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Committee Stage: Tuesday 25 February 2025

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## 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 Any withdrawn amendments are listed at the end of the document.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.

[R] indicates that a member has declared a relevant interest.

☆ Amendments which will comply with the required notice period at their next appearance.

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**Rachael Maskell**

281

Naz Shah  
Munira Wilson  
Frank McNally  
Tom Morrison  
Peter Lamb

Dame Siobhain McDonagh  
Mrs Emma Lewell-Buck  
Helen Maguire

Dawn Butler  
Marsha De Cordova  
Ian Byrne

Lillian Jones  
Liz Jarvis  
Imran Hussain

Clause 1, page 1, line 20, at end insert—

“(c) has met with a palliative care specialist for the purposes of being informed about the medical and care support options.”

### 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.

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**Kim Leadbeater**

180

Clause 1, page 1, line 20, at end insert—

“(3) The steps to be taken under sections 5, 7, 8 and 13 must be taken—  
(a) when the terminally ill person is in England or Wales, and

- (b) in the case of the steps under sections 7 and 8, by persons in England or Wales.”

**Member's explanatory statement**

This amendment provides that steps under clauses 5, 7, 8 and 13 must be taken by and in respect of persons in England or Wales.

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**Danny Kruger**

**399**

Clause 2, page 1, line 22, leave out “, disease or medical condition” and insert “or disease”

**Member's explanatory statement**

This amendment ensures that a terminal illness under the Bill can only be an illness or a disease and not a medical condition.

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**Juliet Campbell**

**123**

Dr Ben Spencer

Clause 2, page 1, line 23, leave out “an inevitably” and insert “a typically”

**Member's explanatory statement**

This amendment changes the definition of what it is to be terminally ill from having an “inevitably” to a “typically” progressive illness, disease or medical condition that cannot be reversed by treatment.

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**Sarah Bool**

**9**

Wera Hobhouse  
Rebecca Paul  
Rachael Maskell  
John Lamont  
John Cooper

Rebecca Smith  
Jack Rankin  
Danny Kruger

Dame Harriett Baldwin  
David Mundell

Sir Julian Smith  
Damian Hinds

Clause 2, page 1, line 24, after “reversed” insert “or the progress 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.

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**Danny Kruger**

**400**

Clause 2, page 2, line 1, leave out “, disease or medical condition” and insert “or disease”

**Member's explanatory statement**

This amendment is consequential on Amendment 399.

**Naz Shah****48**

Anna Dixon  
Wera Hobhouse  
Dame Meg Hillier  
Rachael Maskell  
Munira Wilson  
Danny Kruger

Clause 2, page 2, line 2, leave out "can reasonably be expected within 6 months" and insert "is expected with reasonable certainty within 6 months, even if the person were to undergo all recommended treatment"

**Rachael Maskell****282**

Naz Shah

Clause 2, page 2, line 2, leave out "reasonably be expected within 6 months", and insert "be expected with reasonable certainty within one month, even if the person were to undergo all recommended treatment."

**Member's explanatory statement**

This amendment would restrict the scope of assisted dying to people who, with reasonable certainty, would die within one month, even if they were to undergo all recommended treatment.

**Dr Ben Spencer****51**

Clause 2, page 2, line 2, leave out from "expected" to end

**Member's explanatory statement**

This amendment would remove the six-month time requirement for a person to be eligible to request assistance under the Act.

**Tom Gordon****234**

Siân Berry  
Alicia Kearns  
Anna Sabine  
Rachel Hopkins  
Neil Duncan-Jordan

Cat Eccles  
Tessa Munt

Lizzi Collinge  
Ellie Chowns

Vikki Slade  
Cameron Thomas

Clause 2, page 2, line 2, leave out “within 6 months” and insert—

- “(i) in the case of a neurodegenerative illness, disease, or medical condition, within 12 months; or
- (ii) in the case of any other illness, disease, or medical condition, within 6 months.”

**Member's explanatory statement**

This amendment changes the definition of a terminal illness for the purposes of the Act to include neurodegenerative illnesses, diseases or medical conditions where a person’s death in consequence of such an illness can reasonably be expected within 12 months.

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**Sarah Bool**

**12**

Danny Kruger  
Rachael Maskell

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.

