
Committee Stage: Tuesday 21 January 2025

Terminally Ill Adults (End of Life) Bill (Amendment Paper)

This document lists all amendments tabled to the Terminally Ill Adults (End of Life) Bill. Any withdrawn amendments are listed at the end of the document. The amendments are arranged in the order in which it is expected they will be decided.

This document should be read alongside the Chair's provisional Selection and Grouping, which sets out the order in which the amendments will be debated.

★ New Amendments.

New Amendments: 8 to 47 and NC1

Danny Kruger

Dame Meg Hillier

Sir Julian Smith

Naz Shah

Rachael Maskell

Antonia Bance

David Smith

Sarah Smith

Marsha de Cordova

Jess Asato

Ruth Jones

That—

1. the Committee shall (in addition to its first meeting at 2pm on Tuesday 21 January) meet—
 - (a) on Tuesdays when the House is sitting at 9.25am and 2.00pm;
 - (b) on Thursdays when the House is sitting at 11.30am and 2.00pm;
2. the Committee shall hear oral evidence in accordance with the following Table:

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
Tuesday 28 January	Until no later than 10.25am	Alex Ruck Keene, Barrister specialising in Mental Capacity; Sir Nicholas Mostyn, Former High Court and Court of Protection Judge; Sir Max Hill, Former Director of Public Prosecutions
Tuesday 28 January	Until no later than 11.25am	Professor Laura Hoyano, Professor of Law, Senior Research Fellow, Wadham College, Oxford University; Jane Monckton-Smith OBE, Professor of Public Protection at the University of Gloucestershire; Sir James Munby, Former President of the Family Division of the High Court
Tuesday 28 January	Until no later than 3pm	Yogi Amin, National Head of Public Law and Human Rights at Irwin Mitchell; Karon Monaghan KC, Matrix Chambers; Barbara Rich, Barrister and expert on Court of Protection matters
Tuesday 28 January	Until no later than 4pm	Dr Ramona Coelho, Family Physician in Ontario Canada, serves on Ontario's MAID Death Review Committee; Dr John Daffy, previously head of infectious diseases at St Vincent's Hospital in Melbourne
Thursday 30 January	Until no later than 12.30pm	Dr Stephen Parnis, previous Vice-President of the Australian Medical Association; Professor Sinead Donnelly, a Consultant Palliative Medicine Professor in New Zealand
Thursday 30 January	Until no later than 1.30pm	Dr Ryan Spielvogel, Senior Medical Director for aid in dying services, Sutter Health, California, USA; Dr Greg Mewett, Specialist palliative care physician working in Western Australia
Thursday 30 January	Until no later than 3pm	Dr Clare Fellingham, Deputy Director of Medical Services at Royal Perth Hospital, Western Australia; Dr Cam McLaren, Oncologist and Founder of Voluntary Assisted Dying Australia and New Zealand

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
Thursday 30 January	Until no later than 4pm	Glyn Berry, Co Chair, Association of Palliative Care Social Workers; Dr Sarah Cox, President, Association of Palliative Medicine; Toby Porter, CEO, Hospice UK
Tuesday 4 February	Until no later than 10.25am	Dr Rachel Clark, Palliative Care Doctor; James Sanderson, CEO, Sue Ryder; Dr Sarah Holmes, Chief Medical Officer, Marie Curie
Tuesday 4 February	Until no later than 11.25am	Baroness Hale, Former President of the Supreme Court 2017-2020; Lord Sumption, Former Supreme Court Judge, Barrister, Historian and Author
Tuesday 4 February	Until no later than 3pm	Dr Sam Ahmedzai, Emeritus Professor at the University of Sheffield, Supportive and Palliative Care Specialist; Prof Allan House, Emeritus Professor of Liaison Psychiatry, University of Leeds; Dr Jamilla Hussain, Clinical academic and Consultant in Palliative Medicine at Bradford Teaching Hospitals NHS Trust
Tuesday 4 February	Until no later than 4pm	Dr Jane Neerkin, Consultant physician in palliative medicine at UCLH and the National Hospital for Neurology and Neurosurgery; Professor Gareth Owen, Professor of Psychological Medicine, Ethics and Law, Honorary Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust; Professor Aneez Esmail, Professor of General Practice
Thursday 6 February	Until no later than 12.30pm	Professor Nancy Preston, Associate Dean for Research and Co-Director of the International Observatory on End of Life Care at Lancaster University; Claire Williams, Chair, Greater Manchester Central Research Ethics Committee; Professor Katherine Sleeman, Laing Galazka Chair in Palliative Care, King's College London
Thursday 6 February	Until no later than 1.30pm	Professor Tom Shakespeare, Disability Rights academic, bioethicist and social scientist; Dr Miro Griffiths, Disability Studies Scholar and Researcher; Ellen

