



Amendments to the Terminally Ill Adults (End of Life) Bill proposed by the Complex Life and Death Decisions Group

Notes

1. This Bill is a version of the Terminally Ill Adults (End of Life) Bill as it stands on entry to the House of Lords, with amendments proposed by Professor Gareth Owen, Professor Alex Ruck Keene KC (Hon) and Professor Katherine Sleeman, all members of the Complex Life and Death Decisions Group based at King's College London. [CLADD](#) is a King's College London based group with expertise in psychiatry, palliative care, bioethics, public policy and law. We are neutral as to whether assisted dying / assisted suicide should be made law. We are committed to the principle that it is for Parliament to decide. We are equally committed, however, to the principle that any law that is passed must function as a workable framework which protects the interests of patients, professionals and wider society.
2. Any actual amendments would need to be drafted in the conventional way, with the assistance of the Parliamentary authorities, but we consider that tracking changes into the text of the Bill is the clearest way of seeing their implications.
3. For an overview briefing in relation to the Bill, together with high-level explanations for the amendments proposed, see [here](#). Detailed briefings on key areas have been prepared as follows:
 - a. [Capacity](#);
 - b. [Eating disorders](#);
 - c. [The preliminary discussion](#);
 - d. [Multi-disciplinary consideration](#);
 - e. [The Panel](#).
4. For more detail about any of the matters set out above, please contact alexander.ruck_keene@kcl.ac.uk.
5. Alex Ruck Keene maintains a resources page on the TIA Bill [here](#).

August 2025

Terminally Ill Adults (End of Life) Bill

[AS BROUGHT FROM THE COMMONS]

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[AS BROUGHT FROM THE COMMONS]

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), 5
 - (b) is aged 18 or over at the time the person makes a first declaration (see section 8),
 - (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 10
 - (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 8 to 30.
- (2) Sections 8 to 30, in particular, require steps to be taken to establish that the person— 15
- (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. 20
- (3) The steps to be taken under sections 8, 10, 11 and 19 must be taken—
- (a) when the terminally ill person is in England or Wales, and
 - (b) in the case of the steps under sections 10 and 11, by persons in England or Wales.

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. 5
 - (c) A person who would not otherwise meet the requirements of subsection (1) shall not be considered to meet those requirements solely as a result of voluntarily stopping eating or drinking.
- (2) For the purposes of subsection (1), treatment which only relieves the symptoms of an inevitably progressive illness or disease temporarily is not to be regarded as treatment which can reverse that illness or disease. 10
- (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). 15
 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

- (1) In this Act, a person has capacity to make a decision to end their own life if they do not lack capacity to make that decision, and references to "capacity" are to be read accordingly.
- (2) For purposes of this Act, a person lacks capacity to make a decision to end their own life if at the material time they are unable to make that decision for themselves because of an impairment of, or a disturbance in, the functioning of, the mind or brain.
- (3) It does not matter whether the impairment or disturbance is permanent or temporary.
- (4) A lack of capacity cannot be established merely by reference to -
 - (a) A person's age or appearance, or
 - (b) A condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.
- (5) For purposes of subsection (2), a person is unable to make a decision to end their own life for themselves if they are unable -
 - (a) To understand the information relevant to the decision,
 - (b) To retain that information,
 - (c) To use or weigh that information as part of the process of making the decision, or
 - (d) To communicate their decision (whether by talking, using sign language or any other means).
- (6) For purposes of subsection (5), the information relevant to the decision to end their own life includes, but is not limited to -
 - (a) the options for care and treatment of the terminal illness, including
 - (i) the extent of prognostic certainty of their illness or condition, and

Commented [A1]: These amendments are designed to secure the policy that a person must have the ability to make the decision to end their own life, but without creating a number of problems that arise at present in the Bill with its simple cross-referencing to the Mental Capacity Act 2005. They also add specificity as to the information that the person needs to be understand, retain, use and weigh, reflecting the fact that the concept of 'capacity' is being asked to do work it has not been asked to do before.

For more explanation, see our briefing on [capacity](#).

- (ii) the likely effects on day-to-day functioning, symptom management, and pathway to and experience of death of—
- (A) relevant and available care and treatment including palliative care, hospice or other care,
- (B) withdrawal or absence of treatment,
- (b) the likely pathway to and experience of death, including relevant risks of complications, following proceeding to self-administer a substance to end their own life under the provisions of this Act,
- (c) a decision to proceed under this Act does not prevent or make unavailable any care and treatment provision that would normally be provided,
- (d) the person's decision to proceed under this Act must be theirs alone and not bound or directed by the views or decisions of others,
- (e) the person is able to change their mind at any stage of the process for requesting assistance to end their own life under the provisions of this Act, regardless of previous decisions,
- (f) a decision to proceed under this Act is a decision to self-administer a substance to end their own life,
- (g) the self-administration of such a substance is not a medical treatment for their terminal illness but a personal choice concerning life and death, and
- (h) relevant legal consequences from proceeding with a request for assistance to end their own life, including life insurance and categorisation of death certification.
- (7) For purposes of this Act—
- (a) there is no presumption that a person has the capacity to decide to end their own life,
- (b) there is no duty to support a person to have capacity to decide to end their own life,
and
- (b) any question as to whether a person has capacity to decide to end their own life must be decided on the balance of probabilities.

~~In this Act, references to a person having capacity are to be read in accordance—²⁰ 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. 25
- (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.
But for the avoidance of doubt, the Commissioner in discharging any functions under this Act is not discharging a judicial function.
- (4) The Commissioner's principal functions are— 30

Commented [A2]: This is making clear that the functions discharged by the Commissioner are not judicial functions, given that there has been a lack of clarity at certain stages as to whether this framework is 'judge led.'

- (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 16);
 - (d) determining applications for reconsideration of panel decisions under section 18;
 - (e) monitoring the operation of this Act and reporting annually on it (see section 49).
- (5) In this Act “the Commissioner” means the Voluntary Assisted Dying Commissioner.
- (6) Schedule 1 makes provision about 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 ordinarily resident 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 —
 - (a) explain to and discuss with that person —
 - (i) the person’s diagnosis and prognosis;
 - (ii) any treatment available and the likely effect of it;
 - (iii) all appropriate palliative, hospice or other care, including symptom management and psychological support, and
 - (b) and offer to refer them to a registered medical practitioner who specialises in such palliative 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)(i) to (iii) and the referral under paragraph (b)(i)-(e)).

- (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.

Commented [A3]: This is preventing a person who would not, in fact, be eligible (for instance a visitor, or a person who is in fact ordinarily resident in Scotland, but who has visited a doctor in England) from having a preliminary discussion which would serve no purpose.

Commented [A4]: At present, the Bill simply requires an offer of palliative to be made. For the reasons explained in more detail in [this briefing](#), this is insufficient in circumstances where people may have not been able to access the palliative care to which they are entitled.

The Bill’s sponsor is clear that she wishes the framework in this Bill to sit alongside, rather than replace, palliative care, and this amendment supports this policy.

6 No health professional shall raise assisted dying with a person under 18 35

No registered medical practitioner or other health professional shall raise the subject of the provision of assistance in accordance with this Act with a person under the age of 18.

7 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. 5
- (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 10
 - (b) that registered medical practitioner must, as soon as practicable, include the record in the person’s medical records.

Procedure, safeguards and protections

8 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”). 15
- (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 20
 - (c) witnessed by—
 - (i) the coordinating ~~doctor~~ professional in relation to that person, and
 - (ii) another person,
 both of whom must see the declaration being signed.
- (3) The coordinating ~~doctor~~ professional must give a copy of the first declaration to the Commissioner as soon as reasonably practicable after it has been made. |
- (4) Regulations under subsection (2)(a) must provide that the first declaration contains—
 - (a) the following information—
 - (i) the person’s full name and address; 30
 - (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 (5)); 35
 - (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;

Commented [A5]: Here, and elsewhere, the word ‘doctor’ is replaced with the word ‘professional,’ because we are proposing that the policy underpinning the Bill of multi-disciplinary consideration is made effective by bringing it forward to the earliest possible stage, and requiring that the coordinating and independent professionals are of different disciplines. See further our briefing on [Multi-disciplinary consideration](#).

- (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; 5
 - (v) a declaration that they understand that they may cancel the first declaration at any time.
- (5) In subsection (4)(b)(i) “the initial conditions for eligibility” are that the person making the declaration—
 - (a) is aged 18 or over, 10
 - (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.
- (6) In this Act, “the coordinating ~~doctor~~professional” means a ~~registered medical practitioner~~professional—
 - (a) who meets the requirements specified in regulations under subsection (7), 15
 - (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~~professional in relation to the person,
 - (c) who is not a relative of the person making the declaration, and 20
 - (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.
- (7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a ~~registered medical practitioner~~professional must have in order to act as the coordinating ~~doctor~~professional. 25
- (8) The regulations must provide that the practitioner must have had training about the following—
 - (a) assessing capacity; 30
 - (b) assessing whether a person has been coerced or pressured by any other person;
 - (c) reasonable adjustments and safeguards for autistic people and people with a learning disability;
 - (d) domestic abuse. 35
- (9) 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.
- (10) Regulations under subsection (7) must specify that training in respect of domestic abuse, including coercive control and financial abuse, is mandatory. 40
- (11) A person may not witness a first declaration under subsection (2)(c)(ii) if they are disqualified under section 52 from being a witness.

9 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~~professional and the witness

mentioned in section
8(2)(c)(ii).