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**Danny Kruger**

**401**

Rachael Maskell  
Sir Julian Smith

Clause 2, page 2, line 5, leave out “, disease or medical condition” and insert “or disease”

**Member's explanatory statement**

This amendment is consequential on Amendment 399.

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**Sarah Bool**

**10**

Wera Hobhouse  
Rebecca Paul  
Rachael Maskell  
John Lamont  
John Cooper

Rebecca Smith  
Jack Rankin  
Danny Kruger

Dame Harriett Baldwin  
David Mundell

Sir Julian Smith  
Damian Hinds

Clause 2, page 2, line 6, at 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 9, 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.

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**Naz Shah**

402

Danny Kruger  
Rachael Maskell  
Sir Julian Smith

Clause 2, page 2, line 6, at end insert—

“(2) A person who would not otherwise meet the requirements of subsection (1), shall not be considered to meet those requirements as a result of stopping eating or drinking.”

**Member's explanatory statement**

This amendment means that someone who is not terminally ill within the meaning of subsection (1) cannot bring themselves within that definition by stopping eating or drinking or both.

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**Sarah Bool**

11

Rachael Maskell  
Neil Coyle  
Marsha De Cordova  
Rebecca Paul  
Dame Meg Hillier

John Lamont  
Dame Harriett Baldwin  
Jack Rankin  
Sarah Smith

John Cooper  
Sir Julian Smith  
David Mundell  
Danny Kruger

Rebecca Smith  
Naz Shah  
Damian Hinds

Clause 2, page 2, line 7, leave out from beginning to first “of” in line 8 and insert—

“(3) A person is not to be considered to be terminally ill by reason”

**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.

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**Kim Leadbeater**

181

Rachel Hopkins  
Adam Dance

Clause 2, page 2, line 8, leave out from “ill” to end of line 10 and insert “only because they are a person with a disability or mental disorder (or both).”

Nothing in this subsection results in a person not being regarded as terminally ill for the purposes of this Act if (disregarding this subsection) the person meets the conditions in paragraphs (a) and (b) of subsection (1).”

**Member's explanatory statement**

This amendment clarifies that the purpose of subsection (3) is to emphasise that only having a disability or mental order does not make a person “terminally ill” and therefore eligible for assistance.

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**Rachael Maskell**

283

Munira Wilson

Clause 2, page 2, line 10, at end insert “or one or more comorbidities alongside a mental disorder within the meaning of the Mental Health Act 1983”

**Member's explanatory statement**

This amendment would set out that a person who has a co-morbidity with one or both of a mental disorder or a disability is not considered terminally ill by virtue of those comorbidities alone.

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**Sarah Bool**

13

Danny Kruger  
Rachael Maskell  
Sir Julian Smith

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

- “(4) Regulations under subsection (1)(c) are subject to the affirmative procedure.
- (5) The 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 on Amendment 12 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.

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**Daniel Francis**

322

Rachael Maskell  
Mary Glendon

Clause 3, page 2, line 13, at end insert “except that—

- (a) for the purposes of an assessment of capacity under this Act, a person must be assumed not to have capacity unless it is established they do have capacity, and
- (b) section 1(3) of the Mental Capacity Act 2005 shall not apply.”

**Member's explanatory statement**

This amendment reverses the burden of proof in the Mental Capacity Act, so that those assessing a person's capacity would not be able to assume that the person has capacity without evidence.

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**Dr Ben Spencer**

49

Anna Dixon

Clause 3, page 2, line 13, at end insert—

- “(2) The burden of proof for an assessment of a person’s capacity is the balance of probabilities as required under section 2(4) of that Act.
- (3) For the purposes of any such assessment, the principles set out in subsections (2) to (4) of section 1 (The principles) of that Act apply.”

**Member's explanatory statement**

This amendment would set out the burden of proof for capacity assessments as being the same as the Mental Capacity Act 2005 and apply the principles from subsections (2) to (4) of section 1 of the Mental Capacity Act 2005.

