Terminally Ill Adults (End of Life) Bill

[AS AMENDED IN PUBLIC BILL COMMITTEE]

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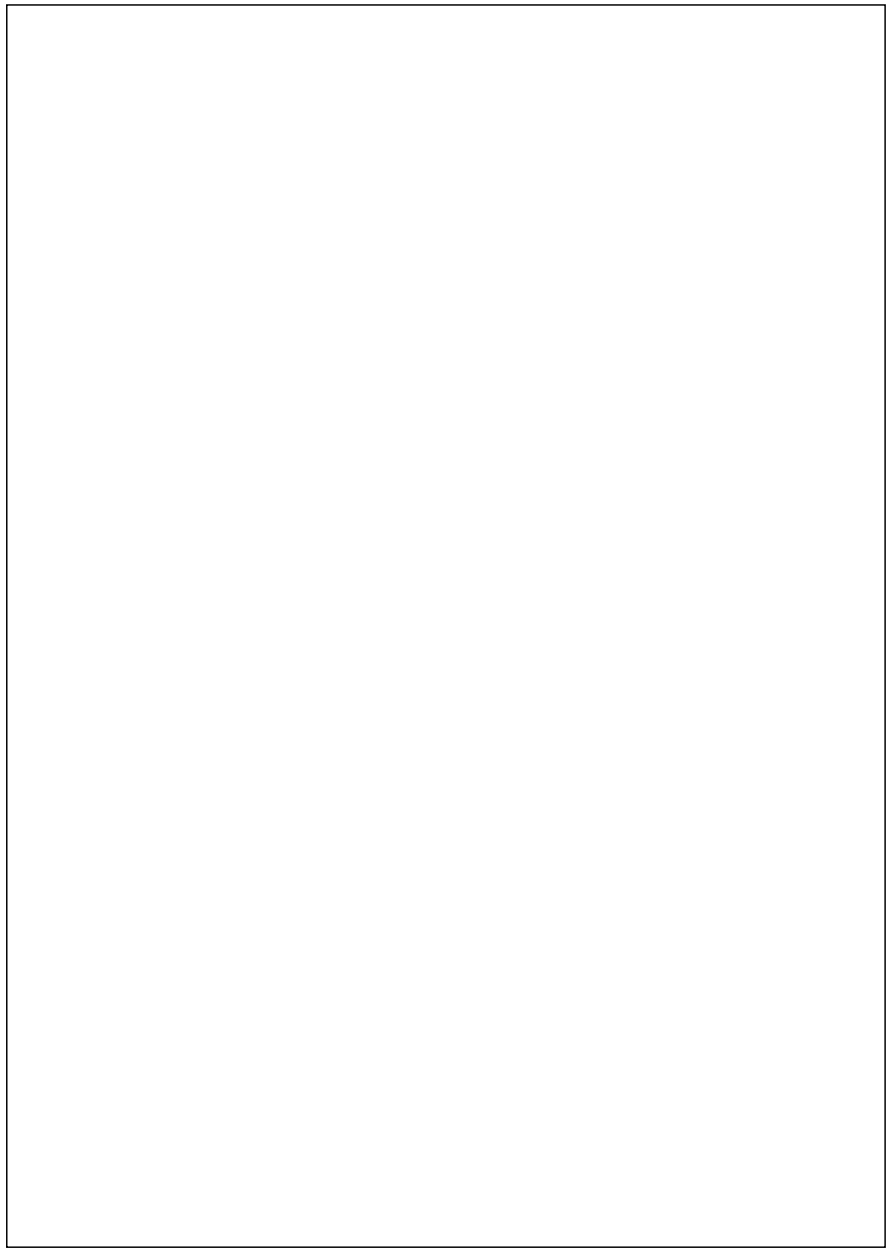

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[AS AMENDED IN PUBLIC BILL COMMITTEE]

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.

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 in England or Wales 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 7),

(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 in England or Wales with assistance to end their own life in accordance with sections 7 to 27.

(2) Sections 7 to 27, 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.

(3) The steps to be taken under sections 7, 9, 10 and 17 must be taken—

(a) when the terminally ill person is in England or Wales, and

(b) in the case of the steps under sections 9 and 10, by persons in England or Wales.

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Author: ar Subject: Comment on Text Date: 29/03/2025 09:46:12
Query: does a justification need to be given to address why the exclusion of those ordinarily resident elsewhere in the United Kingdom does not amount to discrimination for purposes of Articles 8 and 14 ECHR?

Author: ar Subject: Comment on Text Date: 29/03/2025 09:49:21
Note: the reference to the person making 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 focuses on external coercion / pressure. It does not address the situation where (1) the person has internalised (for instance) a feeling of being a burden to others; or (2) is seeking to end their own life because of social care or health care service provision failures.

Query: if (1) and / or (2) are outside the scope of the Bill, should this be made express so it is clear that Parliament has explicitly accepted that (1) and (2) are valid bases for seeking assistance in dying.

Query: to determine whether 2(b) is satisfied (and also whether the person has capacity (see clause 3)), is it necessary to ask why the person wishes to end their own life?

2 Terminal illness

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

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

(b) the person's death in consequence of that illness or disease can reasonably be expected within six 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 or disease.

(3) For the avoidance of doubt, a person is not to be considered to be terminally ill only because they are a person with a disability or mental disorder (or both).
Nothing in this subsection results in a person not being regarded as terminally ill for the purposes of this Act if (disregarding this subsection) the person meets the conditions in paragraphs (a) and (b) of subsection (1).

3 Capacity

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

Voluntary Assisted Dying Commissioner

4 Voluntary Assisted Dying Commissioner

(1) There is to be a Voluntary Assisted Dying Commissioner.

(2) The Commissioner is to be appointed by the Prime Minister.

(3) The person appointed must hold or have held office as a judge of—

(a) the Supreme Court,

(b) the Court of Appeal, or

(c) the High Court.

(4) The Commissioner's principal functions are—

(a) receiving documents made under this Act;

(b) making appointments to a list of persons eligible to sit on Assisted Dying Review Panels (see Schedule 2);

(c) making arrangements in relation to such panels and referring cases to them (see section 14);

(d) determining applications for reconsideration of panel decisions under section 16;

(e) monitoring the operation of this Act and reporting annually on it (see section 45).

(5) In this Act "the Commissioner" means the Voluntary Assisted Dying Commissioner.

(6) Schedule 1 makes provision about the Commissioner.

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Author: ar Subject: Comment on Text Date: 29/03/2025 09:51:41
Query: is a person considered to be terminally ill if they have a chronic condition (ie a condition which can be managed, but not reversed) but decline further treatment, such that their death in consequence can reasonably be expected within 6 months?

Query: is it necessary to provide a justification on face of the Act as to why the exclusion from eligibility of those who wish assistance but are not terminally ill (including those who wish it because of suffering caused by mental disorder) does not amount to discrimination for purposes of Articles 8 and 14 ECHR?

Author: ar Subject: Comment on Text Date: 29/03/2025 09:54:05
It appears to be the clear intention that those with anorexia should not fall within the scope of the Bill. This being so, what steps are required to ensure that anorexia, or severe malnutrition consequential upon anorexia, is not considered to be terminal illness, as appears to have been the case in Oregon: see page 14 of https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf

Author: ar Subject: Comment on Text Date: 29/03/2025 12:47:00
Note: this was the subject of considerable debate at Bill Committee stage. Some urban myths relating to mental capacity in this context are explored in this video https://www.mentalcapacitylawandpolicy.org.uk/mental-capacity-myths-a-video-explainer/

Note: as this stands, this has the following implications:

(1) If there is doubt about a person's capacity, and that doubt cannot be resolved upon assessment, they are presumed to have it.

(2) There is a duty to support people to have capacity to make the decision to end their own life

(3) A person who appears not to be able to understand, retain etc the information but does not have an identifiable impairment / disturbance in the functioning of their mind or brain is deemed to have capacity.

