have regard to the need to provide practical and accessible information, advice and guidance to—

(a) persons requesting or considering requesting assistance to end their own lives;

(b) next of kin and families of such persons;

(c) the general public.

(4) In this section "relevant Chief Medical Officer" means—

(a) in relation to England, the Chief Medical Officer for England;

(b) in relation to Wales, the Chief Medical Officer for Wales.

Provision through NHS etc

32 Secretary of State's powers to ensure assistance is available

(1) The Secretary of State may, by regulations, make provision—

(a) to secure that arrangements are made, by the Secretary of State or other persons, for the provision of assistance to persons in accordance with this Act, and

(b) for related matters.

(2) Regulations under subsection (1) may, in particular, enable the provision of such assistance as part of the health service in England and the health service in Wales.

(3) The power to make regulations under subsection (1) includes power to amend, repeal or revoke any provision made by an enactment passed or made before the end of the Session in which this Act is passed.

(4) Regulations under subsection (1) are subject to the affirmative procedure.

Monitoring and review

33 Notifications to Chief Medical Officers

(1) The Secretary of State may, by regulations, require any registered medical practitioner to notify the relevant Chief Medical Officer of any notifiable event.

Commented [AR29]: Note: it is important to identify that this is a model which is not just about legalising assisted dying, but is about the active provision by the State of assistance, including as part of National Health Service.

Query: under what circumstances would the Secretary of State be anticipated to make such regulations?

Query: under what circumstances (if any) would it be anticipated that private providers be involved?

Query: if it is to be provided as part of the health service, does this imply that it is free to the person requesting assistance?

Note: the Jersey proposals may make a useful comparison in terms of implementation of an "Assisted Dying Service" : see https://statesassembly.gov.je/assemblypropositions/2024/p.18-2024.pdf

(2) The following are notifiable events in relation to a registered medical practitioner—

(a) the practitioner witnessing a first declaration under section 5 as the coordinating doctor;

(b) the practitioner, having carried out the first assessment, providing or refusing to provide the statement mentioned in section 7(3);

(c) the practitioner, having carried out the second assessment, providing or refusing to provide the statement mentioned in section 8(5);

(d) the practitioner witnessing a second declaration under section 13;

(e) the practitioner making or refusing to make a statement under section 13(5);

(f) the practitioner making a final statement under section 21;

(g) the practitioner making a record in a person's medical records in accordance with section 17 or 22 or notifying another practitioner to enable such a record to be made;

(h) such other events as may be specified by the Secretary of State by regulations.

(3) Regulations under subsection (1) may—

(a) specify the information which must be contained in the notification;

(b) specify the manner in which the notification must be given;

(c) make provision about enforcement of the regulations.

(4) In this section "relevant Chief Medical Officer" has the meaning given by section 31(4).

(5) Regulations under this section are subject to the negative procedure.

34 Monitoring by Chief Medical Officers

(1) The relevant Chief Medical Officer must—

(a) monitor the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it,

(b) investigate, and report to the relevant national authority on, any matter connected with the operation of the Act which the relevant national authority refers to the relevant Chief Medical Officer, and

(c) submit an annual report to the relevant national authority on the operation of the Act.

(2) The relevant Chief Medical Officer's report must include information about the occasions when—

(a) the coordinating doctor has refused to make a statement under section 7(3);

(b) the independent doctor has refused to make a statement under section 8(5);

(c) the High Court or Court of Appeal has refused to make a declaration under section 12;

(d) the coordinating doctor has refused to make a statement under section 13(5).

Commented [AR30]: Query: should this include complications that have ensued upon administration of the approved substance?

(3) The relevant Chief Medical Officers may combine their annual reports for the same year in a single document ("a combined report") in such manner as they consider appropriate.

(4) The relevant national authority must publish each annual report or combined report it receives under this section and—

(a) the Secretary of State must lay a copy of each report they receive before Parliament, and

(b) the Welsh Ministers must—

(i) lay a copy of each report they receive before Senedd Cymru, and

(ii) send a copy of each report (other than a combined report) they receive to the Secretary of State.

(5) The Secretary of State must—

(a) prepare and publish a written response to any report received under this section,

(b) lay a copy of any written response before Parliament, and

(c) if the written response is to a report from the Chief Medical Officer for Wales or a combined report, send a copy of the response to the Welsh Ministers.

(6) The Welsh Ministers must lay a copy of any written response they receive under subsection (5)(c) before Senedd Cymru.

(7) In this section—

"relevant Chief Medical Officer" has the meaning given by section 31(4);

"relevant national authority" means—

(a) in relation to the Chief Medical Officer for England, the Secretary of State, and

(b) in relation to the Chief Medical Officer for Wales, the Welsh Ministers.