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**Dr Ben Spencer**

50

Anna Dixon  
 Dame Meg Hillier  
 Sarah Olney  
 John Lamont  
 Rebecca Smith

Dame Harriett Baldwin  
 Munira Wilson

Sir Julian Smith  
 David Mundell

Jack Rankin  
 Sarah Smith

Clause 3, page 2, line 13, at end insert—

- “(2) An assessment of a person’s capacity under this Act must include, but is not limited to, an assessment that the person understands—
  - (a) the options for care and treatment of the terminal illness, including—
    - (i) the extent of prognostic certainty of their illness or condition, and
    - (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 care and treatment, and

- (C) requesting assistance in ending their own life under the terms of this Act.
- (b) a decision to proceed under this Act does not prevent or make unavailable any care and treatment provision that would normally be provided.
- (c) 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.
- (d) 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.
- (e) a decision to proceed under this Act will lead to the provision of a substance that is reasonably expected to end someone's life following administration and is reasonably expected to be irreversible.
- (f) relevant legal consequences from proceeding with a request for assistance to end their own life, including life insurance and categorisation of death certification."

#### Member's explanatory statement

This amendment would set out certain non-exhaustive requirements for a finding that a person has capacity.

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**Rebecca Paul**

**398**

Rachael Maskell  
 Jack Rankin  
 John Cooper  
 Danny Kruger  
 Rebecca Smith

Sir Julian Smith

Dame Harriett Baldwin

Clause 3, page 2, line 13, at end insert—

- "(2) The following provisions of the Mental Capacity Act 2005 shall not apply to this Act—
- (a) sections 1(2) to (4)
- (b) sections 2(2) and (4).
- (3) Section 2(1) of the Mental Capacity Act 2005 shall apply to this Act as if it read as follows—
- "For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter."
- (4) A person shall be considered not to have the capacity to make a decision to end their own life unless it is proven beyond reasonable doubt that they do have that capacity."

#### Member's explanatory statement

This amendment disapplies several principles of the Mental Capacity Act: the presumption of capacity, the duty to help someone reach capacity, the irrelevance of an unwise decision, the application of



the balance of probabilities, and the diagnostic test. It retains the functional test of capacity and requires that capacity be proven beyond reasonable doubt.

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**Sarah Olney**

35

Rachael Maskell  
Neil Coyle  
Marsha De Cordova  
Dame Meg Hillier  
Sarah Smith

Page 2, line 11, leave out Clause 3

**Member's explanatory statement**

This amendment is consequential on NC1.

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**Tessa Munt**

278

Clause 4, page 2, line 16, leave out from beginning to “nothing” in line 16 and insert—

- “(1A) No registered medical practitioner may raise the subject of the provision of assistance in accordance with this Act with a person if that person has made an advanced decision which has been recorded in their medical records that they will not in future wish to seek assistance under this Act.
- (1B) The provisions in subsection (1A) do not prevent a person indicating to a registered medical practitioner that they wish to change their previous decision and seek assistance under the Act if they have the capacity to do so.
- (2) Other than the condition in subsection (1A),”

**Member's explanatory statement**

This amendment would prevent a doctor from raising assisted dying with a patient if that patient had previously recorded an advanced decision that they would not in future wish to seek assistance under the Act.

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**Chris Webb**

8

Antonia Bance  
Rachael Maskell  
Neil Coyle  
Mary Kelly Foy  
Marsha De Cordova

Darren Paffey  
Laurence Turner  
Patricia Ferguson  
Daniel Francis  
Kenneth Stevenson  
Margaret Mullane

Blair McDougall  
Helen Hayes  
Naz Shah  
Dame Meg Hillier  
Mary Glindon

Rebecca Paul  
John Grady  
Kirsteen Sullivan  
Sarah Smith  
Maya Ellis

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”

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**Juliet Campbell**

124

Naz Shah  
 Dame Meg Hillier  
 Rachael Maskell  
 Margaret Mullane

Clause 4, page 2, line 16, leave out from “practitioner” to end of line 20 and insert “shall discuss assisted dying with a person unless that matter is first raised by that person.”

**Member's explanatory statement**

The amendment prevents a registered medical practitioner from discussing the provision of assistance under the Act unless that matter is first raised by that person.