Author: ar Subject: Comment on Text Date: 29/03/2025 10:01:38
Query: given that there appears to be considerable misunderstanding as to whether or not a judge, discharging judicial functions, is involved at any stage, should the Act make clear that the VAD Commissioner is not sitting as a judge discharging any of the functions under clause 4(4)? It does not appear that they are. Note in this regard that: (1) the Judicial Appointments Commission has no role in their appointment, as would be expected if they were discharging such a function; and

(2) There is no route of appeal within the court system from any decision of the Commissioner.

Preliminary discussions

5 Preliminary 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 in England or Wales 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 first ensure the provision of adjustments for language and literacy barriers, including the use of interpreters.

(5) 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) all appropriate palliative, hospice or other care, including symptom management and psychological support, and offer to refer them to a registered medical practitioner who specialises in such care for the purpose of further discussion.

(Accordingly, such a preliminary discussion may not be conducted in isolation from an explanation of, and discussion about, the matters mentioned in paragraphs (a) to (c).)

(6) A registered medical practitioner who is unwilling or unable to conduct the preliminary discussion mentioned under subsection (3) is not required to refer the person to another medical practitioner but must ensure that the person is directed to where they can obtain information and have the preliminary discussion.

6 Recording of preliminary discussion

(1) This section applies where a registered medical practitioner ("the practitioner") conducts a preliminary discussion with a person.

(2) Where the practitioner is a practitioner with the person's GP practice, they must, as soon as practicable, record the preliminary discussion in the person's medical records.

(3) In any other case—

(a) the practitioner must, as soon as practicable, give a written record of the preliminary discussion to a registered medical practitioner with the person's GP practice, and

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:03:22
Query: does this also include supporting the person to make their own decision for purposes of s1(3) Mental Capacity Act 2005? If not, why is such excluded when other supports are expressly referred to?

Author: ar Subject: Comment on Text Date: 29/03/2025 10:03:51
In relation to initial discussions with registered medical practitioners, does 'explain to and discuss' cover 'recommend' in relation to e.g. counselling or treatment? And what should the response be if the person declines to accept any recommendations made as regards available palliative, hospice or other care (see also the question under clause 2 above in relation to the refusal of treatment).

(b) that registered medical practitioner must, as soon as practicable, include the record in the person's medical records.

Procedure, safeguards and protections

7 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 regulations made by the Secretary of State,

(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) Regulations under subsection (2)(a) must provide that the first declaration contains—

(a) the following information—

(i) the person's full name and address;

(ii) the person's NHS number;

(iii) contact details for the person's GP practice;

(b) the following further declarations by the person—

(i) a declaration that they meet the initial conditions for eligibility (see subsection (4));

(ii) a declaration that they have had a preliminary discussion with a registered medical practitioner, that they were aged 18 or over when they had that discussion, and that they understand the information referred to in section 5(5)(a) to (c) that was provided during that discussion;

(iii) a declaration that they are content to be assessed, for the purposes of this Act, by medical practitioners;

(iv) a declaration that they are making the first declaration voluntarily and have not been coerced or pressured by any other person into making it;

(v) a declaration that they understand that they may cancel the first declaration at any time.

(4) In subsection (3)(b)(i) "the initial conditions for eligibility" are that the person making the declaration—

(a) is aged 18 or over,

(b) is ordinarily resident in England and Wales and has been so resident for at least 12 months, and

(c) is registered with a general medical practice in England or Wales.

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

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(a) who meets the requirements specified in regulations under subsection (6),

(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.

(6) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to act as the coordinating doctor.

(7) The regulations must include training about—

(a) assessing capacity;

(b) assessing whether a person has been coerced or pressured by any other person;

(c) specific and up-to-date training on reasonable adjustments and safeguards for autistic people and people with a learning disability.

(8) Subject to that, the regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

(9) Regulations under subsection (6) must specify that training in respect of domestic abuse, including coercive control and financial abuse, is mandatory.

(10) A person may not witness a first declaration under subsection (2)(c)(ii) if they are disqualified under section 48 from being a witness.

8 Witnessing first declaration: requirements

(1) This section applies in relation to the making of a first declaration by a person.

(2) The person must, before signing that declaration, provide two forms of proof of identity to the coordinating doctor and the witness mentioned in section 7(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) The coordinating doctor may witness the first declaration only if satisfied that the requirements of subsection (2) have been met.

(5) The coordinating doctor may witness the first declaration only if—

(a) the coordinating doctor has conducted a preliminary discussion with the person or is satisfied that another registered medical practitioner has conducted such a discussion, and

(b) the coordinating doctor has made or seen a written record of the preliminary discussion.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:06:04
Given the introduction of new clause 20 providing for independent advocates, who are to be involved in a broader range of cases, including where they have a mental disorder, should these regulations not also address these wider matters?

9 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 in England and Wales,

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

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

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

(3) After carrying out the first assessment, the coordinating doctor must—

(a) make a report about the assessment (which must meet the requirements of regulations under subsection (4));

(b) give a copy of the report to—

(i) the person who was assessed ("the assessed person"),

(ii) if the coordinating doctor is not a practitioner with the person's GP practice, a registered medical practitioner with that practice, and

(iii) any other person specified in regulations made by the Secretary of State;

(c) if satisfied as to all of the matters mentioned in subsection (2)(a) to (h), refer the assessed person to another registered medical practitioner who meets the requirements of section 10(8) and is able and willing to carry out the second assessment ("the independent doctor").

(4) The Secretary of State must by regulations make provision about the content and form of the report.

(5) The regulations must provide that the report must—

(a) contain a statement indicating whether the coordinating doctor is satisfied as to all of the matters mentioned in subsection (2)(a) to (h);

(b) contain an explanation of why the coordinating doctor is, or (as the case may be) is not, so satisfied;

(c) contain a statement indicating whether the coordinating doctor is satisfied as to the following—

(i) that a record of the preliminary discussion has been included in the person's medical records;

(ii) that the making of the first declaration has been recorded in the person's medical records;

(iii) that the first declaration has not been cancelled;

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(d) be signed and dated by the coordinating doctor.

10 Second doctor's assessment (independent doctor)

(1) Where a referral is made under section 9(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 seven days beginning with the day the coordinating doctor made the report under section 9(3).

(4) The independent doctor must carry out the second assessment independently of the coordinating doctor, subject to section 11(7) (sharing of specialists' opinions).

(5) After carrying out the second assessment, the independent doctor must—

(a) make a report about the assessment (which must meet the requirements of regulations under subsection (6)), and

(b) give a copy of the report to—

(i) the person who was assessed,

(ii) the coordinating doctor,

(iii) if neither the independent doctor nor the coordinating doctor is a practitioner with the person's GP practice, a registered medical practitioner with that practice, and

(iv) any other person specified in regulations made by the Secretary of State.

(6) The Secretary of State must by regulations make provision about the content and form of the report.

(7) The regulations must provide that the report must—

(a) contain a statement indicating whether the independent doctor is satisfied as to all of the matters mentioned in subsection (2)(a) to (e);

(b) contain an explanation of why the independent doctor is, or (as the case may be) is not, so satisfied;

(c) contain a statement indicating whether the independent doctor is satisfied as to the following—

(i) that a record of the preliminary discussion has been included in the person's medical records;

(ii) that the person signed the first declaration;

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(iii) that the making of the first declaration has been recorded in the person's medical records;

(iv) that the first declaration has not been cancelled;

(d) be signed and dated by the independent doctor.

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

(a) meets the requirements specified in regulations under subsection (9),

(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.

(9) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to carry out the functions of the independent doctor.

(10) The regulations must include training about—

(a) assessing capacity;

(b) assessing whether a person has been coerced or pressured by any other person.

(11) Subject to that, the regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

(12) In subsection (8)(b) the reference to "terminal illness" means the illness or disease mentioned in section 2(1)(a).

(13) Regulations under subsection (9) must specify that training in respect of domestic abuse, including coercive control and financial abuse, is mandatory.

11 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 examine such of their medical records as appear to the assessing doctor to be relevant;

(b) make such enquiries of professionals who are providing or have recently provided health or social care to the person as the assessing

This page contains no comments

doctor considers appropriate, and such other enquiries as the assessing doctor considers appropriate;

(c) 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;

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

(d) discuss with the person their wishes in the event of complications arising in connection with the self-administration of an approved substance under section 23;

(e) 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);

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

(g) 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 must—

(a) consider whether they should consult a health professional or social care professional with qualifications in, or experience of, a matter relevant to the person being assessed;

(b) consult such a professional if they consider that there is a need to do so.