35 Review of this Act

(1) The Secretary of State must, during the period of 12 months beginning at the end of the initial 5-year period—

(a) undertake a review of the operation of this Act,

(b) prepare a report on that review, and

(c) as soon as reasonably practicable, publish and lay the report before Parliament.

(2) "The initial 5-year period" means the period of 5 years beginning with the day on which this Act is passed.

(3) The report must, in particular, set out—

(a) the extent to which the Act has successfully met its aim of allowing adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own lives;

Commented [AR31]: This is a macro-level review. Query whether there needs to be express provision for reviews of individual cases by an appropriate body if concerns have been raised about the operation of the provisions of the Bill in any given case?

(b) an assessment of the availability, quality and distribution of appropriate health services to persons with palliative care needs, including—
  (i) pain and symptom management;
  (ii) psychological support for those persons and their families;
  (iii) information about palliative care and how to access it;
(c) any concerns with the operation of this Act which have been raised; and
(d) the Secretary of State's response to any such concerns, including any recommendations for changes to codes of practice, guidance or any enactment (including this Act).

General and final

36 Disqualification from being witness or proxy

(1) The individuals specified in subsection (2) are disqualified from—
  (a) witnessing a first declaration by a person under section 5(2)(c)(ii);
  (b) witnessing a second declaration by a person under section 13(3)(c)(ii);
  (c) being a proxy for a person intending to have a document signed by proxy under section 15.

(2) Those individuals are—
  (a) any relative of the person;
  (b) anyone who knows or believes that they—
    (i) are a beneficiary under a will of the person, or
    (ii) may otherwise benefit financially or in any other material way from the death of the person;
  (c) any health professional who has provided treatment or care for the person in relation to that person's terminal illness;
  (d) any person who has not attained the age of 18.

(3) In subsection (2)(c), the reference to "terminal illness" means the illness, disease or medical condition mentioned in section 2(1)(a).

37 Modification of form of declarations and statements

(1) The Secretary of State may by regulations amend or replace any of Schedules 1 to 6.

(2) Regulations under subsection (1) are subject to the negative procedure.

38 Power to make consequential and transitional provision etc

(1) The Secretary of State may by regulations make—
  (a) such supplementary, incidental or consequential provision, or
  (b) such transitory, transitional or saving provision,

as the Secretary of State considers appropriate for the purposes or in consequence of any provision made by this Act.

(2) Regulations under subsection (1) are subject to the negative procedure.

39 Regulations

(1) A power to make regulations under any provision of this Act includes power to make different provision for different purposes.

(2) Regulations under this Act are to be made by statutory instrument.

(3) Where regulations under this Act are subject to "the affirmative procedure", the regulations may not be made unless a draft of the statutory instrument containing them has been laid before, and approved by a resolution of, each House of Parliament.

(4) Where regulations under this Act are subject to "the negative procedure", the statutory instrument containing them is subject to annulment in pursuance of a resolution of either House of Parliament.

(5) Any provision that may be made by regulations under this Act subject to the negative procedure may be made by regulations subject to the affirmative procedure.

(6) This section does not apply to regulations under section 42 (commencement).

40 Interpretation

(1) In this Act, references to the provision of assistance to a person to end their own life in accordance with this Act are to the provision of assistance to that person to end their own life in circumstances where the provision is authorised by section 1.

(2) In this Act—

"the affirmative procedure" has the meaning given in section 39(3);

"approved substance" has the meaning given in section 20(2);

"coordinating doctor" has the meaning given in section 5(3);

"capacity" (except in section 15(3)(b)) is to be construed in accordance with section 3;

"GP practice", of a person, means the general medical practice with which the person is registered;

"health professional" means—

(a) a registered medical practitioner;

(b) a registered nurse;

(c) a registered pharmacist or a registered pharmacy technician within the meaning of the Pharmacy Order 2010 (S.I. 2010/231) (see article 3 of that Order);

"independent doctor" has the meaning given in section 7(3)(c);

"the negative procedure" has the meaning given by section 39(4);

"relative", in relation to any person, means—

(a) the spouse or civil partner of that person,

(b) any lineal ancestor, lineal descendant, sibling, aunt, uncle or cousin of that person or the person's spouse or civil partner, or

(c) the spouse or civil partner of any relative mentioned in paragraph (b).

(3) For the purpose of deducing any relationship mentioned in the definition of "relative" in subsection (2), a spouse or civil partner includes a former spouse or civil partner and a partner to whom the person is not married, and a step-child of any person is treated as that person's child.

(4) For the purposes of this Act, a registered medical practitioner is not to be regarded as benefiting financially or in any other material way from the death of a person by reason only of the practitioner receiving reasonable remuneration for the provision of services in connection with the provision of assistance to that person in accordance with this Act.

41 Extent

This Act extends to England and Wales.