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**Daniel Francis**

319

Dame Meg Hillier  
 Rachael Maskell  
 Ms Polly Billington  
 Munira Wilson  
 Mary Glendon  
 Margaret Mullane

Clause 4, page 2, line 20, after “person” insert “who has attained the age of 18”

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**Daniel Francis**

339

Dame Meg Hillier  
 Rachael Maskell  
 Ms Polly Billington  
 Munira Wilson  
 Mary Glendon  
 Margaret Mullane

Adam Dance

Clause 4, page 2, line 20, after “person,” insert “, unless that person has a learning disability or is autistic, in which case—

- (a) the person must be provided with accessible information and given sufficient time to consider it; and
- (b) at least one of a—
  - (i) supporter, or
  - (ii) independent advocate;
 must be present for the discussion.”

**Member's explanatory statement**

This amendment would require that, if the person is autistic or has a learning disability, they must be given accessible information and sufficient time to consider it. Additionally there must be at least either a supporter or independent advocate.

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**Damian Hinds**

368

Clause 4, page 2, line 20, after "person" insert ", unless that person has Down syndrome, in which case the registered medical practitioner must be acting in accordance with any statutory guidance issued by the Secretary of State under the Down Syndrome Act 2022 to meet the needs of adults with Down syndrome."

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**Kim Leadbeater**

182

Clause 4, page 2, line 21, after "person" insert "in England or Wales"

**Member's explanatory statement**

This amendment limits subsection (3) to cases where the person is in England or Wales.

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**Daniel Francis**

320

Dame Meg Hillier  
 Rachael Maskell  
 Ms Polly Billington  
 Munira Wilson  
 Mary Glendon  
 Margaret Mullane

Clause 4, page 2, line 21, after "person" insert "who has attained the age of 18"

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**Anna Dixon**

342

Munira Wilson

Clause 4, page 2, line 23, leave out "may (but is not required to)" and insert "must"

**Member's explanatory statement**

This amendment would strengthen the requirement for a registered medical practitioner to conduct a preliminary discussion.

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**Dr Andrew Murrison**

270

Naz Shah  
 Sarah Olney  
 Danny Kruger  
 Rachael Maskell  
 John Lamont

John Cooper  
 Sir Julian Smith  
 David Mundell

Rebecca Smith  
 Jack Rankin

Dame Harriett Baldwin  
 Munira Wilson

Clause 4, page 2, line 25, at end insert—

“(3A) Before conducting a preliminary discussion under subsection (2) the registered medical practitioner must ensure that the person has no remediable suicide risk factors which pose a significant risk to their life.”

**Member's explanatory statement**

This amendment requires that the doctor ensures that there are no remediable suicide risk factors before proceeding to the initial discussion about assisted dying.

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**Rachael Maskell**

285

Naz Shah  
 Munira Wilson

Clause 4, page 2, line 28, leave out paragraphs (a) to (c) and insert—

- “(a) the person’s diagnosis and prognosis, in consultation with a specialist in the relevant illness, disease or medical condition,
- (b) any treatment available and the likely effect of it, in consultation with a specialist in the provision of such treatment,
- (c) any palliative, hospice or other care, including symptom management and psychological support, in consultation with a specialist in palliative care.”

**Member's explanatory statement**

This amendment ensures that a specialist carries out the assessment of the patient, the treatment options available and the palliative care options available, since these may not be known to a doctor coordinating an assisted death.

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**Anna Dixon**

343

Rachael Maskell  
 Dr Ben Spencer

Clause 4, page 2, line 28, at end insert “, including any relevant probabilities and uncertainties surrounding the person’s diagnosis and prognosis.”

**Member's explanatory statement**

This amendment would make clear that the doctor conducting an initial discussion is required to discuss the probabilities and uncertainties of any estimates of how long a person may have to live.

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**Anna Dixon**

344

Rachael Maskell  
Dr Ben Spencer

Clause 4, page 2, line 29, at end insert “, including the risks and benefits of such treatment, potential side effects, and the impact of the treatment on the person’s quality and length of life.”

**Member's explanatory statement**

This amendment would make clear that the doctor conducting an initial discussion is required to discuss the impact of any treatment available.

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**Lewis Atkinson**

275

Dr Marie Tidball

Clause 4, page 2, line 30, leave out “any available” and insert “all appropriate”

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**Ms Polly Billington**

108

Helen Hayes  
Naz Shah  
Anna Dixon  
Daniel Francis  
Dame Meg Hillier

Rachael Maskell  
Margaret Mullane

Munira Wilson

Sarah Smith

Clause 4, page 2, line 31, at end insert "and offer to refer them to a registered medical practitioner who specialises in such care for the purpose of further discussion."