(4) Where an assessing doctor consults a professional under subsection (3)(b), the assessing doctor must give a written record of the consultation to the other assessing doctor.

(5) When carrying out an assessment in accordance with subsection (2), the assessing doctor must first ensure the provision of adjustments for language and literacy barriers, including the use of interpreters.

(6) 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;

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:08:04

In relation to the mandatory requirement to discuss with the person their wishes in the event of complications arising in connection with the self-administration of an approved substance, 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 23(9)?

(b) must, 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 a practising psychiatrist registered in one of the psychiatry specialisms in the Specialist Register kept by the General Medical Council or who otherwise holds qualifications in or has experience of the assessment of capacity;

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

(7) An opinion provided to one assessing doctor under subsection (6)(a) or (b) must be shared with the other assessing doctor.

(8) Where the independent doctor is required to obtain an opinion under subsection (6)(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.

12 Another independent doctor: second opinion

(1) This section applies where the independent doctor has—

(a) carried out the second assessment, and

(b) made a report stating that they are not satisfied as to all of the matters mentioned in section 10(2)(a) to (e).

(2) The coordinating doctor may, if requested to do so by the person who made the first declaration, refer that person to a different registered medical practitioner who meets the requirements of section 10(8) and is able and willing to carry out a further assessment of the kind mentioned in section 10(2).

(3) Where a referral is made to a registered medical practitioner under subsection (2)—

(a) the coordinating doctor must provide that new registered medical practitioner with the report by the independent doctor setting out their reasons for refusal;

(b) if the new registered medical practitioner reaches a different conclusion from the original independent doctor, they must produce a report setting out why they disagree;

(c) those two reports must be made available to any subsequent decision maker under this Act and to the Commissioner.

(4) Where a referral is made to a registered medical practitioner under subsection (2), that referral is treated as a referral under section 9(3)(c), the practitioner becomes the independent doctor (replacing the registered medical practitioner to whom a referral was originally made) and section 10 and 11 apply accordingly.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:10:06

Note: this was amended at Bill Committee stage to change this to a mandatory requirement. However, note that this clause does not specifically address

(1) How this interacts with the presumption of capacity imported into the Bill by clause 3.

(2) 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 or social worker be better placed to consider capacity?

(5) 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 (2); but this is subject to subsection (6).

(6) Where—

(a) a referral is made under subsection (2) to a practitioner,

(b) the practitioner dies or through illness is unable or unwilling to act as the independent doctor, and

(c) no report under section 10 has been made by virtue of the referral,

a further referral may be made under subsection (2).

13 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 7(5) 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.

14 Referral by Commissioner of case to multidisciplinary panel

(1) This section applies where the Commissioner receives—

(a) a first declaration made by a person,

(b) a report about the first assessment of the person which contains a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 9(2)(a) to (h), and

(c) a report about the second assessment of the person which contains a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 10(2)(a) to (e).

(2) The Commissioner must, as soon as reasonably practicable, refer the person's case to an Assisted Dying Review Panel for determination of the person's eligibility to be provided with assistance under section 23.

(3) But where the Commissioner receives a notification that the first declaration has been cancelled—

(a) the Commissioner must not refer the person's case to such a panel, and

(b) if the person's case has already been so referred, the Commissioner must notify the panel of the cancellation.

(4) Schedule 2 makes provision about Assisted Dying Review Panels.

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:05:25
Query:

Will a payment of a fee be required? If so, what provision is there in relation to those who cannot afford to make such payment?

15 Determination by panel of eligibility for assistance

(1) This section applies where a person's case is referred under section 14 or 16 to an Assisted Dying Review Panel ("the panel").

(2) The panel's function is to determine whether it is satisfied of all of the following matters—

(a) that the requirements of sections 7 to 11 have been met in relation to—

(i) the first declaration,

(ii) the first assessment and the report under section 9 on that assessment, and

(iii) the second assessment and the report under section 10 on that assessment;

(b) that the person is terminally ill;

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

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

(e) that before making the first declaration, but when the person was aged 18 or over, a registered medical practitioner conducted a preliminary discussion with the person;

(f) that 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;

(g) that the person is registered as a patient with a general medical practice in England or Wales;

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

(i) that the person made the first declaration voluntarily and was not coerced or pressured by any other person into making that declaration.

(3) Subject to the following and to Schedule 2, the panel may adopt such procedure as it considers appropriate for the case.

(4) The panel—

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

(b) must (subject to subsection (6)) hear from, and may question, the person to whom the referral relates;

(c) in a case to which section 19 applies, may hear from and may question the person's proxy;

(d) may hear from and may question any other person;

(e) may ask any person appearing to it to have relevant knowledge or experience to report to it on such matters relating to the person to whom the referral relates as it considers appropriate.

In paragraphs (a) to (c) the reference to hearing from or questioning a person is to hearing from them, or questioning them, in person or by live video or audio link.

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:13:30
Query: is this sufficiently clear? This could be read in one of two ways:

(1) the panel has to consider whether it has satisfactory evidence before it as to e.g. capacity?

(2) the panel, itself, has to be satisfied whether the person has capacity.

Given that the panel is required to hear from at least one doctor and (subject to exceptional circumstances), from the person themselves, it appears that it is (2). In other words, the panel themselves must consider e.g. the person's capacity.

If it is (2), then should the panel be able call upon assistance from a neutral person (the equivalent of an advocate to the court) to assist it?

Note that if the panel is not discharging the functions of a court or a tribunal, it is unclear upon what basis the Official Solicitor would be able to act as such a neutral person if the panel wished it to.

Author: ar Subject: Comment on Text Date: 29/03/2025 12:55:18
Note: it appears to be understood from the Bill Committee debates that the panel is not discharging a judicial but rather an administrative function.

Note in this regard that the appointment process for members of the panel is different (for instance) to the appointment process of members of First Tier-Tribunals – as to which (in relation to legal members), see paragraph 2(1) of Schedule 2 to the Tribunals, Courts and Enforcement Act 2007, as amended by paragraph 42(2) of Schedule 13 to the Crime and Courts Act 2013.

Query:

(1) If this is the case, and if the VAD Commissioner is not discharging judicial functions, how should this process be described? It is not, on its face, a process which includes the discharge of judicial functions by any person, or judicial oversight by a judge acting as judge?

(2) Given the significance of the panel's functions, does it have the powers that it requires, for instance:

(a) to compel witnesses to give evidence under oath, secure evidence / information;

(b) to test the material provided to it?

(c) to control the publication of information where a hearing has taken in place?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:14:43
Will legal aid be available for the person to be represented?

If not, what considerations arise as regards equitable access to and representation before the panel?

(5) Where the panel considers it appropriate for medical reasons, it may make provision for the use of pre-recorded audio or video material for the purposes of subsection (4).

(6) The duty under subsection (4)(b) to hear from the person to whom the referral relates does not apply if the panel is of the opinion that there are exceptional circumstances which justify not hearing from that person.

(7) The panel—

(a) must, if it is satisfied of all of the matters mentioned in subsection (2), grant a certificate to that effect (a "certificate of eligibility");

(b) must refuse to do so in any other case.

(8) The panel must notify the following of its decision—

(a) the person to whom the referral relates;

(b) the coordinating doctor;

(c) the Commissioner;

(d) any other person specified in regulations made by the Secretary of State.

Where it grants a certificate of eligibility, it must give a copy of the certificate to each of these persons.

(9) If the panel is notified that the first declaration has been cancelled, it must cease to act in relation to the referral (and, in particular, it may not grant a certificate of eligibility).

16 Reconsideration of panel decisions refusing certificate of eligibility

(1) This section applies where—

(a) a person's case is referred under section 14 to an Assisted Dying Review Panel ("the first panel"), and

(b) the first panel refuses to grant a certificate of eligibility in respect of the person.

(2) The person may apply to the Commissioner for their case to be reconsidered on the ground that the first panel's decision—

(a) contains an error of law,

(b) is irrational, or

(c) is procedurally unfair.