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
		Clifford, Co-ordinator, UK Deaf and Disabled People's Monitoring Coalition
Thursday 6 February	Until no later than 3pm	Tracey Lazard, CEO, Inclusion London; Richard Robinson, CEO of Hourglass; Cherryl Henry-Leach, CEO of STADA
Thursday 6 February	Until no later than 4pm	Chelsea Roff, Founder, Eat Breathe Thrive, Researcher and Author; Sarah Mistry, CEO, British Geriatrics Society; Equality and Human Rights Commission

Kim Leadbeater

That the Committee do sit in private to consider matters relating to the sittings motion.

Kim Leadbeater

That, subject to the discretion of the Chair, any written evidence received by the Committee shall be reported to the House for publication.

Sarah Olney

34

★ Clause 1, page 1, line 4, leave out "capacity" and insert "ability"

Member's explanatory statement

This replaces the concept of capacity based on the Mental Capacity Act and replaces it with a new concept of ability which is defined in NC1.

Sarah Bool

23

★ Clause 1, page 1, line 19, after "coerced" insert ", unduly influenced"

Member's explanatory statement

This amendment would include the absence of undue influence for the making of a person's decision. This reflects the changes proposed in Amendments 24 to 33.

Sarah Bool

9

★ Clause 2, page 1, line 24, after "reversed" insert "or the process controlled or substantially slowed"

Member's explanatory statement

This amendment would mean that illness, disease or medical condition etc, the progress of which can be managed or controlled by treatment are not characterised as terminal illness.

Sarah Bool

12

★ Clause 2 page 2, line 2, at end insert—

“(c) their illness, disease or medical condition is found on a list that the Secretary of State may by regulations specify.”

Member's explanatory statement

This amendment would require an illness, disease or medical condition to be specified in regulations that may be made by the Secretary of State to be considered a terminal illness under the Act.

Sarah Bool

10

★ Clause 2, page 2, line 6, at the end insert “, providing the treatment does not alter the overall prognosis of the condition.”

Member's explanatory statement

This amendment, which is linked to amendment 1 would mean that illness, disease or medical condition etc, the progress of which can be managed or controlled by treatment are not characterised as terminal illness.

Sarah Bool

11

★ Clause 2, page 2, leave out lines 7 and 8 and insert—

“(3) A person is not to be considered to be terminally ill by reason of the person having one or both of—”

Member's explanatory statement

This amendment amends clause 2 to say that a person cannot be considered terminally ill by reason of having mental illness or a disability.

Sarah Bool

13

★ Clause 2, page 2, line 10, at end insert—

- “(4) Regulations under subsection (1)(c) are subject to the affirmative procedure.
- (5) he Secretary of State may, where they consider it appropriate, make regulations that expire after twelve months from their being made to include temporary additions to the list under subsection (1)(c)
- (6) Regulations under subsection (5) are subject to the negative procedure.”

Member's explanatory statement

This amendment is consequential to amendment 4 and specifies regulations under that amendment must be made by the affirmative procedure. Temporary additions could be made by regulations subject to the negative procedure.

Sarah Olney

35

- ★ Page 2, line 11, leave out Clause 3

Member's explanatory statement

This amendment is consequential on NC1.

Chris Webb

8

- ★ Clause 4, page 2, line 16, leave out from “practitioner” to end of line 20 and insert “shall raise the subject of the provision of assistance in accordance with this Act with a person who has not indicated to that or another registered medical practitioner that they wish to seek assistance to end their own life”

Daisy Cooper

2

Clause 5, page 3, line 15, leave out “may” and insert “must”

Member's explanatory statement

This amendment would require the Secretary of State to make regulations specifying the training, qualifications and experience required for the coordinating doctor.

Jess Asato

20

Rebecca Paul
Dame Meg Hillier

- ★ Clause 5, page 3, line 25, at end insert—

“(4A) Regulations under subsection (3)(a) must specify that training in respect of domestic abuse, including coercive control and financial abuse is mandatory.”

Member's explanatory statement

This amendment would require the registered medical practitioner acting as the coordinating doctor to have undertaken training on domestic abuse, including coercive control and financial abuse.

Daisy Cooper

3

Clause 5, page 3, line 28, leave out “negative” and insert “affirmative”

Member's explanatory statement

This amendment would change the regulations specifying the training, qualifications and experience required for the coordinating doctor from the negative procedure to the affirmative procedure.

Sarah Olney

36

- ★ Clause 7, page 4, line 7, leave out "capacity" and insert "the ability"

Member's explanatory statement

This amendment is consequential to Amendment 34 and NC1.