**Member's explanatory statement**

This amendment would require the doctor who has an initial discussion with a person about assisted dying to offer to refer them to a specialist in palliative, hospice or other care.

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**Kim Leadbeater**

183

Rachel Hopkins  
Dr Marie Tidball

Clause 4, page 2, line 31, at end insert—

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

**Member's explanatory statement**

This amendment emphasises that the initial discussion mentioned in subsection (3) may not be conducted without also explaining and discussing the matters mentioned in subsection (4).

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**Dr Ben Spencer**

**71**

Clause 4, page 2, line 31, at end insert—

“(4A) The practitioner must, following the preliminary discussion under subsection (3), refer that person to the Assisted Dying Agency if the person asks them to do so.”

**Member's explanatory statement**

This amendment is consequential on NC4 and would establish a pathway by which a person is referred to the Assisted Dying Agency.

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**Anna Dixon**

**345**

Rachael Maskell  
Munira Wilson

Clause 4, page 2, line 31, at end insert—

“(4A) If a registered medical practitioner conducts such a preliminary discussion with a person, the practitioner must record and document the discussion and the information provided to the patient in their medical record and provide a copy to the patient.”

**Member's explanatory statement**

This amendment would add a requirement ensuring that the preliminary discussion is recorded and forms part of the patient's medical record.

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**Naz Shah**

**276**

Rachael Maskell  
Margaret Mullane

Clause 4, page 2, line 32, at end insert—

“(4A) A medical practitioner must not conduct a preliminary discussion with a person under subsection (3) until a period of 28 days has elapsed, beginning with the day the person had received a diagnosis of the terminal illness.”

**Member's explanatory statement**

This amendment would mean a doctor could not conduct a preliminary assessment until 28 days from the day the person received a diagnosis of the terminal illness.

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**Dr Caroline Johnson [R]****341**

Rebecca Paul  
Rachael Maskell  
Rebecca Smith  
Dame Harriett Baldwin  
David Mundell

Clause 4, page 2, line 33, leave out from "subsection (3)" to the end of line 36 and insert "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."

**Member's explanatory statement**

This amendment would provide that a registered medical practitioner who is unable or unwilling to have the preliminary discussion with a person must provide information to the person about where they can have that discussion, but that this need not take the form of a referral.

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**Daniel Francis****338**

Peter Swallow  
Mary Glendon

Clause 4, page 2, line 34, leave out from "so" to end of line 36 and insert "direct them to another registered medical practitioner or the independent information and referral service established under section [*Independent information and referral service*]"

**Member's explanatory statement**

This amendment, which is linked to NC13, would mean that a registered medical practitioner who was unwilling to have preliminary discussions would direct the person to another registered medical practitioner or an independent information and referral service.

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**Rachael Maskell****287**

Munira Wilson

Clause 4, page 2, line 34, leave out from "practitioner" to end of line 36, and insert "who is qualified to undertake such a preliminary discussion, and set out palliative medicine options to provide the patient with appropriate end of life care, including referring them to a palliative medicine expert."

**Member's explanatory statement**

This amendment means that the medical practitioner who is unwilling to have an initial discussion with a person must, both refer them to another registered medical practitioner and set out the palliative care options including referring them to a specialist.

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**Juliet Campbell**

125

Rachael Maskell

Clause 4, page 2, line 35, leave out from start of line to end of line 36 and insert “who is on the Register of Assisted Dying Medical Practitioners.”

**Member's explanatory statement**

This amendment provides that only a medical practitioner who is on the Register of Assisted Dying Medical Practitioners as provided for in NC7 would have a person referred to them.

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**Rachael Maskell**

288

Clause 4, page 2, line 36, at end insert—

“(6) All efforts to dissuade the person from ending their own life must be recorded in the clinical records and subsequently made available to the medical examiner.”

**Member's explanatory statement**

This amendment would require the coordinating doctor to record efforts to dissuade the person from taking their own life and subsequently make this available to the medical examiner.