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- (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~~ professional may witness the first declaration only if satisfied that the requirements of subsection (2) have been met.
- (5) The coordinating ~~doctor~~ professional may witness the first declaration only if –
 - (a) the coordinating ~~doctor~~ professional has conducted a preliminary discussion with the person or is satisfied that ~~another a~~ 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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10 First ~~doctor's~~ assessment (coordinating ~~doctor~~ professional)

- (1) The coordinating ~~doctor~~ professional 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~~ professional, 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 professional 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 professional is not a practitioner with the person’s GP practice, a registered medical practitioner with that practice
 - (iii) the consultee, and
 - (iv) and 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~~ another professional who meets the requirements of section 11(8) and is able and willing to carry out the second assessment (“the independent ~~doctor~~ professional”).
- (4) The Secretary of State must by regulations make provision about the content and form of the report.

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- (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~~ professional is, or (as the case may be) is not, so satisfied;
 - (c) contain a statement indicating whether the coordinating ~~doctor~~ professional is satisfied as to the following—
 - (i) that a record of the preliminary discussion has been included in the person's medical records; 15
 - (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;
 - (d) be signed and dated by the coordinating ~~doctor~~ professional. 20
- (6) Where— 20
- (a) a referral is made under subsection (3)(c),
 - (b) the independent ~~doctor~~ professional dies or through illness is unable or unwilling to act as the independent ~~doctor~~ professional, and
 - (c) no report under section 11 has been made by virtue of the referral, a further referral may be made under subsection (3)(c). 25
- (7) Where a referral is made to a ~~registered medical practitioner~~ professional by virtue of subsection (6), that practitioner becomes the independent ~~doctor~~ professional (replacing the ~~registered medical practitioner~~ professional to whom a referral was originally made) and sections 11 to 13 and 15 apply accordingly.
- 11 Second ~~doctor's~~ professional's assessment (independent ~~doctor~~ professional)** 30
- (1) Where a referral is made under section 10(3)(c), the independent ~~doctor~~ professional 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~~ professional, the person who made the first declaration— 35
- (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. 40
- (3) In subsection (1) "the first period for reflection" means the period of seven days beginning with the day the coordinating ~~doctor~~ professional made the report under section 10(3).
- (4) The independent ~~doctor~~ professional must carry out the second assessment independently of the coordinating ~~doctor~~ professional, subject to section 12(7) (sharing of specialists' opinions).
- (5) After carrying out the second assessment, the independent ~~doctor~~ professional 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~~professional,
 - (iii) if neither the independent ~~doctor~~professional nor the coordinating ~~doctor~~professional 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 ~~professional doctor~~ is satisfied as to all of the matters mentioned in subsection (2)(a) to (e);
 - (b) contain an explanation of why the independent ~~professional doctor~~ is, or (as the case may be) is not, so satisfied;
 - (c) contain a statement indicating whether the independent ~~professional 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;
 - (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 ~~professional doctor~~.
- (8) A ~~registered medical practitioner~~professional may carry out the functions of the independent ~~professional 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~~professional,
 - (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~~professional must have in order to carry out the functions of the independent ~~doctor~~professional.
- (10) The regulations must provide that the ~~practitioner~~professional must have had training about the following—
- (a) assessing capacity;
 - (b) assessing whether a person has been coerced or pressured by any

- other person;
- (c) domestic abuse.

(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.

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(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.

12 ~~Doctors’~~ Professionals’ assessments: further provision

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- (1) In this section “assessing ~~doctor~~ professional” means –
- (a) the coordinating ~~doctor~~ professional carrying out the first assessment;
 - (b) the independent professional ~~doctor~~ carrying out the second assessment.

(1A) In relation to any person –

- (a) the two assessing professionals must have different specialist training, to be specified in regulations made under section 11(9),
- (b) one of the assessing professionals may be a profession other than that of registered medical practitioner, to be specified in regulations made under section 11(9), but
- (c) one of the assessing professionals must be a registered medical practitioner.

(2) The assessing ~~doctor~~ professional must –

- (a) examine the person and examine such of their medical records as appear to the assessing ~~doctor~~ professional 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 doctor considers appropriate, and such other enquiries as the assessing doctor considers appropriate;~~
- (b) take all practicable steps to consult at least one medical professional or social care professional who is providing, or who has recently provided health or social care to the person;
- (ba) make such other enquiries as the assessing professional 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;
 - (iiA) that the self-administration of such a substance does not represent a treatment for their terminal illness but a personal choice concerning life and death.
 - (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 25;
- (e) inform the person –
 - (i) of the further steps that must be taken before assistance can

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Commented [A6]: This is making clear that the two professionals must be of different disciplines. That could be different disciplines within medicine, but could also include (for instance) social workers. The relevant training / disciplines are to be set out in regulations. One of the assessing professionals must be a registered medical practitioner. See further our briefing on [Multi-disciplinary consideration](#)

Commented [A7]: This is designed to ensure multi-disciplinary consideration at the earliest stage possible. Recognising that such consultation may not be possible this is an ‘all practicable steps’ duty, but is combined with (1) a revised subsection 3 on consultation with someone with appropriate expertise if the person is not or has not recently been in receipt of health or social care; and (2) a new subsection (3A), requiring an explanation of why there has not been consultation.

Commented [A8]: This amendment is designed to make clear that the provision of approved substances is not a treatment in the conventional medical sense, which is of significance for (amongst other reasons) maintaining a distinction between conventional medical responses to ill-health and the framework of this Bill. See further our briefing [here](#).

- 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~~ professional is themselves a practitioner with that practice);
- (g) in so far as the assessing ~~doctor~~ professional 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, and if there is no person satisfying the criteria under subsection 2(b), the assessing ~~doctor~~ professional must –
- (a) ~~take all practicable steps to consult at least one 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. ~~consult such a professional if they consider that there is a need to do so.~~
- (3A) Where an assessing professional has not consulted a professional or professionals under subsection (2)(b) or subsection (3), the assessing professional must record that fact and give reasons for so doing.
- (4) Where an assessing ~~doctor~~ professional consults a professional under subsection 2(b) or subsection (3)(b), the assessing ~~doctor~~ professional must give a written record of the consultation to the other assessing ~~doctor~~ professional.
- (5) When carrying out an assessment in accordance with subsection (2), the assessing ~~doctor~~ professional 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~~ professional –
- (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 or disease in question;
- (ba) must consult with any person or persons who the professional reasonably believes –
- (i) has knowledge of the person being assessed, or of their circumstances, and
- (ii) who is able to provide information about the person's capacity
- (b) must, if they have doubt as to the capacity of the person being assessed, refer the person for assessment –
- (i) 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, or
- (ii) by a professional with the qualifications in and experiences of the assessment of the assessment of capacity prescribed by the Secretary of State in regulations;
- (c) must, if they make a referral under paragraph (a) or (b), take account of any opinion provided by that ~~other~~ registered medical practitioner or professional.
- (7) An opinion provided to one assessing ~~doctor~~ professional under subsection (6)(a)

Commented [A9]: "Next of kin" is a term which does not exist otherwise in health and social care law, and will cause considerable confusion if used in this Bill.

Commented [A10]: This is designed to ensure multi-disciplinary consideration at the earliest stage possible. Recognising that such consultation may not be possible, this is an 'all practicable steps' duty, but is combined with a new subsection (3A), requiring an explanation of why there has not been consultation.

Commented [A11]: Complex capacity assessments conventionally require the assessor to be able to 'triangulate' what they are being told by the person with other information sources. A capacity assessment for purposes of this Bill is, by definition, complex. This amendment is designed to ensure that the assessor follows the same practice.

Commented [A12]: This amendment provides the ability for the Secretary of State to make regulations providing for professionals other than psychiatrists to consider capacity. The Court of Protection (the statutory court with oversight over the Mental Capacity Act 2005) draws on a wide range of expertise in determining capacity, depending upon the nature of the situation, and there may be situations where (for instance) a psychologist may be the right person to consider a person's capacity in the context of this Bill.

or (b) must be shared with the other assessing ~~professional~~~~doctor~~.

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- (8) Where the independent ~~doctor~~~~professional~~ 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 ~~professional~~ (if that coordinating ~~professional~~ is a registered medical practitioner) ~~doctor~~, or
 - (b) the independent ~~doctor~~~~professional~~ may make their own referral under that provision.

13 Another independent ~~doctor~~~~professional~~: second opinion

- (1) This section applies where the independent ~~doctor~~~~professional~~ 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 11(2)(a) to (e).
- (2) The coordinating ~~doctor~~~~professional~~ may, if requested to do so by the person who made the first declaration, refer that person to a different ~~registered medical practitioner~~~~professional~~ who meets the requirements of section 11(8) and is able and willing to carry out a further assessment of the kind mentioned in section 11(2).
- (3) Where a referral is made to a ~~registered medical practitioner~~~~professional~~ under subsection (2) –
- (a) the coordinating ~~doctor~~~~professional~~ must provide that new-~~registered medical practitioner~~~~professional~~ with the report by the independent ~~doctor~~~~professional~~ setting out their reasons for refusal;
 - (b) if the new registered ~~medical practitioner~~~~professional~~ 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~~~~professional~~ under subsection (2), that referral is treated as a referral under section 10(3)(c), the practitioner becomes the independent ~~doctor~~~~professional~~ (replacing the ~~registered medical practitioner~~~~professional~~ to whom a referral was originally made) and sections 11, 12 and 15 apply accordingly.
- (5) In consequence of a particular first declaration made by a person, the coordinating ~~doctor~~~~professional~~ may make only one referral for a second opinion under subsection (2); but this is subject to subsection (6) and section 15(6)(a)(ii).
- (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~~~~professional~~, and
 - (c) no report under section 11 has been made by virtue of the referral,
- a further referral may be made under subsection (2).