Commented [AR32]: Query: what, if any, relevance does the (non-binding) vote of the Senedd on 23 October 2024 have, given that the Senedd voted against against a non-binding motion calling on the Welsh Government to back the principle of assisted dying: Plenary 23/10/2024 - Welsh Parliament

42 Commencement

(1) Sections 37 to 41, this section and section 43 come into force on the day on which this Act is passed.

(2) The other provisions of this Act come into force on such day or days as the Secretary of State may by regulations appoint.

(3) But if any provision of this Act has not been fully brought into force before the end of the period of 2 years beginning with the day on which this Act is passed, that provision (so far as not already in force) comes into force at the end of that period.

(4) The Secretary of State may by regulations make transitional or saving provision in connection with the coming into force of any provision of this Act.

(5) The power to make regulations under this section includes power to make different provision for different purposes.

(6) Regulations under this section are to be made by statutory instrument.

43 Short title

This Act may be cited as the Terminally Ill Adults (End of Life) Act 2024.

SCHEDULES

SCHEDULE 1

Section 5

FORM OF THE FIRST DECLARATION

Person making declaration

Name ……..

Address ……..
……..
……..

Postcode ……..

Date of birth ……..

NHS number ……..

General medical practice (name and address) ……..
……..
……..

1. I declare that if I am eligible to be provided with assistance to end my own life under the Terminally Ill Adults (End of Life) Act 2024 ("the 2024 Act"), I wish to be provided with that assistance.

2. I understand that, for that assistance to be provided, I must be assessed by two registered medical practitioners and I consent to being assessed by them for the purposes of the 2024 Act.

3. I make this declaration voluntarily and, in particular, I confirm that I have not been coerced or pressured by any other person into making it.

4. I understand that I can cancel this declaration at any time.

5. I am registered as a patient with the general medical practice stated above.

6. I am aged 18 or over.

Signed ……..

Dated ……..

Witnesses

Coordinating doctor

Name ……..

Address ……..
……..
……..

Person making declaration

Signed ……..……

Dated ……..

Independent witness

Name ……..

Address ……..
……..
……..

Signed ……..

Dated ……..

SCHEDULE 2

Section 7

FORM OF THE COORDINATING DOCTOR'S STATEMENT

Coordinating doctor's statement

Name ……..

Address ……..
……..
……..

(1) I am satisfied that—

(a) [name of person] ("the patient") has signed a first declaration which has been witnessed in accordance with the Terminally Ill Adults (End of Life) Act 2024 ("the 2024 Act");

(b) the fact that the first declaration has been made and the date when it was signed have been recorded in the patient's medical records;

(c) the patient has not cancelled the first declaration.

(2) I have discussed with the patient—

(a) the nature and effect of the first declaration made by them under the 2024 Act, and

(b) the nature and effect of the making by them of a second declaration under the 2024 Act.

(3) I have taken the steps required by sections 7 and 9 of the 2024 Act (First doctor's assessment: coordinating doctor).

(4) I am of the opinion that the patient is terminally ill (within the meaning of section 2 of the 2024 Act). The advanced and progressive illness, disease or medical condition(s) involved is/are [*specify*].

(5) I am satisfied that the patient has capacity to request the provision of assistance to end their own life in accordance with the 2024 Act.

Coordinating doctor's statement

(6) I am satisfied that the patient—
  (a) was aged 18 or over when the first declaration was made;
  (b) is ordinarily resident in England and Wales and has been so for at least 12 months ending with the date of the first declaration; and
  (c) is registered as a patient with a general medical practice in England or Wales.

(7) To the best of my knowledge, the patient—
  (a) has a clear, settled and informed wish to end their own life, and
  (b) made the first declaration voluntarily and has not been coerced or pressured by any other person into making it.

Signed ……..

Dated ……..

SCHEDULE 3

Section 8

FORM OF THE INDEPENDENT DOCTOR'S STATEMENT

Independent doctor's statement

Name ……..

Address ……..
……..
……..

(1) I am satisfied that—

  (a) [*name of person*] ("the patient") has signed a first declaration which has been witnessed in accordance with the Terminally Ill Adults (End of Life) Act 2024 ("the 2024 Act");
  (b) the fact that the first declaration has been made and the date when it was signed have been recorded in the patient's medical records;
  (c) the patient has not cancelled the first declaration.

(2) I have discussed with the patient—
  (a) the nature and effect of the first declaration made by them under the 2024 Act, and
  (b) the nature and effect of the making by them of a second declaration under the 2024 Act.

(3) I have taken the steps required by sections 8 and 9 of the 2024 Act (Second doctor's assessment (independent doctor)).

(4) I am of the opinion that the patient is terminally ill (within the meaning of section 2 of the 2024 Act). The advanced and progressive illness, disease or medical condition(s) involved is/are [specify].

Independent doctor's statement

(5) I am satisfied that the patient has capacity to request the provision of assistance to end their own life in accordance with the 2024 Act.