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**Dr Andrew Murrison**

271

Sarah Olney  
 Danny Kruger  
 John Lamont  
 John Cooper  
 Rebecca Smith

Dame Harriett Baldwin  
 Munira Wilson

Sir Julian Smith  
 David Mundell

Jack Rankin  
 Rachael Maskell

Clause 5, page 3, line 5, at end insert—

“(1A) A person may not sign a first declaration within six months of being diagnosed with a condition which meets the requirements of section (2)(1)(a) unless they have received a psychosocial intervention in relation to their diagnosis with that condition.

(1B) The Secretary of State may, by regulations, create exceptions to the provisions of subsection (1A).

(1C) Regulations under subsection (1B) are subject to the affirmative procedure.”

**Member's explanatory statement**

This amendment would create a requirement that the person must have received a psychosocial intervention if a terminal diagnosis was received less than six months ago. The Secretary of State would be given a delegated power to create exceptions to such a requirement with regulations subject to the affirmative procedure.



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**Kit Malthouse****323**

Clause 5, page 3, line 7, leave out paragraph (a)

**Member's explanatory statement**

This amendment removes the requirement for the first declaration to be in the form set out in Schedule 1. It is linked to Amendment 324.

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**Kim Leadbeater****184**

Daisy Cooper  
Rachel Hopkins

Clause 5, page 3, line 7, leave out "Schedule 1" and insert "regulations made by the Secretary of State"

**Member's explanatory statement**

This amendment provides that the form of a first declaration is to be set out in regulations (rather than in Schedule 1).

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**Rachael Maskell****289**

Clause 5, page 3, line 11, leave out "another person" and insert "another registered clinician"

**Member's explanatory statement**

This amendment ensures that the second witness is a registered clinician.

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**Naz Shah****277**

Rachael Maskell

Clause 5, page 3, line 12, at end insert—

"(2A) A person may not make a first declaration under subsection (1) until 28 days have elapsed, beginning with the day they received a diagnosis of the terminal illness."

**Member's explanatory statement**

This amendment would mean a person could not make the first declaration until 28 days from the day they received a diagnosis of the terminal illness.

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**Kit Malthouse****324**

Clause 5, page 3, line 12, at end insert—

"(2A) A first declaration must include the following information—

- 5
- (a) the name and address of the person;
- (b) the NHS number of the person;
- (c) the contact details for the general medical practice at which the person is registered;
- (d) a declaration that the person is eligible to end their life under this Act;
- (e) a declaration by the person that they wish to be provided with assistance under this Act;
- 10 (f) a declaration by the person that they consent to be assessed by medical practitioners for the purposes of assessments made under this Act;
- (g) a declaration by the person that are making the first declaration voluntarily and have not been coerced or pressured by any other person into making it;
- 15 (h) a declaration by the person that they are in full possession of, and understand, the information communicated to them under subsection 4(4);
- (i) a declaration by the person that they understand that they can cancel their declaration at any time;
- 20 (j) any other information or declarations as may be set out by the Secretary of State in regulations.

(2B) Any regulations made under subsection (2A) must be made under the negative procedure."

**Member's explanatory statement**

This amendment sets out the information which must be included in a first declaration made by a person seeking assistance under the Act. It is linked to Amendment 323.

As an Amendment to Kit Malthouse's proposed Amendment 324:—

\_\_\_\_\_ **Danny Kruger**

(a)

☆ Line 20, at end insert—

"(k) a declaration by the person that they have informed their family of their decision and taken their opinions into consideration, or decided not to inform their family of their decision, or that they have no family to inform of their decision."

\_\_\_\_\_ **Rachael Maskell**

290

Margaret Mullane  
Sir Julian Smith

Clause 5, page 3, line 13, at end insert "who is not a physician associate or doctor in any training grade or in postgraduate training or a locum tenens post and—"

**Member's explanatory statement**

This amendment would exclude physician associates and doctors in training from acting as a coordinating doctor.

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**Kim Leadbeater****185**

Daisy Cooper  
Dr Marie Tidball  
Rachel Hopkins

Clause 5, page 3, line 14, leave out from "who" to end of line 15 and insert "meets the requirements specified in regulations under subsection (3A)"

**Member's explanatory statement**

This amendment and Amendment 186 impose a duty on the Secretary of State to make regulations about the training, qualifications and experience required in order to act as the coordinating doctor.