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14 Replacing the coordinating ~~doctor~~~~professional~~ 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~~~~professional~~, that ~~doctor~~~~professional~~ dies or through illness or otherwise is unable or unwilling to continue to carry out the functions of the

coordinating ~~doctor~~professional.

- (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~~professional who meets the requirements of section 8(6) and is able and willing to carry out the functions of the coordinating ~~doctor~~professional;
 - (b) to ensure continuity of care for that person despite the change in the coordinating ~~doctor~~professional.

15 Replacing the coordinating or independent ~~doctor~~professional where unable or unwilling to continue to act

- (1) This section applies where—
- (a) after a first declaration has been witnessed by the coordinating ~~doctor~~professional, that ~~professional~~doctor is unable or unwilling to continue to carry out the functions of the coordinating ~~doctor~~professional, or
 - (b) after a referral is made under section 10(3)(c) (including a referral to which section 13(4) applies), but before a report under section 11 has been made by virtue of that referral, the independent ~~doctor~~professional is unable or unwilling to continue to carry out the functions of the independent ~~doctor~~professional,
- and in this section such a coordinating or independent doctor is referred to as “the outgoing ~~doctor~~professional”.
- (2) The outgoing ~~doctor~~professional must as soon as practicable give written notice of their inability or unwillingness to continue to carry out their functions under this Act to—
- (a) the person seeking assistance,
 - (b) the Commissioner, and
 - (c) if the outgoing ~~doctor~~professional is the independent ~~doctor~~professional, the coordinating ~~doctor~~professional.
- (3) Any duty or power of the outgoing ~~doctor~~professional under this Act that arose in consequence of the declaration or referral mentioned in subsection (1) ceases to have effect from the time the outgoing ~~doctor~~professional complies with subsection (2); but this does not apply to any duty under subsection (8) or (9).
- (4) The Secretary of State may by regulations make provision relating to the appointment, with the agreement of the person seeking assistance, of a replacement coordinating ~~doctor~~professional who meets the requirements of section 8(6) and who is able and willing to carry out the functions of the coordinating ~~doctor~~professional.
- (5) Regulations under subsection (4) may, in particular, make provision to ensure continuity of care for the person seeking assistance despite the change in the coordinating ~~doctor~~professional.
- (6) Where the independent ~~doctor~~professional gives a notice under subsection (2)—
- (a) a further referral may be made—
 - (i) under section 10(3)(c) (if section 13 does not apply), or
 - (ii) where section 13 applies, under subsection (2) of that section, and

- (b) the ~~registered medical practitioner~~professional to whom that referral is made becomes the independent ~~doctor~~professional (replacing the outgoing ~~doctor~~professional) and sections 11 to 13 (and this section) apply accordingly. 5
- (7) Subsections (8) and (9) apply where the coordinating ~~doctor~~professional –
- (a) gives a notice under subsection (2) to the person seeking assistance, or
 - (b) receives a notice under that subsection given by the independent ~~professional~~doctor in relation to the person seeking assistance. 10
- (8) Where the coordinating ~~professional~~doctor is a practitioner with the person's GP practice, the coordinating ~~doctor~~professional must, as soon as practicable, record the giving of the notice in the person's medical records.
- (9) In any other case –
- (a) the coordinating ~~doctor~~professional must, as soon as practicable, notify a registered medical practitioner with that practice of the giving of the notice, and
 - (b) the practitioner notified under paragraph (a) must, as soon as practicable, record the giving of the notice in the person's medical records.

15A Consideration where coordinating and independent professionals agree that eligibility criteria are met

- (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 professional is satisfied as to all of the matters mentioned in section 10(2)(a) to (h), and
 - (c) a report about the second assessment of the person which contains a statement indicating that the independent professional is satisfied as to all of the matters mentioned in section 11(2)(a) to (e).
- (2) The Commissioner must, as soon as reasonably practicable, consider the person's eligibility to be provided with assistance under section 25.
- (3) For purposes of subsection (2), the Commissioner may –
- (a) consider the person's eligibility personally;
 - (b) refer the person's case to a person qualified to sit on the Assisted Dying Review Panel ('a qualified person');
 - (c) refer the person's case to a multidisciplinary panel under section 16.
- (4) The guidance provided for under section 40 below must include guidance as to the operation of subsection (2).
- (5) In any case in which it appears either on referral or at any point during consideration of eligibility that it is necessary either –
- (a) To obtain a report from a local authority or an NHS body, or
 - (b) To appoint a suitably qualified person to test the relevant evidence

arrangements must be made for consideration to continue before a full Assisted Dying

Commented [A13]: This new clause provides for a modified procedure where there's agreement between the coordinating and the independent professionals. The Commissioner or a person eligible to sit on the Panel could consider the application alone (or the Commissioner could refer the case to a full Panel). A full panel would be mandated if: (1) the independent professional does not agree with the coordinating professional that the criteria are met; (2) it becomes clear during the modified procedure that further evidence is needed from a local authority or NHS body, or it becomes clear that the evidence needs testing.

This amendment seeks to reflect the policy of the Bill that there needs to be a 'third tier,' but in a way which calibrates that policy to ensure that it is neither 'over' or 'under' protective.

Review Panel.

- (6) Section 17 below applies to the consideration of eligibility by either the Commissioner personally or a qualified person -
 (a) as if for 'the panel' is substituted 'the Commissioner' or 'the qualified person' as appropriate, and
 (b) without paragraphs (f) and (g) of subsection (4).
- (7) Where the Commissioner receives a notification that the first declaration has been cancelled, the Commissioner must not take further steps to consider the person's eligibility.

15B Reconsideration of decision by Commissioner under section 15A

- (1) This section applies where a decision as to eligibility has been made under section 15A.
- (2) Section 18 below applies if the decision has been by a person qualified to sit on the Assisted Dying Review Panel, or by a full Panel.
- (3) A decision by the Commissioner may be challenged by way of judicial review.

Commented [A14]: This is required consequential on the proposed new clause 15B to cater for the need for potential reconsideration of a decision about eligibility.

Subsection (3) is required because the Commissioner is not discharging a judicial function, so it would not be possible to 'route' any reconsideration decision through the appellate structure of the courts.

16 ~~Referral by Commissioner of case to multidisciplinary~~ **Mandatory consideration by Assisted Dying Review Panel**

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- (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~~ professional is satisfied as to all of the matters mentioned in section 10(2)(a) to (h), and
 (c) a report about the second assessment of the person which contains a statement indicating that the independent ~~doctor~~ professional is not satisfied as to all of the matters mentioned in section 11(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 25.
- (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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17 Determination by panel of eligibility for assistance

- (1) This section applies where a person's case is referred under section 16 or 18 to an Assisted Dying Review Panel ("the panel").

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- (2) The panel's function is ~~to determine whether it is satisfied of all of the~~ satisfy itself of the following matters—
- (a) that the requirements of sections 8 to 12 have been met in relation to—
 - (i) the first declaration, 5
 - (ii) the first assessment and the report under section 10 on that assessment, and
 - (iii) the second assessment and the report under section 11 on that assessment; 10
 - (b) that the person is terminally ill; 10
 - (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; 15
 - (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; 20
 - (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. 25
- (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 evidence from, and may question, the coordinating ~~doctor~~ professional or the independent ~~doctor~~ professional (and may hear evidence from and question both);
 - (b) must (subject to subsection (6)) hear evidence from, and may question, the person to whom the referral relates;
 - (c) in a case to which section 21 applies, may hear evidence from and may question the person's proxy;
 - (d) may hear evidence 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;
 - (f) may require a local authority or an NHS body to arrange for a report to be made dealing with such matters relating to the person as the panel may direct—
 - (i) by one of its officers or employees, or
 - (ii) such other person as the authority, or the NHS body, considers appropriate
 - (g) may appoint a suitably qualified person to test the evidence put before it, and make payment to such person for these purposes;
 - (h) may hear evidence on oath.

Commented [A15]: At present, clause 17(2) is ambiguous as to precisely what the Panel's task is: is it simply reviewing whether conclusions reached by coordinating / independent professionals are reasonable, or a body determining eligibility for itself. This resolves the ambiguity.

See further our briefing on [The Panel](#).

Commented [A16]: At the moment, it is unclear precisely what status the information being received has. By clarifying this to be 'evidence' then, even though the Panel is not a court, it makes it clear that it is a formal body.

Commented [A17]: This is the equivalent to s.49 Mental Capacity Act 2005, which gives the power to the Court of Protection to get reports from NHS or local authorities in order to allow it to discharge its inquisitorial functions when considering (amongst other things) if a person has / lacks capacity to make a decision. The Panel needs to have an equivalent power, in particular if it appears to them that an NHS body or local authority may have information relevant to whether the person meets the eligibility criteria.

See further our briefing on [The Panel](#).

Commented [A18]: This power will enable the Panel properly to test the evidence before it, so as to allow it to discharge its inquisitorial function.

Commented [A19]: This reinforces the seriousness of the Panel process.

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

video or audio link.

- (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), but it must in its decision give reasons as to why it is able to be satisfied as to the relevant matters without being able to ask questions of the relevant person.
- (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 but it must in its decision give reasons as to why it is able to be satisfied as to the relevant matters without being able to ask questions of the person to whom the application relates.
- (7) The panel—
- must, if it is satisfied of all of the matters mentioned in subsection (2), grant a certificate to that effect (a “certificate of eligibility”);
 - must refuse to do so in any other case.
- (8) The panel must notify the following of its decision—
- the person to whom the referral relates;
 - the coordinating ~~doctor~~ professional;
 - the Commissioner;
 - any person who has given evidence at the hearing;
 - 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 grants a certificate of eligibility under subsection 7(a) but considers that the person has requested assistance because of a failure by any public body to discharge statutory functions relating to that person’s health or social care, the panel must notify—
- the Commissioner;
 - any other person specified in regulations made by the Secretary of State.
- ~~(9)~~(10) 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).