(3) The Commissioner must consider an application without a hearing.

(4) On the application—

(a) if the Commissioner is satisfied that any of the grounds mentioned in subsection (2) applies, they must as soon as reasonably practicable refer the person's case to a different Assisted Dying Review Panel for a fresh determination under section 15;

(b) in any other case, the Commissioner must dismiss the application.

(5) The Commissioner must give reasons, in writing, for their decision.

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:14:33
What is the panel required to do where it considers that the criteria at 2(a)-(i) are met, but that the person is seeking assistance in dying because of service provision failures by either health or social care services?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:15:13
Should the panel be required to notify any person who attends the hearing of its decision?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:15:25
Why is there only a one-way route of challenge? What should happen where a person or body is concerned that the panel has erred in granting the certificate?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:15:52
What function is the Commissioner discharging here? An administrative or a judicial one?

And what route of challenge lies against a Commissioner's decision?

(6) The Commissioner must notify the following of the outcome of the application, and give them a document containing their reasons for their decision—

(a) the person who made the application;

(b) the coordinating doctor;

(c) any other person specified in regulations made by the Secretary of State.

17 Confirmation of request for assistance: second declaration

(1) Where—

(a) a certificate of eligibility has been granted in respect of a person, 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 this section "the second period for reflection" means—

(a) the period of 14 days beginning with the day on which the certificate of eligibility was granted, 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 the certificate was granted, the period of 48 hours beginning with that day.

(3) A second declaration must be—

(a) in the form set out in regulations made by the Secretary of State,

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

(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) Regulations under subsection (3)(a) must provide that a second declaration contains—

(a) the following information—

(i) the person's full name and address;

(ii) the person's NHS number;

(iii) contact details for the person's GP practice;

(iv) specified information about the certificate of eligibility;

(b) the following further declarations by the person—

(i) a declaration that they have made a first declaration and have not cancelled it;

(ii) a declaration that they understand that they must make a second declaration in order for assistance to be provided under this Act;

This page contains no comments

(iii) a declaration that they are making the second declaration voluntarily and have not been coerced or pressured by any other person into making it;

(iv) a declaration that they understand that they may cancel the second declaration at any time.

In this subsection "specified" means specified in the regulations.

(5) The coordinating doctor may witness a second declaration only if the coordinating doctor is satisfied (immediately before witnessing it) 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.

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

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

(a) in the form set out in regulations made by the Secretary of State,

(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).

(8) Regulations under subsection (7)(a) must provide that a statement under subsection (6) contains—

(a) the following information—

(i) the person's full name and address;

(ii) the person's NHS number;

(iii) the coordinating doctor's full name and work address;

(iv) specified information about the certificate of eligibility;

(b) the following declarations by the coordinating doctor (in addition to a declaration that they are satisfied of all of the matters mentioned in subsection (5)(a) to (d))—

(i) a declaration that they are satisfied that a certificate of eligibility has been granted in respect of the person;

(ii) a declaration that the second declaration was made after the end of the second period for reflection;

(iii) if the second declaration was made before the end of the period mentioned in subsection (2)(a), a declaration that they have the belief mentioned in subsection (2)(b);

(iv) a declaration that they are satisfied that neither the first declaration nor the second declaration has been cancelled.

In this subsection "specified" means specified in the regulations.

(9) A person may not witness a declaration under subsection (3)(c)(ii) if they are disqualified under section 48 from being a witness.

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(10) Where the coordinating doctor has—
(a) witnessed a second declaration, or
(b) made or refused to make a statement under subsection (6),
the doctor must notify the Commissioner and give them a copy of the second declaration or (as the case may be) any statement under subsection (6).

18 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 with the person's GP practice.

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

(3) 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 and the Commissioner of the cancellation.

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

(5) From the time a first declaration is cancelled, any duty or power of the coordinating doctor or the independent doctor under sections 9 to 11 (assessments, statements and referrals) that arose in consequence of that declaration ceases to have effect.

19 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,
(c) a statement that they have signed in that capacity as a proxy, and
(d) the reason why the person was unable to sign their name.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:12:30
Queries:

(1) If "any other reason" for a person being unable to sign their own name is not intended to cover cognitive impairment (which is presumably the case), does this need to be made clear?

(2) How does clause 19 interact with clause 23? In particular, if the person cannot sign their name by reason of physical impairment, is consideration required at that stage as to whether the impairment is such as to prevent the person being able to carry out the final act? If that is the case, should the process not stop at that point?

(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 48 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—
  (a) a person who has known the person making the declaration personally for at least two years, or
  (b) a person of a description specified in regulations made by the Secretary of State.

(6) For the purposes of this section "declaration" includes the cancellation of a declaration.

20 Independent advocate

(1) The Secretary of State must by regulations make provision as to the appointment of persons as independent advocates.

(2) The regulations may, in particular, provide—
  (a) that a person may act as an independent advocate only in such circumstances, or only subject to such conditions, as may be specified in the regulations;
  (b) for the appointment of a person as an independent advocate to be subject to approval in accordance with the regulations;
  (c) persons that may appoint independent advocates;
  (d) provision for payments to be made to, or in relation to, persons carrying out the function of an independent advocate under this section;
  (e) training that such advocates must undertake before being appointable; and
  (f) obligations on persons performing functions on this Act to ensure the presence of an independent advocate for a qualifying person.

(3) The role of independent advocates is to provide support and advocacy to a qualifying person who is seeking to understand options around end of life care, including the possibility of requesting assistance to end their own life, to enable them to effectively understand and engage with all the provisions of this Act.

(4) For the purposes of subsection (2) a person is a "qualifying person" if they—
  (a) have—
    (i) a learning disability,
    (ii) a mental disorder under section 1 of the Mental Health Act 1983, or
    (iii) autism,

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:13:31
Query: does this extend to supporting the person to make their own decision to end their life? I.e. are independent advocates discharging a function under s.1(3) Mental Capacity Act 2005?

Author: ar Subject: Comment on Text Date: 29/03/2025 10:14:10
Note: as this stands (i) and (iii) are unnecessary, as both learning disability and autism fall under s.1 Mental Health Act 1983.

(b) they may experience substantial difficulty in understanding the processes or information relevant to those processes or communicating their views, wishes or feelings, or

(c) they meet criteria that the Secretary of State may specify by regulations.

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

Information in medical records

21 Recording of declarations, reports etc

(1) This section applies where—

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

(b) a report about the first assessment of a person is made under section 9;

(c) a report about the second assessment of a person is made under section 10;

(d) a certificate of eligibility has been granted in respect of a person;

(e) a panel has refused to grant such a certificate;

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

(g) a statement is made under section 17(6), or the coordinating doctor refuses to make such a statement, in relation to a person.

(2) In this section "recordable event" means an event mentioned in a paragraph of subsection (1).

(3) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record the occurrence of the recordable event in the person's medical records.

(4) In any other case—

(a) the coordinating doctor must, as soon as practicable, give a registered medical practitioner with that practice notice of the occurrence of the recordable event, and

(b) that practitioner must, as soon as practicable, record the occurrence of the recordable event in the person's medical records.

(5) A record made under subsection (3) or (4) of a declaration, report or statement within subsection (1) must include the original declaration, report or statement.

22 Recording of cancellations

(1) This section applies where a person cancels a first declaration or a second declaration under section 18.

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

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(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

23 Provision of assistance

(1) This section applies where—

(a) a certificate of eligibility has been granted in respect of a person,

(b) the second period for reflection (within the meaning of section 17(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 17(6).

(2) The coordinating doctor may, in accordance with this section, provide that person with an approved substance (see section 25) 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) When providing a substance under subsection (3) the coordinating doctor must explain to the person that they do not have to go ahead and self-administer the substance and that they may still cancel their declaration.

(5) 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.

(6) The coordinating doctor may be accompanied by such other health professionals, and such other persons, as the coordinating doctor thinks necessary.

(7) 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.

(8) 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.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:17:19
Query: does the final act need to be a physical action? If so, how much movement is required? E.g. would a blink be sufficient?