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**Daniel Francis****335**

Peter Swallow  
Rachael Maskell

Clause 5, page 3, line 14, after "such" insert "specialised"

**Member's explanatory statement**

This amendment is linked with NC12.

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**Liz Saville Roberts****144**

Clause 5, page 3, line 14, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 5(3)(a) (training, qualifications and experience of coordinating doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Dr Ben Spencer****52**

Rachael Maskell  
Margaret Mullane

Clause 5, page 3, line 15, leave out from "State" to end and insert "must specify by regulations, including experience of managing terminal illnesses,"

**Member's explanatory statement**

This amendment would require the coordinating doctor to have experience of managing terminal illness.

---

**Dr Ben Spencer**

72

Laurence Turner  
Neil Coyle  
Helen Hayes

Clause 5, page 3, line 16, leave out paragraph (b) and insert—

“(b) has been assigned to the person by the Assisted Dying Agency,”

**Member's explanatory statement**

This amendment is consequential on NC4 and provides that the coordinating doctor must have been assigned to the person by the Assisted Dying Agency.

---

**Danny Kruger**

359

Rebecca Smith  
Dame Harriett Baldwin  
David Mundell  
Rachael Maskell

Clause 5, page 3, line 18, at end insert—

“(ba) who has conducted the preliminary discussion in accordance with section 4,”

**Member's explanatory statement**

This amendment requires that the coordinating doctor has conducted a preliminary discussion prior to witnessing the signing of the first declaration.

---

**Danny Kruger**

360

Rebecca Smith  
David Mundell  
Rachael Maskell  
Dame Harriett Baldwin

Clause 5, page 3, line 23, at end insert—

“(e) who, if receiving remuneration for the provision of services in connection with the provision of assistance to that person in accordance with this Act, makes publicly available an annual statement setting out total turnover from the provision of services under this Act and the number of patients assisted, and such other information as the Secretary of State may specify by regulations.”

**Member's explanatory statement**

This provides that if the coordinating doctor receives remuneration for providing assisted dying, they must then make a public annual statement about their operation.

---

**Kim Leadbeater** **186**  
 Daisy Cooper  
 Dr Marie Tidball  
 Rachel Hopkins

Clause 5, page 3, line 23, at end insert—

“(3A) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to act as the coordinating doctor.

(3B) The regulations must include training about—

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

(3C) 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.”

**Member's explanatory statement**

See the statement for Amendment 185.

As an Amendment to Kim Leadbeater’s proposed Amendment 186:—

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**Daniel Francis** **(a)**  
 Dame Meg Hillier  
 Ms Polly Billington  
 Rachael Maskell

Line 7, at end insert—

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

---

**Daniel Francis** **340**  
 Dame Meg Hillier  
 Ms Polly Billington  
 Rachael Maskell  
 Mary Glendon

Clause 5, page 3, line 23, at end insert—

“(3A) The Secretary of State must make regulations under subsection 3(a) specifying specific and up to date training on reasonable adjustments and safeguards for autistic people and people with a learning disability.”

---

**Kim Leadbeater**

187

Rachel Hopkins

Clause 5, page 3, line 24, leave out subsection (4)

**Member's explanatory statement**

This amendment is consequential on NC8, which contains a single duty to consult before making regulations under various provisions of the Bill.

---

**Liz Saville Roberts**

145

Clause 5, page 3, line 24, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of requiring the Welsh Ministers to consult regarding the making of regulations under Clause 5(3)(a) (training, qualifications and experience of coordinating doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Jess Asato**

20

Rebecca Paul  
 Dame Meg Hillier  
 Antonia Bance  
 Rachael Maskell  
 Neil Coyle

Anna Dixon  
 Melanie Ward  
 Marsha De Cordova  
 Laurence Turner  
 Anneliese Midgley  
 Uma Kumaran  
 Kirsteen Sullivan  
 Kenneth Stevenson  
 Adam Dance

Mr James Frith  
 Ms Polly Billington  
 Darren Paffey  
 Helen Hayes  
 Dr Scott Arthur  
 Patricia Ferguson  
 Daniel Francis  
 Mary Glindon

Maya Ellis  
 Mary Kelly Foy  
 Blair McDougall  
 Apsana Begum  
 John Grady  
 Naz Shah  
 Sarah Smith  
 Margaret Mullane

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.