18 Reconsideration of panel decisions refusing certificate of eligibility

- (1) This section applies where—
- a person’s case is referred under section 16 to an Assisted Dying Review Panel (“the first panel”) and the first panel has reached a decision upon that referral, and
 - the first panel refuses to grant a certificate of eligibility in respect of the person.
- (2) A person falling within subsection 2A The person may apply to the Commissioner for their case to be permission for the first panel’s decision to be reconsidered on the ground that the first panel’s decision—
- ~~contains an error of law,~~
 - ~~is irrational, or~~
 - ~~is procedurally unfair.~~

Commented [A20]: Conventionally, it would be very unusual for a person’s capacity to be determined on the basis of pre-recorded material. Given that the Panel, itself, has to be satisfied of the person’s capacity (and of the other criteria) this amendment requires the Panel to explain why such a step has been justified.

Commented [A21]: Conventionally, it would be very unusual for a person’s capacity to be determined on the basis of pre-recorded material. Given that the Panel, itself, has to be satisfied of the person’s capacity (and of the other criteria) this amendment requires the Panel to explain why such a step has been justified.

Commented [A22]: This ensures that all those who took part formally in the hearing are aware of its outcome.

Commented [A23]: The Bill’s sponsor is clear that she does not consider that ‘service provision’ failures would render a person ineligible. This amendment would mean that the Panel would have to notify relevant bodies if it considers that the person meets the criteria, but the request was made because of service provision failures. This will be important for monitoring the impact of the Bill on health and social services for purposes of the 5 year review.

See further our briefing on [The Panel](#).

Commented [A24]: We are not aware of any other situation in which a ‘one way’ route of challenge is available. The amendments set out here enable a decision on eligibility (either to refuse or grant) to be the subject of an application for reconsideration, subject to a permission filter. This would provide the analogy to the ways in which appeals against judicial decisions work in the court system; the permission filter ensures that ‘vexatious’ challenges are weeded out.

The amendment also widens the pool of those who could challenge a decision, to include, amongst others, local authorities discharging safeguarding duties.

See further our briefing on [The Panel](#).

- (a) is wrong, or
- (b) is unjust because of a serious procedural or other irregularity in the proceedings before the first panel.

(2A) The persons who may apply under subsection 2 are-

- (a) the person to whom the referral relates,
- (b) any person properly interested in the welfare of the person to whom the referral relates,
- (c) the local authority in whose area the person is for purposes of the discharge of safeguarding functions under the Care Act 2014 (in England) or the Social Services and Well-Being Wales Act (in Wales),
- (d) any NHS body with treating responsibilities for the person to whom the referral relates,
- (e) the Attorney-General,
- (f) the Secretary of State (in England), and
- (g) the Welsh Ministers (in Wales).

(3) The Commissioner ~~must consider the application without a hearing –~~

- (a) may consider the application for permission without a hearing, but
- (b) (where permission has been granted), must consider the application for reconsideration at a hearing unless exceptional circumstances related to the medical condition of the person to whom the referral relates mean that any delay caused by making arrangements to hold the hearing would prevent the Commissioner from being able to determine the application.

(4) On the application –

- (a) if the Commissioner is satisfied that ~~any~~either 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 17;
- (b) in any other case, the Commissioner must dismiss the application.

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(5) The Commissioner must give reasons, in writing, for their 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~~professional;
- (c) any other person specified in regulations made by the Secretary of State.

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18A Fees and costs associated with applications to the Commissioner

(1) The Secretary of State must make regulations providing-

- (a) for the circumstances in which a fee is payable in relation to any of the steps set out at sections 15 to 18 above,
- (b) for the level of any such fee or fees,
- (c) for circumstances under which a person otherwise required to pay a fee or fees is entitled to claim relief by reason of means or otherwise.

Commented [A25]: At present, the Bill is silent about the costs of applications for certificates of eligibility. These amendments make provisions for such costs (and remissions where appropriate).

They also provide for the Secretary of State to be able to make regulations relating to the provision of legal assistance. Whilst the policy intention of the Bill appears to be that this is a process in which lawyers are not required, equitable access to the framework may well require (in some cases) legal help, and the regulation-making power would enable such help to be provided to those who would not otherwise be able to afford it.

See further our briefing on [The Panel](#).

- (2) The Secretary of State may make regulations providing for the amendment of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 and any associated relevant regulations to provide for the provision of legal assistance in relation to any of the steps set out at sections 15 to 18 above.

19 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~~professional 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~~professional, and
 (ii) a person other than the coordinating ~~doctor~~professional or the independent ~~doctor~~professional,
 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;
 (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~~ professional may witness a second declaration only if the coordinating ~~doctor~~ professional 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, 5
 - (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~~ professional is so satisfied, they must make a statement to that effect. 10
- (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~~ professional, and
 - (c) witnessed by the same person who witnessed the second declaration under subsection (3)(c)(ii). 15
- (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; 20
 - (iii) the coordinating ~~doctor's~~ professional full name and work address;
 - (iv) specified information about the certificate of eligibility;
 - (b) the following declarations by the coordinating ~~doctor~~ professional (in addition to a declaration that they are satisfied of all of the matters mentioned in subsection (5)(a) to (d)) – 25
 - (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); 30
 - (iv) a declaration that they are satisfied that neither the first declaration nor the second declaration has been cancelled. 35
- In this subsection "specified" means specified in the regulations. 35
- (9) A person may not witness a declaration under subsection (3)(c)(ii) if they are disqualified under section 52 from being a witness.
- (10) Where the coordinating ~~doctor~~ professional has –
- (a) witnessed a second declaration, or
 - (b) made or refused to make a statement under subsection (6), 40
- 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).

20 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 – 5

- (a) the coordinating ~~doctor~~professional, or
 - (b) any registered medical practitioner with the person's GP practice.
- (2) Where notice or an indication is given to the coordinating ~~doctor~~professional under subsection (1)(a), the ~~doctor~~professional must as soon as practicable notify the Commissioner of the cancellation. 10
- (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~~professional and the Commissioner of the cancellation. 15
- (4) A cancellation under subsection (1) has effect from the time the notice or indication is given. 15
- (5) From the time a first declaration is cancelled, any duty or power of the coordinating ~~doctor~~professional or the independent ~~doctor~~professional under sections 10 to 12 (assessments, statements and referrals) that arose in consequence of that declaration ceases to have effect. 15

21 Signing by proxy 20

- (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, except by reason of lack of capacity), and 25
 - (b) authorises the proxy to sign the declaration on their behalf. 25
- (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. 30
- (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. 35
- (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 52 from being a proxy, or
 - (c) if it is a second declaration and the proxy signed the first declaration as a witness. 40
- (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. 5
- (6) For the purposes of this section “declaration” includes the cancellation of a declaration. 15

~~(6)(7)~~ Where there is reason to believe that the physical impairment giving rise to a need for a proxy for purposes of subsection 1(a) above will prevent the person being able to ingest or otherwise self-administer the approved substance for purposes of section 25(8), the coordinating professional-

- (a) must make appropriate enquiries as to the person's ability to ingest or otherwise self-administer the approved substance,
- (b) must not take further steps to progress the person's case unless such enquiries establish that the person will be able to ingest or otherwise self-administer the approved substance for purposes of section 25.

Commented [A26]: These amendments cater for the position where it becomes clear that the reason that the person requires a proxy is a physical impairment which would also (in turn) prevent them taking the relevant final act. These amendments require the position to be investigated and prevent further steps being taken if this is, in fact, the case.

22 Independent advocate

- (1) The Secretary of State must by regulations make provision as to the appointment of persons as independent advocates. 10
- (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; 15
 - (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; 20
 - (e) training that such advocates must undertake before being appointable—, including, in particular identifying whether a person has been coerced or pressured by any other person, and in identifying domestic abuse;
 - (f) obligations on persons performing functions on this Act to ensure the presence of an independent advocate for a qualifying person.

Commented [A27]: The amendments to this clause seek to bring clarity as to who can be an advocate, and what their purpose is. They are focused, in particular, on ensuring that advocacy operates to support those who may need help navigating the processes of the Bill, rather than (inadvertently) supporting a person who is in fact ineligible (for instance through impaired decision-making capacity) to obtain assistance.

(2A) The regulations must provide that a person may not act as an independent advocate where—

- (a) where that person is engaged in providing care or treatment to the qualifying person in a professional capacity, or for remuneration, or
- (b) where they fall within a degree of proximity (whether by way of family relationship or otherwise) to the qualifying person which would affect their ability to act with independence.

- (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.

(3A) For the avoidance of doubt –

- (a) ~~subsection 3(7)(b) (no duty to support a person to have capacity to decide to end their own life) applies to independent advocates, and~~
- (b) ~~an independent advocate does not have a duty to support a person to make a request for assistance to end their own life.~~

Commented [A28]: This makes clear both that advocates are not under a duty to support people to have capacity to decide their own life, and that advocates are not under a duty to support a person to make a request for assistance. Both of these clarify that the role of the advocate is as a 'navigator' for those requiring assistance.