(9) Subsection (7) does not authorise the coordinating doctor to administer an approved substance to another person with the intention of causing ~~that~~ person's death.

(10) 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.

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

(12) Where the person informs the coordinating doctor that they have decided not to self-administer the approved substance, or there is any other reason to believe that the substance will not be used, the coordinating doctor must remove it immediately from that person.

24 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 23.

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

(a) the person to whom the assistance is being provided has been consulted and 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) Regulations under subsection (2)(b) may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

(4) Where a registered medical practitioner is authorised under subsection (1), section 23 applies as if references to the coordinating doctor were to that registered medical practitioner.

(5) Where a registered medical practitioner who is authorised under subsection (1) is not satisfied of all of the matters mentioned in section 23(5), they must notify the coordinating doctor immediately.

(6) Section 19 (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 19(4) has effect as if for paragraph (c) there were substituted—

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

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:18:53

Query: What happens where complications ensue?

(1) Is the doctor allowed to take any steps to hasten the patient's death?

(2) If so, how would those steps be characterised so as not to expose the doctor to a charge of murder?

And is the reference to the procedure failing limited to situations 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?

(7) Regulations under subsection (2)(b) must specify that training in respect of domestic abuse, including coercive control and financial abuse is mandatory.

25 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) See section 34 for provision about prescribing, dispensing, transporting, storing, handling and disposing of approved substances.

26 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 regulations made by the Secretary of State, and

(b) signed and dated by the coordinating doctor.

(4) The coordinating doctor must, as soon as practicable, give a copy of the final statement to the Commissioner.

(5) Regulations under subsection (3)(a) must provide that a final statement contains the following information—

(a) the person's full name and last permanent address;

(b) the person's NHS number;

(c) the name and address of the person's GP practice (at the time of death);

(d) the coordinating doctor's full name and work address;

(e) the date of each of the following—

(i) the first declaration;

(ii) the report about the first assessment of the person;

(iii) the report about the second assessment of the person;

(iv) the certificate of eligibility;

(v) the second declaration;

(vi) the statement under section 17(6);

(f) details of the illness or disease which caused the person to be terminally ill (within the meaning of this Act);

(g) the approved substance provided;

(h) the date and time of death;

(i) the time between use of the approved substance and death.

This page contains no comments

(6) 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.

(7) 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.

(8) A record made under subsection (6) or (7) must include the original statement.

27 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.

(2) The coordinating doctor must, as soon as practicable, notify the Commissioner that this has happened.

(3) 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.

(4) 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 and others

28 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.

29 Criminal liability for providing assistance

(1) A person is not guilty of an offence by virtue of—

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:20:22
Is the reference to the procedure failing limited to situations 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?

Author: ar Subject: Comment on Text Date: 29/03/2025 10:22:31
Queries:

(1) What, if any, duty is a person under who does not wish to provide assistance? Does the person need to give reasons?

(2) Should this extend to others who might be involved at any other stage -for instance social workers or independent advocates?

(3) Should 'assistance in accordance with this Act' be clarified - can a specialist asked for a report under clause 11 benefit from this?

(a) providing assistance to a person to end their own life in accordance with this Act, or performing any other function under this Act in accordance with this Act, or

(b) assisting a person seeking to end their own life in accordance with this Act, in connection with the doing of anything under 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 2025

(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—

(a) providing assistance to a person to end their own life in accordance with the Terminally Ill Adults (End of Life) Act 2025, or performing any other function under that Act in accordance with that Act, or

(b) assisting a person seeking to end their own life in accordance with that Act, in connection with the doing of anything under that Act.

(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 2025, and

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

30 Civil liability for providing assistance etc

(1) The doing of any of the following does not, of itself, give rise to any civil liability—

(a) providing assistance to a person to end their own life in accordance with this Act;

(b) performing any other function under this Act in accordance with this Act;

(c) assisting a person seeking to end their own life in accordance with this Act, in connection with the doing of anything under this Act.

(2) Subsection (1) does not apply—

(a) in relation to an act done dishonestly, or in some other way done otherwise than in good faith, or

(b) to any liability in tort arising from a breach of a duty of care owed to a person.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:23:45
Note: this preserves existing duties of care owed to those seeking to end their own life. How does this interact with such duties arising at common law and by operation of Article 2 ECHR in the context of suicide prevention?

(3) 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, or to attempt to do so, is not subject to civil liability.

Offences

31 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 under this Act commits an offence.

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

(4) A person who commits an offence under subsection (2) is liable, on conviction on indictment, to imprisonment for life.

(5) Proceedings for an offence under this section may be instituted only by or with the consent of the Director of Public Prosecutions.

32 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 certificate of eligibility, or

(b) intentionally or recklessly 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 a relevant matter which is false or misleading in a material particular.

(3) In subsection (2) "relevant matter" means a matter relating to any function under this Act.

(4) A person commits an offence if they intentionally or recklessly fail to comply with an obligation under—

(a) section 18(2) or (3) (notification of cancellation of declaration), or

(b) section 22 (recording of cancellations).

(5) A person who commits 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;

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:01:10

Query: does this need to be clarified in light of the answer to the question above in relation to Clause 3 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?

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

(6) Proceedings for an offence under this section may be instituted only by or with the consent of the Director of Public Prosecutions.

33 Falsification of documentation etc with intent to facilitate provision of assistance

(1) A person commits an offence if, with the intention of facilitating the provision of assistance to a person (B) under this Act to end their own life, they—

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

(i) a first declaration,

(ii) a second declaration, or

(iii) a certificate of eligibility,

(b) provide a medical or other professional opinion in respect of B which is false or misleading in a material particular, or

(c) fail to comply with an obligation under section 18(2) or (3) (notification of cancellation of declaration).

(2) In subsection (1) the reference to assistance under this Act includes assistance purporting to be under this Act.

(3) A person who commits an offence under this section is liable, on conviction on indictment, to imprisonment for a term not exceeding 14 years.

(4) Proceedings for an offence under this section may be instituted only by or with the consent of the Director of Public Prosecutions.

Regulatory regime for approved substances

34 Prescribing, dispensing, transporting etc of approved substances

(1) The Secretary of State must, 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) must make provision about enforcement, including provision imposing civil penalties.

Investigation and registration of deaths

35 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

This page contains no comments

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 2025 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) Regulations under subsection (1) must specify that the following information is collected for each assisted death—

(a) the person's age,

(b) the person's gender,

(c) the person's ethnicity,

(d) the postcode of the person's address at the time of their death,

(e) whether the person had a disability for the purposes of section 6 of the Equality Act 2010 (disability), and

(f) any illness or disease the person had that was deemed terminal for the purposes of section 2 of the Terminally Ill Adults (End of Life) Act 2025.

(3) 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 2025.

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

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

(6) 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

This page contains no comments

deaths which have arisen from the provision of assistance to persons in accordance with this Act.

Codes and guidance

36 Codes of practice

(1) The Secretary of State must 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 5 and 11 on treatment or palliative, hospice or other care available to the person and under section 11 on the consequences of deciding to end their own life;

(c) the provision of information and support to persons with learning disabilities who are eligible to request assistance to end their own life under this Act, including the role of advocates for such persons;

(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) the arrangements for a qualifying person requesting assistance to end their own life to receive the support of an independent advocate under section 20;

(f) responding to unexpected complications that arise in relation to the administration of the approved substance under section 23, including when the procedure fails;

(g) the forms of proof of identity that are acceptable for the purposes of section 8.

(2) The Secretary of State may issue one or more codes of practice in connection with any matters relating to the operation of this Act not required under subsection (1) as the Secretary of State considers appropriate.

(3) The Secretary of State must, within six months of the passing of this Act, issue one or more codes of practice in connection with 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.

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

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

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:01:33
Query: how would such a code
relate to the MCA Code, given that capacity is directly cross-referred to the MCA 2005?

(6) When draft regulations are laid before Parliament in accordance with section 50, the code to which they relate must also be laid before Parliament.

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

(8) 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.

37 Guidance about operation of Act

(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) The persons consulted under subsection (2) must include persons with learning disabilities.

(4) 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) persons with learning disabilities;

(d) the general public.