Sarah Bool

24

- ★ Clause 7, page 4, line 14, after "coerced" insert ", unduly influenced"

Member's explanatory statement

This amendment is consequential to Amendment 23.

Dame Meg Hillier

14

- ★ Clause 7, page 4, line 15, at end insert—

"(2A) The coordinating doctor must take the report required under subsection (2B) into account in making an assessment under paragraph (2)(b), (f) and (g).

(2B) One or more qualified persons must have conducted a separate interview with the person and made a report to the coordinating doctor on the matters specified in subsection (2C).

(2C) The matters that must be covered in the report required under subsection (2B) are—

- (a) any evidence of duress or coercion affecting the person's decision to end their life,
- (b) any difficulties of communication with the person interviewed and an explanation of how those difficulties were overcome, and
- (c) the capacity of the person interviewed to understand the information given to them under paragraph (9)(2), (b), (c) and (d).

(2D) A person shall be taken to be qualified to conduct an interview under subsection (2B) if that person—

- (a) is a registered medical practitioner who—
 - (i) is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council, or
 - (ii) has such training, qualifications and experience as the Secretary of State may by regulations specify,
- (b) has not provided treatment or care for the person being assessed in relation to that person's terminal illness,

- (c) is not a relative of the person being assessed,
 - (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
 - (e) did not witness the first declaration made by the person being assessed, and
 - (f) does not know or believe that they—
 - (i) are a beneficiary under a will of the person, or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person.
- (2E) Before making regulations under subsection (2D)(a), the Secretary of State must consult such persons as they consider appropriate.
- (2F) Regulations under subsection (2D)(a) are subject to the negative procedure.”

Member's explanatory statement

This amendment, and its consequential and linked amendments (15, 16, 17, 18 and 19), would provide for an independent assessment, via an interview conducted by a specialist, of a person's capacity to make the decision to end their own life, their clear, settled and informed wish to do so, and that they have made the first declaration voluntarily and without coercion.

Sarah Olney

37

- ★ Clause 8, page 4, line 34, leave out "capacity" and insert "the ability"

Member's explanatory statement

This amendment is consequential to Amendment 34 and NC1.

Sarah Bool

25

- ★ Clause 8, page 4, line 37, after "coerced" insert ", unduly influenced"

Member's explanatory statement

This amendment is consequential to Amendment 23.

Dame Meg Hillier

15

- ★ Clause 8, page 4, line 38, at end insert—

“(2A) The independent doctor must take the report required under subsection 7(2B) into account in making an assessment under subsections (2)(b)(d) and (e).”

Member's explanatory statement

This amendment is linked to Amendment 14 and requires the independent doctor to take into account an assessment that would be required under that amendment.

Sojan Joseph

1

Clause 8, page 5, line 13, at beginning insert “is a registered medical practitioner who is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council and”

Member's explanatory statement

This amendment would require that the independent doctor is a registered psychiatrist.

Daisy Cooper

4

Clause 8, page 5, line 14, leave out “may” and insert “must”

Member's explanatory statement

This amendment would require the Secretary of State to make regulations specifying the training, qualifications and experience required for the independent doctor.

Dame Meg Hillier

16

★ Clause 8, page 5, line 16, at end insert “or conducted the interview under subsection (7) (2B)”

Member's explanatory statement

This amendment is linked to Amendment 14 and ensures that the independent doctor cannot be the same person who undertakes the assessment that would be required under that amendment.

Jess Asato

21

Rebecca Paul
Dame Meg Hillier

★ Clause 8, page 5, line 29, at end insert—

“(8A) Regulations under subsection (6)(a) must specify that training in respect of domestic abuse, including coercive control and financial abuse is mandatory.”

Member's explanatory statement

This amendment would require the registered medical practitioner acting as the independent doctor to have undertaken training on domestic abuse, including coercive control and financial abuse.

Daisy Cooper

5

Clause 8, page 5, line 30, leave out “negative” and insert “affirmative”

Member's explanatory statement

This amendment would change the regulations specifying the training, qualifications and experience required for the independent doctor from the negative procedure to the affirmative procedure.