(4) For the purposes of subsection (2) a person is a “qualifying person” if they –

- (a) ~~have a mental disorder –~~
 - ~~(i) a learning disability,~~
 - ~~(ii) a mental disorder under section 1 of the Mental Health Act 1983, or~~
 - ~~(iii) autism,~~
- (b) they may experience substantial difficulty in ~~understanding the processes or information relevant to those processes or communicating their views, wishes or feelings~~
 - (i) accessing information about decisions they may need to make for purposes of requesting assistance under this Act,
 - (ii) taking the steps required under sections 18 to 21 of this Act, 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.

Commented [A29]: These are technical changes, because both autism and learning disability are (and will remain, notwithstanding the changes in the Mental Health Bill) ‘mental disorders’ for purposes of the Mental Health Act 1983.

Information in medical records

23 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 10;
 - (c) a report about the second assessment of a person is made under section 11;
 - (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 19(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~~ professional is a practitioner with the person’s GP practice, the coordinating ~~doctor~~ professional 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~~ professional 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.

24 Recording of cancellations

- (1) This section applies where a person cancels a first declaration or a second declaration under section 20.
- (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. 30
- (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 35
 - (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

25 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 19(2)) has ended, 5
 - (c) that person has made a second declaration which has not been cancelled, and
 - (d) the coordinating ~~doctor~~ professional has made the statement under section 19(6).
- (2) An assisting professional may, ~~The coordinating doctor~~ may, in accordance with this section, provide that person with an approved substance (see section 27) with which the person may end their own life.

(2A) 'An assisting professional' means –

- (a) the coordinating professional, if they are a registered medical practitioner
- (b) (in any other case) a registered medical practitioner acting on the basis of authorisation by the coordinating professional under section 26 below.

(2B) ~~The provision of an approved substance under this section is not a medical treatment or procedure.~~

- (3) The approved substance must be provided directly and in person by the ~~coordinating doctor~~ assisting professional to that person.
- (4) When providing a substance under subsection (2) the assisting professional ~~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 assisting professional ~~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, 20

Commented [A30]: The changes here are required in consequence of the move to replace independent / coordinating doctors with independent / coordinating professionals.

Commented [A31]: This amendment is designed to make clear that the provision of approved substances is not a treatment in the conventional medical sense, which is of significance for (amongst other reasons) maintaining a distinction between conventional medical responses to ill-health and the framework of this Bill. See further our briefing [here](#).

- (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.

(5A) In the event that the assisting professional has doubts as to the person's capacity for purposes of subsection 5(a), the assisting professional –

- (a) must take steps to assess the person's capacity, including (if they are not a person meeting the requirements under section 12(6)(b) above) seeking the advice of such a person, and
- (b) may not proceed further until, with the benefit of such advice as is received under paragraph (b) above, they have satisfied themselves that the person has capacity to make the decision to end their own life.

- (6) The assisting professional~~coordinating doctor~~ may be accompanied by such ~~other~~ health professionals, and such other persons, as the assisting professional~~coordinating doctor~~ thinks necessary.
- (7) An approved substance may be provided to a person under subsection (2) by –
 - (a) preparing a device which will enable that person to self-administer the substance, and
 - (b) providing that person with the device.

In the case of an approved substance so provided, the reference in subsection (3) to the approved substance is to be read as a reference to the device.

- (8) In respect of an approved substance which is provided to the person under subsection (2), the ~~coordinating doctor~~assisting professional may –
 - (a) prepare that substance for self-administration by that person, and
 - (b) assist that person to ingest or otherwise self-administer the substance.
- (9) 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.

(10) Subsection (8)–

- (a) ~~does not~~ authorise the assisting professional~~coordinating doctor~~ to administer an approved substance to another person with the intention of causing that person's death, but

(b) does not prevent the administration of medications reasonably necessary to address the pain and suffering caused by complications that arise after the person has carried out the final act.

- (11) The assisting professional~~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 assisting professional~~coordinating doctor~~ that the procedure has failed, or
 - (b) the person has decided not to self-administer the approved substance.

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

- (13) Where the person informs the ~~coordinating doctor~~assisting professional that they have decided not to self-administer the approved substance, or there is any other

Commented [A32]: As discussed in our briefing on [capacity](#), these amendments are necessary to address the fact that the person must have the relevant decision-making capacity throughout.

Commented [A33]: These amendments are required to give clarity as to what the assisting professional can do where complications ensue, which from experience in other jurisdictions it is clear will happen in a non-negligible number of cases. See further our briefing [here](#).

reason to believe that the substance will not be used, the ~~coordinating doctor~~ assisting professional must remove it immediately from that person.

26 Authorising another doctor to provide assistance

- (1) Subject to subsections (1A) and (2), the coordinating ~~doctor~~ professional may authorise, in writing, a named registered medical practitioner to carry out the coordinating ~~doctor's~~ professional's functions under section 25.

(1A) If the coordinating professional is not a registered medical practitioner, the coordinating professional must authorise a registered medical practitioner to carry out their functions under section 25.

- (2) A registered medical practitioner may be authorised under subsections (1 and 1A) 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. 25
- (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. 30
- (4) Where a registered medical practitioner is authorised under subsection (1), section 25 applies as if references to the coordinating ~~professional~~ 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 25(5), they must notify the coordinating ~~doctor~~ professional immediately. 35
- (6) Section 21 (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 21(4) has effect as if for paragraph (c) there were substituted— 40
- “(c) if the proxy signed the first or second declaration as a witness.”
- (7) Regulations under subsection (2)(b) must specify that training in respect of domestic abuse, including coercive control and financial abuse is mandatory.

27 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. 5
- (2) In this Act “approved substance” means a drug or other substance specified in regulations under subsection (1).
- (3) See section 37 for powers to make provision about—
- (a) approved substances, and
 - (b) devices for use or used in connection with the self-administration of approved substances. 10

28 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~~ professional 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 professional ~~doctor~~.
- (4) The coordinating ~~doctor~~ professional 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, date of birth, sex, ethnicity, domestic circumstances, and last permanent address; 25
 - (b) whether, immediately before death, the person had a disability within the meaning of section 6 of the Equality Act 2010 (other than a disability consisting of the illness or disease which caused the person to be terminally ill within the meaning of this Act);
 - (c) the person’s NHS number; 30
 - (d) the name and address of the person’s GP practice (at the time of death);
 - (e) the coordinating ~~doctor’s~~ professional’s full name and work address;
 - (f) the date of each of the following—
 - (i) the first declaration; 35
 - (ii) the ~~report about the~~ first assessment of the person and (if different) the date of the report of that assessment;
 - (iii) ~~the report about the~~ second assessment of the person and (if different) the date of the report of that assessment;
 - (iv) the certificate of eligibility;
 - (v) the second declaration;
 - (vi) the statement under section 19(6);
 - (g) details of the illness or disease which caused the person to be terminally ill (within the meaning of this Act);
 - (ga) details of any other conditions, including mental health conditions, from which the person was suffering;
 - (gb) the reason given by the person for seeking assistance under this Act;
 - (h) the approved substance provided;
 - (ha) the method of self-administration;
 - (ha) any complications from which the person suffered after taking the approved substance;
 - (i) the date, ~~and~~ time and location of death;
 - (ia) the time between use of the approved substance and loss of consciousness;
 - (j) the time between use of the approved substance and death;
 - (k) persons present at self-administration;
 - (l) persons present at death;
- (6) Where the coordinating ~~doctor~~ professional is a practitioner with the person’s GP practice, the coordinating ~~doctor~~ professional must, as soon as practicable,

Commented [A34]: These amendments are designed to ensure that the Commissioner (and, in due course, the 5 year review) has the necessary data in order to be able to be able properly to identify whether the framework in the Bill is working.

record the making of the statement in the person's medical records.

- (7) In any other case—
- (a) the coordinating ~~doctor~~ professional 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. 15

29 Report where assistance not provided because coordinating ~~doctor~~ professional not satisfied of all relevant matters

- (1) This section applies where a person is not provided with assistance under section 25 because the coordinating ~~doctor~~ professional is not satisfied as to all of the matters mentioned in section 25(5). 20
- (2) The coordinating ~~doctor~~ professional must make a report which—
- (a) sets out the matters as to which they are not satisfied, and
 - (b) contains an explanation of why they are not satisfied of those matters.
- (3) The Secretary of State may by regulations make provision about the content or form of the report. 25
- (4) The coordinating ~~doctor~~ professional must give a copy of the report to—
- (a) the person,
 - (b) if the coordinating ~~doctor~~ professional is not a practitioner with the person's GP's practice, a registered medical practitioner with that practice, and the Commissioner. 30

30 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 in the sense that the person does not die as a result of taking the approved substance. 35
- (2) The coordinating ~~doctor~~ professional must, as soon as practicable, notify the Commissioner that this has happened.
- (3) Where the coordinating ~~doctor~~ professional is a practitioner with the person's GP practice, the coordinating ~~doctor~~ professional 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~~ professional 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. 5

Commented [A35]: At present, the wording is ambiguous - this is making it clear.