(5) 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 of and about voluntary assisted dying services

38 Voluntary assisted dying services: England

(1) The Secretary of State must by regulations make provision securing that arrangements are made for the provision of voluntary assisted dying services in England.

(2) In this section "commissioned VAD services" means services provided by virtue of regulations under subsection (1).

(3) The Secretary of State may by regulations make other provision about voluntary assisted dying services in England (whether or not the services are commissioned VAD services).

(4) Regulations under this section may for example provide that specified references in the National Health Service Act 2006 to the health service continued under section 1(1) of that Act include references to commissioned VAD services.

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Author: ar Subject: Comment on Text Date: 29/03/2025 10:25:43
Note: the requirements of the statutory Code of Practice under the MCA are tighter. Section 42(5) provides that

If it appears to a court or tribunal conducting any criminal or civil proceedings that—

(a)a provision of a code, or

(b)a failure to comply with a code,

is relevant to a question arising in the proceedings, the provision or failure must be taken into account in deciding the question.

Given the importance placed upon Codes of Practice in the context of this Bill (for instance in relation to assessment of capacity) why are the requirements less stringent here?

Author: ar Subject: Comment on Text Date: 29/03/2025 10:27:06
Note: "next of kin" requires either to be defined in clause 52 or removed, as it is not a term which appears elsewhere in the law, and causes huge confusion in the context of decision-making under the Mental Capacity Act 2005.

Author: ar Subject: Comment on Text Date: 29/03/2025 12:03:44
Note: it is important to identify
that this is a model which appears to be not just about legalising assisted dying, but about the active provision
by the State of assistance, including as part of the National Health Service.

Query: is it constitutionally appropriate for this to be left to regulations, as opposed to being set out on the face of the legislation?

Query: is Parliament clear:

a. How the costs of such assistance are to be met;

b. How to secure that there is equitable access to such assistance; and

c. How the mandatory provision of such assistance sits alongside the (statutory, contractual and ethical) obligations of medical professionals delivering care and treatment within the NHS.

Note: the Jersey proposals may make a useful comparison in terms of implementation of an "Assisted
Dying Service" : see
https://statesassembly.gov.je/assemblypropositions/2
024/p.18-2024.pdf

(5) Regulations under this section must provide that section 1(4) of that Act (services to be provided free of charge except where charging expressly provided for) applies in relation to commissioned VAD services.

(6) Regulations under this section may make any provision that could be made by an Act of Parliament; but they may not amend this Act.

(7) In this section "voluntary assisted dying services" means—

(a) services for or in connection with the provision of assistance to a person to end their own life in accordance with this Act, and

(b) any other services provided by health professionals for the purposes of any of sections 5 to 27 except section 15.

39 Voluntary assisted dying services: Wales

(1) The Welsh Ministers may by regulations make provision about voluntary assisted dying services in Wales, including provision securing that arrangements are made for the provision of such services.

(2) Regulations under subsection (1) may make any provision that—

(a) could be made by an Act of Senedd Cymru, and

(b) would be within the legislative competence of the Senedd if it were contained in such an Act.

(3) The Secretary of State may by regulations make provision about voluntary assisted dying services in Wales.

(4) Regulations under subsection (3) may make any provision that—

(a) could be made by an Act of Parliament, and

(b) would not be within the legislative competence of the Senedd if it were contained in an Act of the Senedd.

(5) Regulations under this section may not amend this Act.

(6) In this section "voluntary assisted dying services" has the meaning given by section 38.

Notifications and information

40 Notifications and provision of information to Commissioner

(1) The Secretary of State may by regulations make provision requiring a registered medical practitioner to notify the Commissioner of the occurrence of an event of a specified description.

(2) The Secretary of State may by regulations make provision enabling the Commissioner, by notice, to require persons (or a specified description of persons) to give the Commissioner information (or a specified description of information).

(3) Regulations under this section may—

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(a) specify the information which must be contained in a notification under subsection (1);
(b) specify the manner in which such a notification must be given;
(c) make provision about enforcement of the regulations.

(4) In this section "specified" means specified in the regulations.

41 Information sharing

(1) The Commissioner may disclose information to a person within subsection (3), for the purposes of any function of either of them.

(2) A person within subsection (3) may disclose information to the Commissioner, for the purposes of any function of either of them.

(3) The persons within this subsection are—
(a) the Care Quality Commission;
(b) the General Medical Council;
(c) the General Pharmaceutical Council;
(d) the Nursing and Midwifery Council;
(e) any other person specified in regulations made by the Secretary of State.

(4) The Commissioner and the Secretary of State may disclose information to each other, for the purposes of—
(a) any function of the Commissioner, or
(b) any function of the Secretary of State relating to the operation of this Act.

42 Obligations of confidence etc

(1) A disclosure of information which is required or authorised by or under this Act does not breach—
(a) any obligation of confidence owed by the person making the disclosure, or
(b) any other restriction on disclosure (however imposed).
This is subject to subsection (2).

(2) This Act does not (and regulations under it may not) require or authorise the disclosure of information which would contravene the data protection legislation (but in determining whether a disclosure required or authorised by or under this Act would do so, the requirement or authorisation is to be taken into account).

(3) In this section "the data protection legislation" has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).

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Monitoring and review

43 Reporting on implementation of Act

(1) As soon as reasonably practicable after the end of each reporting period, the Secretary of State must prepare and publish, and lay before Parliament, a report about—

(a) progress made in that period in connection with the implementation of this Act, and

(b) the Secretary of State's plans for implementing the Act in subsequent reporting periods (including the expected timetable for implementation).

(2) For the purposes of this section the reporting periods are—

(a) the period of one year beginning with the day on which this Act is passed;

(b) each subsequent period of six months (subject to subsection (3)).

(3) The sixth reporting period under subsection (2)(b) is the last reporting period.

44 Disability Advisory Board on the implementation and implications of the Act for disabled people

(1) The Commissioner must, within six months of the Commissioner being appointed under this Act, appoint a Disability Advisory Board to advise on the implementation and impact of this Act in its operation on disabled people.

(2) The Board must include—

(a) people who have a disability under the Equality Act 2010,

(b) representatives from disabled people's organisations, and

(c) other such persons or organisations as the Commissioner considers relevant to the impact of the Act on disabled people.

(3) Within six months of its appointment, the Advisory Board must report to the Secretary of State and the Commissioner to advise on the implementation of the Act and then annually thereafter report on the impact of the Act's operation on disabled people.

(4) The Secretary of State must, within three months of receipt of any report under subsection (3), lay the report before both Houses of Parliament.

45 Monitoring by Commissioner

(1) The Commissioner 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 an appropriate national authority on, any matter connected with the operation of the Act which the appropriate national authority refers to the Commissioner, and

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

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(2) The annual report must include information about the occasions when—

(a) a report about the first assessment of a person does not contain a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 9(2)(a) to (h);

(b) a report about the second assessment of a person does not contain a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 10(2)(a) to (e);

(c) a panel has refused to grant a certificate of eligibility;

(d) the coordinating doctor has refused to make a statement under section 17(6).

(3) An annual report must include information about the application of the Act in relation to—

(a) persons who have protected characteristics, and

(b) any other description of persons specified in regulations made by the Secretary of State.

(4) When preparing an annual report, the Commissioner must consult—

(a) the Chief Medical Officer for England,

(b) the Chief Medical Officer for Wales, and

(c) such persons appearing to the Commissioner to represent the interests of persons who have protected characteristics as the Commissioner considers appropriate.

(5) An appropriate national authority must—

(a) publish any report received under this section,

(b) prepare and publish a response to any such report, and

(c) lay before Parliament or Senedd Cymru (as the case may be) a copy of the report and response.

(6) In this section "appropriate national authority" means the Secretary of State or the Welsh Ministers.

(7) In this section "protected characteristics" has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).

46 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 five years beginning with the day on which this Act is passed.

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

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:04:14
Query: should this report also include complications that have ensued upon administration of the approved substance?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:04:40
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 Act in any given case?