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- Dame Meg Hillier** 17
- ★ Clause 9, page 6, line 27, leave out paragraph (b)
- Member's explanatory statement**
- This amendment is consequential to Amendment 14.
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- Daisy Cooper** 6
- Clause 9, page 6, line 27, leave out "may" and insert "must"
- Member's explanatory statement**
- This amendment would require the assessing doctor to refer the person being assessed for a mental capacity assessment if the assessing doctor had doubt as to the person's capacity.
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- Sarah Olney** 38
- ★ Clause 9, page 6, line 27, leave out "capacity" and insert "ability"
- Member's explanatory statement**
- This amendment is consequential to Amendment 34 and NC1.
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- Sarah Olney** 39
- ★ Clause 9, page 6, line 31, leave out "capability" and insert "ability"
- Member's explanatory statement**
- This amendment is consequential to Amendment 34 and NC1.
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- Dame Meg Hillier** 18
- ★ Clause 9, page 6, line 32, leave out "or (b)"
- Member's explanatory statement**
- This amendment is consequential to Amendment 14.
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- Dame Meg Hillier** 19
- ★ Clause 9, page 6, line 34, leave out "or (b)"
- Member's explanatory statement**
- This amendment is consequential to Amendment 14.

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- Sarah Olney** 40
- ★ Clause 12, page 8, line 2, leave out "capacity" and insert "the ability"
- Member's explanatory statement**
- This amendment is consequential to Amendment 34 and NC1.
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- Sarah Bool** 26
- ★ Clause 12, page 8, line 13, after "coerced" insert ", unduly influenced"
- Member's explanatory statement**
- This amendment is consequential to Amendment 23.
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- Sarah Olney** 41
- ★ Clause 13, page 9, line 31, leave out "capacity" and insert "ability"
- Member's explanatory statement**
- This amendment is consequential to Amendment 34 and NC1.
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- Sarah Bool** 27
- ★ Clause 13, page 9, line 33, after "coerced" insert ", unduly influenced"
- Member's explanatory statement**
- This amendment is consequential to Amendment 23.
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- Sarah Olney** 42
- ★ Clause 18, page 12, line 23, leave out "capacity" and insert "the ability"
- Member's explanatory statement**
- This amendment is consequential to Amendment 34 and NC1.
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- Sarah Bool** 28
- ★ Clause 18, page 12, line 26, after "coerced" insert ", unduly influenced"
- Member's explanatory statement**
- This amendment is consequential to Amendment 23.

Jess Asato

22

Rebecca Paul
Dame Meg Hillier

★ Clause 19, page 13, line 32, at end insert—

“(5A) Regulations under subsection (2)(b) must specify that training in respect of domestic abuse, including coercive control and financial abuse is mandatory.”

Member's explanatory statement

This amendment would require that, in the event of the coordinating doctor authorising another registered medical practitioner to provide assistance under the Act, that other registered medical practitioner must also have undertaken training on domestic abuse, including coercive control and financial abuse.

Daisy Cooper

7

Clause 29, page 18, line 9, insert at end “and, a statistical analysis of the number of people assessed by a medical practitioner as not eligible as they do not meet the criteria set out in section 1 of this Act.”

Member's explanatory statement

This amendment would require the Registrar General for England and Wales to at least once a year, prepare and lay before Parliament a statistical analysis of the number of people who had been assessed by a medical practitioner as not eligible for assisted dying.

Sarah Olney

43

★ Clause 30, page 18, line 16, leave out "capacity" and insert "the ability"

Member's explanatory statement

This amendment is consequential to Amendment 34 and NC1.

Sarah Olney

44

★ Clause 40, page 23, line 26, leave out from "capacity" and insert "ability"

Member's explanatory statement

This amendment is consequential to Amendment 34 and NC1.

Sarah Olney

NC1

★ To move the following Clause—

“Ability to make decision

The person is to be considered as having the ability to make a decision to request assistance to end their life if they can fully understand, use and weigh the relevant information in accordance with regulations made by the Secretary of State under affirmative resolution.”

Member's explanatory statement

This new clause defines the concept of ability which is intended to replace the concept of capacity. This new clause is intended to replace Clause 3.

Sarah Bool

29

★ Schedule 1, page 25, line 22, after “coerced” insert “, unduly influenced”

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Olney

45

★ Schedule 2, page 26, line 36, leave out "capacity" and insert "the ability to make a decision"

Sarah Bool

30

★ Schedule 2, page 27, line 11, after “coerced” insert “, unduly influenced”

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Olney

46

★ Schedule 3, page 28, line 1, leave out "capacity" and insert "the ability to make a decision"

Sarah Bool

31

★ Schedule 3, page 28, line 9, after “coerced” insert “, unduly influenced”

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Bool

32

★ Schedule 4, page 29, line 5, after "coerced" insert ", unduly influenced"

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Olney

47

★ Schedule 5, page 30, line 14, leave out "capacity" and insert "the ability to make a decision"

Sarah Bool

33

★ Schedule 5, page 30, line 22, after "coerced" insert ", unduly influenced"

Member's explanatory statement

This amendment is consequential to Amendment 23.