Protections for health professionals and others

31 No obligation to provide assistance etc

- (1) No person is under any duty to participate in the provision of assistance in accordance with this Act. 10
- (2) No ~~professional registered medical practitioner~~ is under any duty to become—
 - (a) the coordinating ~~doctor~~ professional in relation to any person, or
 - (b) the independent ~~doctor~~ professional in relation to any person.
- (3) No registered medical practitioner, other than a medical practitioner acting as either the coordinating ~~doctor~~ professional or the independent ~~doctor~~ professional, is under any duty to perform any function under or in connection with this Act other than—
 - (a) a function relating to the giving of notifications, or
 - (b) a function relating to the recording of matters in a person's medical records.
- (4) No health professional or social care professional is under any duty to respond when consulted under section 12(3)(b) (requirement for assessing ~~doctor~~ professional to consult professional with relevant qualifications or experience). 20
- (5) No registered pharmacist or registered pharmacy technician is under any duty to participate in the supply of an approved substance to a registered medical practitioner for use in accordance with section 25. 25
- (6) No person is under any duty to—
 - (a) act as a witness under this Act, or
 - (b) act as a proxy under this Act.
- (7) Nothing in this section affects—
 - (a) any duty relating to the giving of notifications under this Act or the recording of matters in a person's medical records, 30
 - (b) any duty relating to a requirement to keep records or to provide information, or
 - (c) any duty of a professional to respond to enquiries made under section 12(2)(b) (enquiries by assessing doctor) relating to health or social care the professional is providing, or has recently provided, to a person seeking assistance under this Act. 35
- (8) Schedule 3 amends the Employment Rights Act 1996 to make provision to protect employees and other workers from being subjected to any detriment for—
 - (a) exercising (or proposing to exercise) a right under this section not to participate in an activity or perform a function, or
 - (b) participating in the provision of assistance in accordance with this Act or performing any other function under this Act.
- (9) In this section— 5
 - (a) a reference to a duty includes any duty, whether arising from any contract, statute or otherwise;
 - (b) "registered pharmacist" and "registered pharmacy technician" have the same meaning as in the Pharmacy Order 2010 (S.I. 2010/231) (see article 3 of that Order). 10

32 Criminal liability for providing assistance

- (1) A person is not guilty of an offence by virtue of—
 - (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 15
- (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. 20
- (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— 25
- (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 30
- (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— 35
- (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.”

33 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; 5
- (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— 10
- (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.
- (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. 15

Offences

34 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. 20
- (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. 25
- (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. 30

35 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, 35
 - (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. 5
- (4) A person commits an offence if they intentionally or recklessly fail to comply with an obligation under –
 - (a) section 20(2) or (3) (notification of cancellation of declaration), or
 - (b) section 24 (recording of cancellations). 10
- (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;
 - (b) on conviction on indictment to imprisonment for a term not exceeding 5 years or a fine, or both. 15
- (6) Proceedings for an offence under this section may be instituted only by or with the consent of the Director of Public Prosecutions.

36 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, 20
 - (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 20(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

37 Regulation of approved substances and devices for self-administration

- (1) The Secretary of State must by regulations make provision about approved substances.
- (2) The regulations must make provision about—
 - (a) the supply or offer for supply, or administration, of approved substances;
 - (b) the transportation, storage, handling and disposal of approved substances;
 - (c) the keeping of records of matters relating to approved substances.
- (3) The regulations may in particular make provision—
 - (a) about the manufacture, importation, preparation or assembly of approved substances;
 - (b) for or in connection with the monitoring of matters relating to approved substances;
 - (c) requiring persons specified in the regulations, in specified cases, to give information to the Secretary of State.
- (4) The regulations may in particular—
 - (a) make provision relating to approved substances that is similar to, or that corresponds to, any provision of the Human Medicines Regulations 2012 (S.I. 2012/1916);
 - (b) make provision applying any provision of those Regulations, with or without modifications, in relation to approved substances.

(The regulations may also amend the Human Medicines Regulations 2012.)
- (5) The Secretary of State may by regulations make provision about devices made for use or used for, or in connection with, the self-administration of approved substances.
- (6) Regulations under this section must make provision about enforcement (which must include, but need not be limited to, provision imposing civil penalties).
- (7) Regulations under this section may make any provision that could be made by an Act of Parliament; but they may not amend this Act.
- (8) In this section “device” includes information in electronic form for use in connection with a device.

38 Investigation of deaths etc

- (1) In section 1 of the Coroners and Justice Act 2009 (duty to investigate certain deaths), after subsection (7) insert—
“(7A) In this Chapter a reference to an “unnatural death” does not include a death caused by the self-administration by the deceased of an approved substance, within the meaning of the Terminally Ill Adults (End of Life) Act 2025, that was provided to the deceased in accordance with that Act.”
- (2) In section 20 of that Act (medical certificate of cause of death), after subsection (4) insert—
“(4A) Regulations under subsection (1) may make, in respect of cases where assistance was provided or purportedly provided to the deceased under the Terminally Ill Adults (End of Life) Act 2025—
 - (a) such provision that is similar to, or that corresponds to, provision mentioned in subsection (1) as the Secretary of State considers appropriate;
 - (b) such further provision as the Secretary of State considers appropriate.
(4B) Regulations under subsection (1) must provide that in cases where the cause of death appears, to the best of the knowledge and belief of the person issuing a certificate under the regulations, to be the self-administration by the deceased of an approved substance (within the meaning of the Terminally Ill Adults (End of Life) Act 2025) that was provided to the deceased in accordance with that Act, the certificate must—
 - (a) state the cause of death to be “assisted death”, and
 - (b) contain a record of the illness or disease which caused the person to be terminally ill within the meaning of that Act.”
- (3) In Schedule 1 to that Act (suspension of investigations etc), in the definition in paragraph 1(6) of “homicide offence”, after paragraph (d) insert—
“(e) an offence under section 34, 35 or 36 of the Terminally Ill Adults (End of Life) Act 2025;”.

Codes and guidance

25

39 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 12 on treatment or palliative, hospice or other care available to the person and under section 12 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; 40
 - (d) ensuring effective communication in connection with persons seeking assistance under this Act to end their own lives, including the use of interpreters;
 - (e) 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; 5
 - (f) the arrangements for a qualifying person requesting assistance to end their own life to receive the support of an independent advocate under section 22;
 - (g) responding to unexpected complications that arise in relation to the administration of the approved substance under section 25, including when the procedure fails; 10
 - (h) the forms of proof of identity that are acceptable for the purposes of section 9.
- (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. 15
 - (3) Before issuing a code under this section the Secretary of State must consult such persons as the Secretary of State considers appropriate.
 - (4) A code issued under subsection (1) does not come into force until the Secretary of State by regulations so provides. 20
 - (5) When draft regulations are laid before Parliament in accordance with section 54, the code to which they relate must also be laid before Parliament.
 - (6) A person performing any function under this Act must have regard to any relevant provision of a code. 25
- ~~(7) A 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.~~
- ~~(7) 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.~~

40 Guidance about operation of Act

- (1) The Secretary of State must issue guidance relating to the operation of this Act. 30
- (2) The guidance need not (but may) relate to matters about which the Welsh Ministers may issue guidance under subsection (4) (“Welsh devolved matters”).
- (3) Before issuing guidance under subsection (1), the Secretary of State must consult – 35
 - (a) the Chief Medical Officer for England,

Commented [A36]: This gives the Codes the same status as the Code of Practice to the Mental Capacity Act 2005, which is necessary to give the Codes the force required, given how much weight is being placed upon them within the framework of the Bill.

- (b) the Chief Medical Officer for Wales,
- (c) such persons with learning disabilities and other persons who have protected characteristics as the Secretary of State considers appropriate,
- (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Secretary of State considers appropriate, 40
- (e) if any part of the guidance relates to Welsh devolved matters, the Welsh Ministers, and
- (f) such other persons as the Secretary of State considers appropriate.
- (4) The Welsh Ministers may issue guidance relating to the operation of this Act in Wales, but the guidance must only be about matters within devolved competence. 5
- (5) For this purpose, a matter is “within devolved competence” if provision about it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd.
- (6) Before issuing guidance under subsection (4), the Welsh Ministers must consult— 10
 - (a) the Chief Medical Officer for Wales,
 - (b) the Secretary of State,
 - (c) such persons with learning disabilities and other persons who have protected characteristics as the Welsh Ministers consider appropriate, 15
 - (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Welsh Ministers consider appropriate, and
 - (e) such other persons as the Welsh Ministers consider appropriate.
- (7) When preparing guidance under this section, an appropriate national authority must have regard to the need to provide practical and accessible information, advice and guidance to— 20
 - (a) persons (including persons with learning disabilities) requesting or considering requesting assistance to end their own lives;
 - (b) ~~the next of kin and~~ families of such persons and persons to whom they may be close to; 25
 - (c) the general public.
- (8) An appropriate national authority must publish any guidance issued under this section.
- (9) In this section—
 - “appropriate national authority” means the Secretary of State or the Welsh Ministers; 30
 - “protected characteristics” has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).

Provision of and about voluntary assisted dying services

41 Voluntary assisted dying services: England

35

- (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.

Commented [A37]: “Next of kin” is a term which does not exist otherwise in health and social care law, and will cause considerable confusion if used in this Bill.

- (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. 5
- (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. 10
- (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 15
 - (b) any other services provided by health professionals for the purposes of any of sections 5 to 30 except section 17.

42 Voluntary assisted dying services: Wales

- (1) The Welsh Ministers may by regulations make provision about voluntary assisted dying services in Wales. 20
- (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. 25
- (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. 30
- (5) Regulations under this section may not amend this Act.
- (6) In this section—
- (a) “voluntary assisted dying services” has the meaning given by section 41;
 - (b) a reference to provision about voluntary assisted dying services includes in particular provision securing that arrangements are made for the provision of such services. 35

Advertising

43 Prohibition on advertising

- (1) The Secretary of State must by regulations make provision prohibiting—
 - (a) the publication, printing, distribution or designing (anywhere) of advertisements whose purpose or effect is to promote a voluntary assisted dying service; 5
 - (b) causing the publication, printing, distribution or designing of such advertisements.
- (2) The regulations may contain exceptions (for example, for the provision of certain information to users or providers of services). 10
- (3) Regulations under this section may make any provision that could be made by an Act of Parliament.
- (4) But regulations under this section—
 - (a) may not amend this Act, and
 - (b) must provide that any offence created by the regulations is punishable with a fine. 15
- (5) In this section “voluntary assisted dying service” means—
 - (a) any service for or in connection with the provision of assistance to a person to end their own life in accordance with this Act, or
 - (b) any other service provided for the purposes of any of sections 5 to 30. 20

Notifications and information

44 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. 25
- (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— 30
 - (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. 35

45 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. 5
- (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; 10
 - (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 15
 - (b) any function of the Secretary of State relating to the operation of this Act.