(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;

(b) an assessment of the availability, quality and distribution of appropriate health services to persons with palliative and end of life 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) an assessment of the impact of this Act on persons with learning disabilities, including any concerns about the operation of this Act in relation to such persons;

(d) any concerns with the operation of this Act which have been raised;

(e) 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

47 Provision of information in English and Welsh

(1) Any service, report, declaration or certificate of eligibility provided under this Act to a person seeking assistance to end their own life must either be—

(a) in the person's first language, if that language is English or Welsh, or

(b) their preferred language of English or Welsh.

(2) The person's choice of language under subsection (1) must be recorded in that person's medical records.

(3) Any regulations made under sections 7, 9, 10, 17 or 26 specifying the form and content of declarations or statements must make provision for their being in both the English and Welsh language.

(4) No regulations that contain provision for the Welsh language under the requirements of subsection (3) may be made unless a draft has been laid before and approved by a resolution of Senedd Cymru.

(5) An Assisted Dying Review Panel must make certificates of eligibility available in either English or Welsh depending on the person's choice of language under subsection (1).

48 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 7(2)(c)(ii);

(b) witnessing a second declaration by a person under section 17(3)(c)(ii);

(c) being a proxy for a person intending to have a document signed by proxy under section 19.

(2) Those individuals are—

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(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 or disease mentioned in section 2(1)(a).

49 Power to make consequential and transitional provision etc

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.

50 Regulations

(1) A power to make regulations under any provision of this Act includes power to make—

(a) different provision for different purposes, and

(b) incidental, consequential, transitional or saving provision.

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

(3) The Secretary of State may not make a statutory instrument containing (whether alone or with other provision) regulations under section 7(6), 10(9), 36(5), 38 or 39 unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament.

(4) Any other statutory instrument made by the Secretary of State containing regulations under this Act is subject to annulment in pursuance of a resolution of either House of Parliament.

(5) The Welsh Ministers may not make a statutory instrument containing regulations under section 39 unless a draft of the instrument has been laid before, and approved by a resolution of, Senedd Cymru.

(6) This section does not apply to regulations under section 54 (commencement).

51 Duty to consult before making regulations

(1) Before making regulations under section 7, 9, 10, 17, 24 or 26, the Secretary of State must consult—

(a) the Commission for Equality and Human Rights, and

(b) such other persons as the Secretary of State considers appropriate.

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(2) The persons to be consulted under subsection (1)(b) must include—

(a) persons appearing to the Secretary of State to have expertise in matters relating to whether persons have capacity, and

(b) persons appearing to the Secretary of State to have expertise in matters relating to whether persons have been coerced,

unless the Secretary of State considers that, having regard to the subject-matter of the proposed regulations, it would not be appropriate to consult such persons.

52 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—

"approved substance" has the meaning given in section 25(2);

"capacity" (except in section 19(3)(b)) is to be construed in accordance with section 3;

"certificate of eligibility" has the same meaning as in section 15;

"the Commissioner" has the meaning given by section 4;

"the coordinating doctor" has the meaning given in section 7(5);

"first assessment" has the same meaning as in section 9;

"first declaration" has the same meaning as in section 7;

"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);

"the independent doctor" has the meaning given in section 9(3)(c);

"preliminary discussion" means a discussion of a kind mentioned in section 5(3);

"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);

"second assessment" has the same meaning as in section 10;

"second declaration" has the same meaning as in section 17.

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:35:00
Note: it is important that, if the term "next of kin" is to be used in this Act, it is defined here, because it does not otherwise have a legal definition and will cause considerable confusion, in particular in the context of the MCA 2005

(3) For the purpose of deducing any relationship mentioned in the definition of "relative" in subsection (2)—

(a) a spouse or civil partner includes a former spouse or civil partner and a partner to whom the person is not married, and

(b) 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.

53 Extent

This Act extends to England and Wales.

54 Commencement

(1) Sections 43, 49 to 53, this section and section 55 come into force on the day on which this Act is passed.

(2) Section 4, except subsection (4) of that section, and Schedule 1 come into force at the end of the period of one year beginning with the day on which this Act is passed.

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

(4) But if any provision of this Act has not been fully brought into force before the end of the period of four 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.

(5) Subsections (3) and (4) do not apply in relation to Wales.

(6) In relation to Wales, the provisions of this Act not brought into force by subsection (1) come into force on such day or days as the Welsh Ministers may by regulations appoint (and such regulations may not be made unless a draft of the statutory instrument containing them has been laid before, and approved by a resolution of, Senedd Cymru).

(7) 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.

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

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

55 Short title

This Act may be cited as the Terminally Ill Adults (End of Life) Act 2025.

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SCHEDULES

SCHEDULE 1

Section 4

THE VOLUNTARY ASSISTED DYING COMMISSIONER

Status

1 (1) The Commissioner is to be a corporation sole.

(2) The Commissioner is not to be regarded as—

(a) the servant or agent of the Crown, or

(b) as enjoying any status, immunity or privilege of the Crown.

(3) The Commissioner's property is not to be regarded as property of, or property held on behalf of, the Crown.

General powers

2 The Commissioner may do anything the Commissioner considers appropriate for the purposes of, or in connection with, the Commissioner's functions.

Deputy Commissioner

3 (1) The Prime Minister must appoint a person to be the Deputy Voluntary Assisted Dying Commissioner (the "Deputy Commissioner").

(2) The person appointed must hold or have held office as a judge of—

(a) the Supreme Court,

(b) the Court of Appeal, or

(c) the High Court.

(3) The Commissioner may delegate any of the Commissioner's functions to the Deputy Commissioner, to the extent and on the terms that the Commissioner determines.

(4) The delegation of a function under sub-paragraph (3) does not prevent the Commissioner from exercising that function.

(5) The functions of the Commissioner are to be carried out by the Deputy Commissioner if—

(a) there is a vacancy in the office of the Commissioner, or

(b) the Commissioner is for any reason unable or unwilling to act.

Appointment and tenure of office

4 (1) A person holds and vacates office as the Commissioner or Deputy Commissioner in accordance with the terms and conditions of their appointment as determined by the Secretary of State, subject to the provisions of this paragraph.

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(2) An appointment as the Commissioner or Deputy Commissioner is to be for a term not exceeding five years.

(3) A person may not be appointed as the Commissioner or Deputy Commissioner if a relevant appointment of them has been made on two occasions.
"Relevant appointment" here means appointment as the Commissioner or Deputy Commissioner.

(4) The Commissioner or Deputy Commissioner may resign by giving written notice to the Secretary of State.

(5) The Secretary of State may by notice in writing remove a person from the office of Commissioner or Deputy Commissioner if satisfied that the person—
(a) has behaved in a way that is not compatible with their continuing in office, or
(b) is unfit, unable or unwilling to properly discharge their functions.

Remuneration

5 The Secretary of State may pay to, or in respect of, the person holding office as the Commissioner or Deputy Commissioner—
(a) remuneration;
(b) allowances;
(c) sums by way of or in respect of pensions.

Staff: appointed by Commissioner

6 (1) The Commissioner may appoint staff.

(2) Staff are to be appointed on terms and conditions determined by the Commissioner.

(3) The terms and conditions on which a member of staff is appointed may provide for the Commissioner to pay to or in respect of the member of staff—
(a) remuneration;
(b) allowances;
(c) sums by way of or in respect of pensions.

(4) In making appointments under this paragraph, the Commissioner must have regard to the principle of selection on merit on the basis of fair and open competition.

(5) The Employers' Liability (Compulsory Insurance) Act 1969 does not require insurance to be effected by the Commissioner.

Staff: secondment to Commissioner

7 (1) The Commissioner may make arrangements for persons to be seconded to the Commissioner to serve as members of the Commissioner's staff.

This page contains no comments

(2) The arrangements may include provision for payments by the Commissioner to the person with whom the arrangements are made or directly to seconded staff (or both).

(3) A period of secondment to the Commissioner does not affect the continuity of a person's employment with the employer from whose service he or she is seconded.

Staff: general

8 (1) Before appointing staff under paragraph 6 or making arrangements under paragraph 7(1), the Commissioner must obtain the approval of the Secretary of State as to the Commissioner's policies on—

(a) the number of staff to be appointed or seconded;

(b) payments to be made to or in respect of staff;

(c) the terms and conditions on which staff are to be appointed or seconded.