(6) I am satisfied that the patient was aged 18 or over when the first declaration was made.

(7) To the best of my knowledge, the patient—

(a) has a clear, settled and informed wish to end their own life, and

(b) made the first declaration voluntarily and has not been coerced or pressured by any other person into making it.

Signed ……..

Dated ……..

SCHEDULE 4

Section 13

FORM OF SECOND DECLARATION

Person making declaration

Name ……..

Address ……..
……..
……..

Postcode ……..

Date of birth ……..

NHS number ……..

Medical practice (name and address) ……..
……..
……..

1. I declare that I am eligible to be provided with assistance to end my own life under the Terminally Ill Adults (End of Life) Act 2024 ("the 2024 Act") and wish to be provided with that assistance.

2. I have made a first declaration under the 2024 Act dated [*insert*].

3. The coordinating doctor has made a statement under that Act dated [*insert*].

4. The independent doctor has made a statement under that Act dated [*insert*].

5. The High Court/Court of Appeal [*delete* as appropriate] has made a declaration under that Act dated [*insert*].

Person making declaration

6. I understand that, for that assistance to be provided to end my own life under the 2024 Act, I must also make a second declaration under that Act.

7. I make this second declaration voluntarily and, in particular, I confirm that I have not been coerced or pressured by any other person into making it.

8. I understand that I can cancel this declaration at any time.

9. I am registered as a patient with the above medical practice.

Signed ……..

Dated ……..

Witnesses

Coordinating doctor

Name ……..

Address ……..
……..
……..

Signed ……

Dated ……..

Independent witness

Name ……..

Address ……..
……..
……..

Signed ……..

Dated ……..

SCHEDULE 5

Section 13

FORM OF THE COORDINATING DOCTOR'S SECOND STATEMENT

Coordinating doctor

Name ……..

Address ……..
……..
……..

Coordinating doctor

(1) I am of the opinion that [name of person] ("the patient") is terminally ill within the meaning of the Terminally Ill Adults (End of Life) Act 2024 ("the 2024 Act"). The advanced and progressive illness, disease or medical condition(s) involved is/are [*specify*].

(2) The High Court or Court of Appeal made a declaration under section 12 of the 2024 Act in respect of the patient on [*insert date*].

(3) I am/am not [*delete as appropriate*] of the opinion that the patient's death is likely to occur before the end of the period of one month beginning with the day on which the declaration was made by the High Court or Court of Appeal.

(4) I am satisfied—
  (a) that the second period for reflection under the 2024 Act ended before the second declaration was made by the patient under that Act, and
  (b) that the patient has capacity to request the provision of assistance to end their own life in accordance with that Act.

(5) To the best of my knowledge—
  (a) neither the first nor the second declaration made by the patient has been cancelled,
  (b) the patient has a clear, settled and informed wish to end their own life, and
  (c) the patient made the second declaration voluntarily and has not been coerced or pressured by any other person into making it.

Signed ……..

Dated ……..

Independent witness

Name ……..

Address ……..
……..
……..

Signed ……..

Dated ……..

SCHEDULE 6

Section 21

FORM OF THE COORDINATING DOCTOR'S FINAL STATEMENT

Final statement

Coordinating doctor

Name ……..

Address ……..

Final statement

Coordinating doctor

……..
……..

Postcode ……..

Telephone number ……..

Email address ……..

Medical specialism (if any) ……..
……..

1. I confirm that [*name of person*] ("the patient"), whose details are set out below, was provided with assistance to end their own life in accordance with the Terminally Ill Adults (End of Life) Act 2024.

2. This statement will be entered into the medical records of the patient.

Person provided with assistance

Name ……..

Address ……..
……..
……..

Postcode ……..

Date of birth ……..

Sex ……..

NHS number ……..

Medical practice

Name ……..

Address ……..
……..
……..

Signed ……..

Dated ……..

Date of first declaration ……..

Date of coordinating doctor's statement under section 7 ……..

Date of independent doctor's statement under section 8 ……..

Final statement

Coordinating doctor

Date of [High Court/Court of Appeal] declaration	……..
Date of second declaration	……..
Details of advanced and progressive condition	…….. …….. …….. ……..
Approved substance provided	…….. …….. …….. ……..
Date and time of death	……..
Time between use of approved substance and death	……..
Signed	……..
Dated	……..

Terminally Ill Adults (End of Life) Bill

[AS INTRODUCED]

A

B I L L

TO

Allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life; and for connected purposes.

Presented by Kim Leadbeater
supported by Kit Malthouse, Christine Jardine,
Jake Richards, Siân Berry, Rachel Hopkins,
Mr Peter Bedford, Tonia Antoniazzi, Sarah Green,
Dr Jeevun Sandher, Ruth Cadbury and
Paula Barker.

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