46 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). 20
- (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). 25
- (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). 30

*Monitoring and review***47 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 5

- (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; 5
 - (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.
 - (4) For the first reporting period referred to under subsection (2)(a) the report must set out an assessment of the state of health services to persons with palliative and end of life care needs and the implications of this Act on those services.
 - (5) The report under subsection (4) must, in particular, include an assessment of the availability, quality and distribution of appropriate health and social services to persons with palliative and end of life care needs, including— 15
 - (a) pain and symptom management;
 - (b) psychological support for those persons and their families;
 - (c) information about palliative care and how to access it.
- 48 Disability Advisory Board on the implementation and implications of the Act for disabled people** 20
 - (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, 25
 - (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. 31
 - (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.
- 49 Monitoring by Commissioner** 35
 - (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. 5
- (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~~ professional is satisfied as to all of the matters mentioned in section 10(2)(a) to (h);
 - (b) a report about the second assessment of a person does not contain a statement indicating that the independent ~~doctor~~ professional is satisfied as to all of the matters mentioned in section 11(2)(a) to (e); 10
 - (c) a panel has refused to grant a certificate of eligibility;
 - (d) the coordinating doctor has refused to make a statement under section 19(6).

(2A) In respect of persons who are granted certificates of eligibility, the annual report must include aggregate data on -

- (a) age, sex, self-reported ethnicity, domestic status, Index of Multiple Deprivation quintile decile (derived from postcode of residence);
- (b) presence of a disability within the meaning of section 6 Equality Act 2010;
- (c) the illness or disease which caused the person to be terminally ill for purposes of this Act;
- (d) the reasons given for requesting assistance under this Act;
- (e) referrals made under section 5(5)(b) (palliative care at preliminary discussion);
- (f) referrals made under 12(6)(a) (palliative care on assessment by coordinating or independent professional);
- (g) referrals made under 12(6)(b) (capacity on assessment by coordinating or independent professional);
- (h) referrals made under section 17(9) (request for assistance under this Act; because of failure to discharge statutory functions relating to health or social care);
- (i) the time from first declaration to certificate of eligibility being granted;
- (j) the number of times a proxy was involved.

(2B) In respect of persons who are granted certificates of eligibility and self-administer an approved substance under section 2, the annual report must include or provide the means to access the following information -

- (a) the time from the grant of the certificate of eligibility to second declaration;
- (b) the time from second declaration to self-administration of the approved substance;
- (c) the approved substance used;
- (d) the method of self-administration;
- (e) any complications from which the person suffered after taking the approved substance;
- (f) the date, time and location of death;
- (g) the time between use of the approved substance and loss of consciousness;
- (h) the time between use of the approved substance and death;
- (k) whether the coordinating professional was present at the time of death;
- (l) (if relevant) the person decides not to take the substance;

(m) (if relevant) the procedure fails in the sense that the person does not die as a result of taking the approved substance.

(2C) The annual report must include information on –

- (a) the number of professionals participating each year as –
 - (i) coordinating professional;
 - (ii) independent professional;
- (b) the disciplines and (where relevant) specialist training of the professionals under paragraphs (a)(i) and (ii) above;
- (c) (in respect of coordinating professionals), the number of times each has provided assistance under section 25 above in the preceding year;
- (d) the number of pharmacies from which approved substances have been dispensed in the preceding year;
- (e) the number of times approved substances have been dispensed in the preceding year.

- (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. 20
- (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. 25
- (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. 30
- (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). 35

50 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 40
 - (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 –

- (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; 5
- (b) an assessment of the availability, quality and distribution of appropriate health *and social care* services to persons with palliative and end of life care needs, including—
 - (i) pain and symptom management; 10
 - (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; 15
- (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 20

51 Provision about the Welsh language

- (1) In this section “relevant person” means a person in Wales who wishes to be provided with assistance to end their own life in accordance with this Act.
- (2) Subsection (3) applies where the Welsh Ministers make regulations under section 42 (voluntary assisted dying services: Wales). 25
- (3) Regulations under that section must make such provision as the Welsh Ministers consider appropriate for the purpose of ensuring that, where a relevant person indicates that they wish to communicate in Welsh, all reasonable steps are taken to secure that—
 - (a) communications made by a person providing a voluntary assisted dying service to the relevant person are in Welsh, and 30
 - (b) any report about the first or second assessment of the relevant person is in Welsh.
- (4) Where a relevant person informs the Commissioner that they wish to communicate in Welsh, the Commissioner must take all reasonable steps to secure that—
 - (a) communications made by the Commissioner to the relevant person are in Welsh,
 - (b) each member of the panel to which the relevant person's case is referred speaks Welsh, and 40
 - (c) communications made by that panel to the relevant person are in Welsh,

and any certificate of eligibility issued by that panel must be in Welsh.

- (5) Regulations under section 8, 10, 11, 19 or 28 that specify the form of—
 - (a) a first or second declaration,
 - (b) a report about the first or second assessment of a person, or
 - (c) a final statement,must make provision for the forms to be in Welsh (as well as in English). 5
- (6) Before making regulations in pursuance of subsection (5), the Secretary of State must consult the Welsh Ministers.
- (7) In this section—

“panel” and “referred” have the meaning given by paragraph 1 of Schedule 2; 10

“voluntary assisted dying service” has the meaning given by section 41.

52 Disqualification from being witness ~~or proxy~~ **or independent advocate**

- (1) The individuals specified in subsection (2) are disqualified from—
 - (a) witnessing a first declaration by a person under section 8(2)(c)(ii); 15
 - (b) witnessing a second declaration by a person under section 19(3)(c)(ii);
 - (c) being a proxy for a person intending to have a document signed by proxy under section 21;
 - ~~(e)(d)~~ **being an independent advocate under section 22;**
- (2) Those individuals are—
 - (a) any relative of the person; 20
 - (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; 25
 - (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).

53 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. 35

54 Regulations

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

Commented [A38]: It could not be appropriate for an independent advocate to be a person falling within clause 52(2); this makes the position clear.

- (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 8(7), 11(9), 12(6), 18A, 37, 39(4), 41, 42, or 43 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. 10
- (5) The Welsh Ministers may not make a statutory instrument containing regulations under section 42 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 58 (commencement).

55 Duty to consult before making regulations 15

- (1) Before making regulations under section 8, 10, 11, 12, 19, 26 or 28, 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.
- (2) The persons to be consulted under subsection (1)(b) must include— 20
 - (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. 25

56 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. 30
- (2) In this Act—
 - “approved substance” has the meaning given in section 27(2);
 - “capacity” (except in section 21(3)(b)) is to be construed in accordance with section 3; 35
 - “certificate of eligibility” has the same meaning as in section 17;
 - “the Commissioner” has the meaning given by section 4;
 - “the coordinating ~~doctor~~ professional” has the meaning given in section 8(6);

“domestic abuse” has the meaning given by section 1 of the Domestic Abuse Act 2021 (and accordingly includes behaviour that is controlling or coercive or that constitutes economic abuse);

“first assessment” has the same meaning as in section 10;

“first declaration” has the same meaning as in section 8;

“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~~ professional” has the meaning given in section 10(3)(c);

“learning disability” has the meaning given by section 1(4) of the Mental Health Act 1983;

“mental disorder” means any disorder or disability of the mind;

“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 11;

“second declaration” has the same meaning as in section 19.

(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.

57 Extent

(1) Subject as follows, this Act extends to England and Wales only.

(2) Sections 37, 43, 54 and 56, this section, and sections 58 and 59 extend to England and Wales, Scotland and Northern Ireland.

(3) Section 31(8) and Schedule 3 extend to England and Wales and Scotland.

58 Commencement

- (1) Sections 47, 53 to 57, this section and section 59 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. 5
- (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, unless— 10
- (a) the Secretary of State has laid regulations before Parliament to amend the period provided for in this subsection in relation to England, or
- (b) the Welsh Ministers have laid regulations before the Senedd to amend the period provided for in this subsection in relation to Wales.
- (a) —
- (5) Subsections (3) and (4) do not apply in relation to sections 42(1) and (2) and 51(2) and (3), which come into force on such day as the Welsh Ministers may by regulations appoint. 15
- (6) 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.
- (7) The power to make regulations under this section includes power to make different provision for different purposes.
- (8) Regulations under this section are to be made by statutory instrument. 20

59 Short title

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

Commented [A39]: This provides a mechanism by which the policy intent to ensure movement towards implementation can be honoured, but in a way which provides for the potential that unforeseen consequences make it impossible for it to be done so within four years in a way which is safe and accessible to all.

SCHEDULES

SCHEDULE 1

Section 4

THE VOLUNTARY ASSISTED DYING COMMISSIONER

Status

- 1 (1) The Commissioner is to be a corporation sole. 5
- (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. 10

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"). 15
- (2) The person appointed must hold or have held office as a judge of—
 - (a) the Supreme Court,
 - (b) the Court of Appeal, or 20
 - (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. 25
- (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. 30

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. 35

- (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. 5
“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 – 10
 - (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. 15

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; 20
 - (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. 25
- (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; 30
 - (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. 35

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.