(2) A function of the Commissioner may be carried out by any of the Commissioner's staff to the extent authorised by the Commissioner (but this is subject to sub-paragraph (3)).

(3) Sub-paragraph (2) does not apply in respect of—

(a) the Commissioner's function under paragraph 2(1) of Schedule 2 of making appointments to the list of persons eligible to be panel members;

(b) the Commissioner's function of determining applications for reconsideration under section 16.

Financial and other assistance from the Secretary of State

9 (1) The Secretary of State may—

(a) make payments to the Commissioner of such amounts as the Secretary of State considers appropriate;

(b) give such financial assistance to the Commissioner as the Secretary of State considers appropriate.

(2) The Secretary of State may—

(a) provide staff in accordance with arrangements made by the Secretary of State and the Commissioner under paragraph 7;

(b) provide premises, facilities or other assistance to the Commissioner.

Accounts

10 (1) The Commissioner must—

(a) keep proper accounts and proper records in relation to them, and

(b) prepare a statement of accounts in respect of each financial year in the form specified by the Secretary of State.

(2) The Commissioner must send a copy of each statement of accounts to the Secretary of State and the Comptroller and Auditor General—

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(a) before the end of August next following the end of the financial year to which the statement relates, or

(b) on or before such earlier date after the end of that year as the Treasury may direct.

(3) The Comptroller and Auditor General must—

(a) examine, certify and report on the statement of accounts, and

(b) send a copy of the certified statement and the report to the Secretary of State.

(4) The Secretary of State must lay before Parliament each document received under sub-paragraph (3)(b).

(5) In this paragraph, "financial year" means—

(a) the period beginning with the date on which the Commissioner is established and ending with the second 31 March following that date, and

(b) each successive period of 12 months.

Application of seal and proof of documents

11 (1) The application of the Commissioner's seal is to be authenticated by the signature of—

(a) the Commissioner, or

(b) a person who has been authorised by the Commissioner for that purpose (whether generally or specially).

(2) A document purporting to be duly executed under the Commissioner's seal or signed on the Commissioner's behalf—

(a) is to be received in evidence, and

(b) is to be treated as duly executed or signed in that way, unless the contrary is shown.

Public Records Act 1958

12 In Part 2 of the Table in paragraph 3 of the First Schedule to the Public Records Act 1958 (bodies whose records are public records), at the appropriate place insert—

"The Voluntary Assisted Dying Commissioner."

House of Commons Disqualification Act 1975

13 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying person from membership of House of Commons), at the appropriate place insert—

"The Voluntary Assisted Dying Commissioner or the Deputy Voluntary Assisted Dying Commissioner."

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Freedom of Information Act 2000

14 In Part 6 of Schedule 1 to the Freedom of Information Act 2000 (public authorities for the purposes of the Act), at the appropriate place insert—

"The Voluntary Assisted Dying Commissioner."

Equality Act 2010

15 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities subject to public sector equality duty), at the end of the group of entries for bodies whose functions relate to health, social care and social security insert—

"The Voluntary Assisted Dying Commissioner."

SCHEDULE 2

Section 14

ASSISTED DYING REVIEW PANELS

Introduction

1 In this Schedule—

(a) "referral" means a referral under section 14 or 16 (and similar references are to be construed accordingly);

(b) "panel" means an Assisted Dying Review Panel.

List of persons eligible to be panel members

2 (1) The Commissioner must make appointments to a list of persons eligible to sit as members of panels.

(2) A person may be appointed to the list only if—

(a) the person (a "legal member")—

(i) holds or has held high judicial office,

(ii) is one of His Majesty's Counsel, or

(iii) has (at any time) been requested to act as a judge of the Court of Appeal or the High Court by virtue of section 9(1) of the Senior Courts Act 1981,

(b) the person (a "psychiatrist member") is—

(i) a registered medical practitioner,

(ii) a practising psychiatrist, and

(iii) registered in one of the psychiatry specialisms in the Specialist Register kept by the General Medical Council, or

(c) the person is registered as a social worker in a register maintained by Social Work England or Social Work Wales (a "social worker member").

(3) In this paragraph "high judicial office" means office as—

(a) a judge of the Supreme Court,

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:42:41
Query: what steps are to be taken to ensure:
(1) That a broad range of backgrounds are represented so that the panel properly represents the full spectrum of those who might come before it?

(2) That panel members are selected on the basis of their ability dispassionately to discharge an inquisitorial function (especially if no powers are to be granted to the panel to be able to enlist a neutral person to help assist them in discharging that function)?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:37:44
Query:

(1) are Honorary King's Counsel eligible for appointment (noting that such a title may well be conferred on a person who has never played a part – in any kind – in court proceedings, but who has made another form of contribution to the development of the law).

(2) why are senior solicitors (who are not KC) excluded from this? Solicitors are entitled to act as judges.

(b) a judge of the Court of Appeal, or
(c) a judge or deputy judge of the High Court.

Tenure of persons appointed to list

3 (1) Subject to the provisions of this paragraph, persons on the list hold and vacate their appointments in accordance with the terms on which they are appointed.

(2) An appointment to the list is to be for a period not exceeding five years.

(3) A person who has held appointment to the list is eligible for re-appointment for one further period not exceeding five years.

Membership of panels

4 (1) The Commissioner must make arrangements for determining the membership of a panel.

(2) The arrangements must ensure that a panel consists of—
(a) a legal member,
(b) a psychiatrist member, and
(c) a social worker member.

(3) The Commissioner must ensure that each member of a panel has had training in respect of domestic abuse, including coercive control and financial abuse.

Decisions of panels

5 (1) The legal member of a panel is to act as its chair.

(2) Decisions of a panel may be taken by a majority vote; but this is subject to sub-paragraph (3).

(3) The panel is to be treated as having decided to refuse to grant a certificate of eligibility if any member votes against a decision to grant such a certificate.

Panel sittings

6 (1) Panels are to determine referrals in public; but this is subject to sub-paragraph (2).

(2) The chair of a panel may, at the request of the person to whom a referral relates, decide that the panel is to sit in private.

Staff and facilities

7 The Commissioner may make staff and other facilities available to panels.

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:39:48
Query: should the training not also include assessment of capacity so that they can all properly decide whether they are satisfied that the person has it?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:38:29
Query: what happens if one or more members abstain?

Author: ar Subject: Comment on Text Date: 29/03/2025 12:35:55
Queries:

Does this also require that:
(1) notice of the hearing be given to those properly interested in the person's welfare (with a view to ensuring that the panel is able to discharge its inquisitorial function).

(2) arrangements be made to list the hearing so that members of the public are able actually to attend?

(3) What requirements arise in relation to reporting / other publication of information about the person?

(4) If the panels do not fall within the court system (and hence common law and statutory provisions relating to contempt of court would not apply), what powers would they have to secure non-publication of sensitive information about the person?

Practice and procedure

8 (1) The Commissioner may give guidance about the practice and procedure of panels.

(2) Panels must have regard to any such guidance in the exercise of their functions.

Reasons

9 Panels must give reasons, in writing, for their decisions.

Money

10 The Commissioner may pay to or in respect of members of panels—

(a) remuneration;

(b) allowances;

(c) sums by way of or in respect of pensions.

House of Commons Disqualification Act 1975

11 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying persons from membership of House of Commons), at the appropriate place insert—

"Person on the list of those eligible for membership of an Assisted Dying Review Panel."

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Author: ar Subject: Comment on Text Date: 29/03/2025 12:36:15
Query: who are these reasons to be provided to? This is of some significance in terms both of (1) potential challenges to the correctness of a decision to grant a certificate; and (2) monitoring of panels.

Author: ar Subject: Comment on Text Date: 29/03/2025 12:37:54
Is the intention that payment is to be mandatory? If not, what considerations arise in respect of ensuring that members of the panel are drawn from a wide socio-economic background?

Terminally Ill Adults (End of Life) Bill

[AS AMENDED IN PUBLIC BILL COMMITTEE]

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.

Ordered, by The House of Commons, to be Printed, 26th March 2025.

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