Schedule 1 – The Voluntary Assisted Dying Commissioner

- (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. 5

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— 10
 - (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)). 15
- (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; 20
 - (b) the Commissioner's function of determining applications for reconsideration under section 18.

Financial and other assistance from the Secretary of State

- 9 (1) The Secretary of State may— 25
 - (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— 30
 - (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— 35
 - (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— 40

- (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— 5
 - (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). 10
- (5) In this paragraph, “financial year” means— 15
 - (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— 20
 - (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— 25
 - (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— 30

“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— 35

“The Voluntary Assisted Dying Commissioner or the Deputy Voluntary Assisted Dying Commissioner.”

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

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- 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 16

10

ASSISTED DYING REVIEW PANELS

Introduction

- 1 In this Schedule—
- (a) “referral” means a referral under section 16 or 18 (and similar references are to be construed accordingly);
- (b) “panel” means an Assisted Dying Review Panel.

15

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— 20
- (a) the person (a “legal member”)—
- (i) holds or has held high judicial office,
- (ii) is one of His Majesty’s Counsel (but not as Honorary King’s Counsel,
(iiA) is a solicitor of no less than 15 years post-qualification, or
is a solicitor of no less than 15 years post-qualification, or 25
- (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~~ 30
- (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”).
- (d) the person has such expertise in relevant matters as is set out in regulations to be made by the Secretary of State (a “suitably qualified expert member”). 35
- (3) In this paragraph “high judicial office” means office as—
- (b) a judge of the Supreme Court, a judge of the Court of Appeal, or
- (c) a judge or deputy judge of the High Court.

Commented [A40]: These changes make sure that the pool is widened to include those with appropriate legal expertise, but to exclude those who may not in fact have been in court rooms. See further our briefing [here](#).

Commented [A41]: This amendment allows the Secretary of State to specify other categories of expertise - for instance palliative care - qualifying a person for Panel membership, to ensure that Panels are able to consider cases from a fully rounded perspective.

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. 5
- (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. 10

- (2) The arrangements must ensure that a panel consists of three members, of whom one must be a legal member –

- (a) ~~a legal member,~~
(b) ~~a psychiatrist member, and~~
(c) ~~a social worker member.~~

15

- (2A) In making the arrangements for determining the membership of a panel, the Commissioner must have regard to nature of the expertise required to determine the particular circumstances of the person to whom the referral relates.

- (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.

Commented [A42]: This amendment ensures that Panels are able to consider cases with expertise appropriate to the particular nature of the case. See further our briefing [here](#).

Decisions of panels

20

- 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 –

25

- (a) votes against a decision to grant such a certificate, or
(b) abstains from voting on such a decision.

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.
(3) For purposes of the law of contempt, where a panel determines a referral in public, then unless the panel provides to the contrary, publication of information about the person to whom the referral relates shall be treated as contempt of court, as if (in any relevant legislation) for the word 'court' were substituted 'panel'.
(4) Proceedings in relation to any contempt arising by operation under subsection (3) must be brought in the King's Bench Division.
(2)–

Commented [A43]: The Panel is not a court, but will be hearing very sensitive information in public hearings (by default). These amendments seek to ensure that such sensitive information about the person is not made public.

Staff and facilities

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

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.

5

Reasons

- 9 (1) Panels must give reasons, in writing, for their decisions.
- (2) As soon as reasonably practicable after making a decision, a panel must give the following a document containing its reasons for the decision –
- (a) the person to whom the referral in question relates; 10
 - (b) the coordinating doctor in relation to the person;
 - (c) the Commissioner.

Money

- 10 The Commissioner may pay to or in respect of members of panels –
- (a) remuneration; 15
 - (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.”

SCHEDULE 3

Section 31

PROTECTION FROM DETRIMENT

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- 1 The Employment Rights Act 1996 is amended as follows.
- 2 After section 43M insert –

“43N Provision of assistance under Terminally Ill Adults (End of Life) Act 2025

- (1) A worker has the right not to be subjected to any detriment by any act, or any deliberate failure to act, by the worker’s employer done on the ground that the worker has –
- (a) exercised (or proposed to exercise) a right conferred on the worker under section 31 of the Terminally Ill Adults (End of Life) Act 2025. 30

- of Life) Act 2025 (no obligation to provide assistance etc),
or
- (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act. 5
- (2) Subsection (1) does not apply where—
- (a) the worker is an employee, and
- (b) the detriment in question amounts to dismissal within the meaning of Part 10.
- (3) For the purposes of this section, and of sections 48 and 49 so far as relating to this section, “worker” and “employer” have the extended meaning given by section 43K.” 10
- Section 48 (complaints to employment tribunals) is amended as follows.
- 3 (1)
- (2) After subsection (1) insert—
- “(1WA) A worker may present a complaint to an employment tribunal that the worker has been subjected to a detriment in contravention of section 43N(1).” 15
- (3) In subsection (2), after “(1)” insert “, (1WA)”.
- 4 (1) Section 49 (remedies) is amended as follows.
- (2) In subsection (1), after “section 48(1)” insert “, (1WA)”.
- (3) In subsection (2), after “subsections” insert “(5YA),”.
- (4) After subsection (5) insert—
- “(5YA) Where—
- (a) the complaint is made under section 48(1WA),
- (b) the detriment to which the worker is subjected is the termination of the worker’s contract, and
- (c) that contract is not a contract of employment,
- any compensation must not exceed the compensation that would be payable under Chapter 2 of Part 10 if the worker had been an employee and had been dismissed for a reason specified in section 98C.” 20 25 30
- 5 After section 98B insert—
- “98C Provision of assistance under Terminally Ill Adults (End of Life) Act 2025**
- An employee who is dismissed is to be regarded for the purposes of this Part as unfairly dismissed if the reason (or if more than one, the principal reason) for the dismissal is that the employee— 35
- (a) exercised (or proposed to exercise) a right conferred on the employee under section 31 of the Terminally Ill Adults (End of Life) Act 2025 (no obligation to provide assistance etc), 40
- or

- (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act.”

6 In section 105 (redundancy), after subsection (2A) insert—

“(2B) This subsection applies if the reason (or, if more than one, the principal reason) for which the employee was selected for dismissal was one of those specified in section 98C.” 5

7 In section 108 (qualifying period of employment), in subsection (3), after paragraph (aa) insert—

“(ab) section 98C applies,”. 10

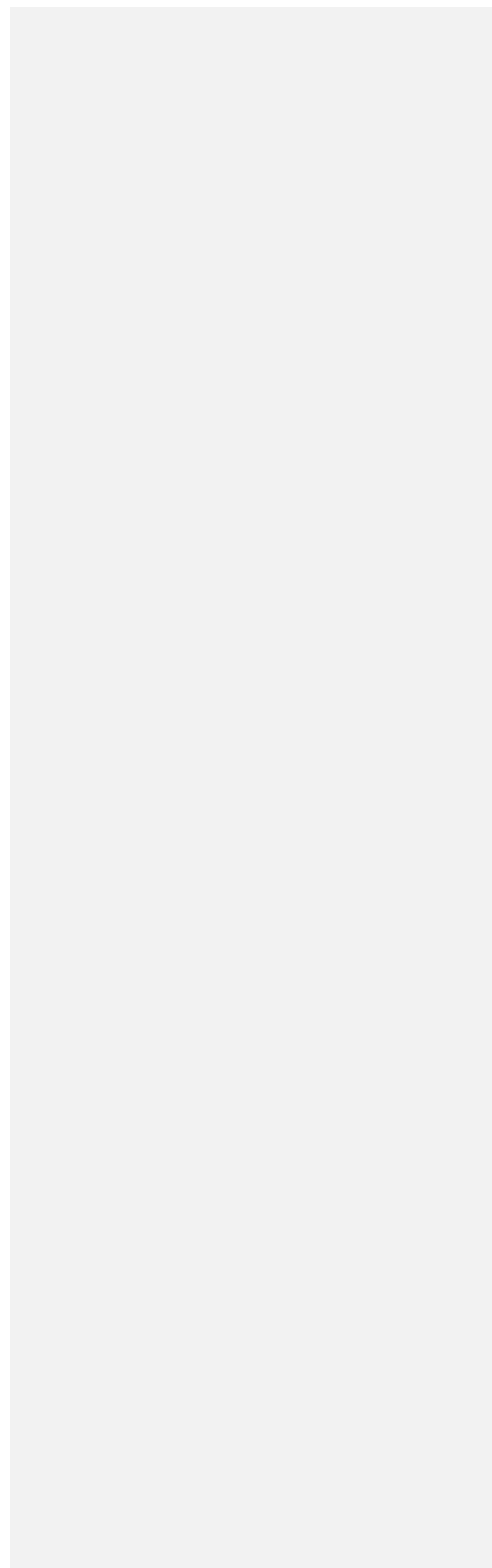
8 In section 205 (remedy for infringement of certain rights), after subsection (1) insert—

“(1XA) In relation to the right conferred by section 43N(1), the reference in subsection (1) to an employee has effect as a reference to a worker.”

9 In section 230 (definitions of employees, workers etc) in subsection (6)— 15

(a) after “43K” insert “, 43N(3)”;

(b) after “Part IVA” insert “, section 43N”.



Terminally Ill Adults (End of Life) Bill

[AS BROUGHT FROM THE COMMONS]

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.

Brought from the Commons on 23rd June 2025

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