---

**Kim Leadbeater**

**188**

Clause 5, page 3, line 28, leave out subsection (6)

**Member's explanatory statement**

This amendment is consequential on Amendment 233, which contains a single set of provisions about the procedure for regulations under the Bill.

---

**Danny Kruger**

**361**

Rachael Maskell

Clause 5, page 3, line 28, at end insert—

“(7) Regulations under subsection (3)(e) are subject to the affirmative procedure.”

**Member's explanatory statement**

This is linked to Amendment 360.

---

**Kim Leadbeater**

**189**

Rachel Hopkins

Clause 6, page 3, line 30, leave out “where a person makes a first declaration” and insert “in relation to the making of a first declaration by a person”

**Member's explanatory statement**

This amendment adjusts the wording so as not to suggest that a first declaration has been made before it is witnessed.

---

**Kim Leadbeater**

**190**

Rachel Hopkins  
Rachael Maskell  
Adam Dance

Clause 6, page 3, line 31, leave out “at the same time as that declaration is made” and insert “before signing that declaration”

**Member's explanatory statement**

This amendment provides that the required two forms of proof of identity must be provided before the person signs the first declaration.

---

**Rachael Maskell**

**291**

Imran Hussain

Clause 6, page 3, line 33, at end insert—

- “(2A) At least one of the forms of identity required under subsection (2) must contain photographic proof of identity.
- (2B) The person must, at the same time as that declaration is made, provide proof that they have been resident in the UK for at least a year to the coordinating doctor and the witness mentioned in section 5(2)(c)(ii).”

**Member's explanatory statement**

This would require a person to produce a form of photographic ID and proof they have been resident in the UK when making the first declaration.

---

**Liz Saville Roberts**

**146**

Clause 6, page 3, line 34, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 6(3) (forms of proof of identity). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Rachael Maskell**

**292**

Clause 6, page 3, line 34, leave out “may” and insert “must”

**Member's explanatory statement**

This places an obligation on the Secretary of State to make regulations on proof of identity.

---

**Kim Leadbeater**

**191**

Rachel Hopkins

Clause 6, page 3, line 35, at end insert—

- “(3A) The coordinating doctor may witness the first declaration only if satisfied that the requirements of subsection (2) have been met.”

**Member's explanatory statement**

This amendment provides that the coordinating doctor may witness the first declaration only if satisfied that the requirements of subsection (2) are met.

---

**Kim Leadbeater**

**192**

Clause 6, page 3, line 36, leave out subsection (4)



**Member's explanatory statement**

See the statement for Amendment 188.

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**Rachael Maskell****293**

Clause 6, page 3, line 36, leave out "negative" and insert "affirmative"

**Member's explanatory statement**

This will change the process to the affirmative procedure for statutory instruments specifying acceptable forms of ID for the first declaration.

---

**Rachael Maskell****296**

Clause 7, page 4, line 2, leave out from "must" to end of line 3, and insert "after a first declaration is made by a person, arrange a time and which is convenient for both the medical practitioner and the person date that does not jeopardise the care of other patients, to carry out the first assessment."

**Member's explanatory statement**

This amendment replaces the requirement that the coordinating doctor to arrange a first assessment as soon as practicable with a requirement to arrange it for a mutually convenient time which doesn't jeopardise the care of other patients.

---

**Juliet Campbell****127**

Clause 7, page 4, line 2, leave out "as soon as reasonably practicable" and insert "within 10 working days"

**Member's explanatory statement**

The amendment requires the coordinating doctor to carry out an assessment under the Act within ten working days.

---

**Rachael Maskell****297**

Margaret Mullane

Clause 7, page 4, line 3, at end insert—

"(1A) Any consultation as part of the assessment must have a full written transcript as its record of the conversation."

**Member's explanatory statement**

This amendment would require all consultations for the first assessment to have a full written transcript.

---

**Anna Dixon**

347

Clause 7, page 4, line 4, leave out from “to” to the second “the” in line 5 and insert “ensure that steps have been taken to confirm that”

**Member's explanatory statement**

This amendment would remove the emphasis on the role of the coordinating doctor in making these assessments.

---

**Rachael Maskell**

294

Clause 7, page 4, line 5, after “doctor” insert “based on provided evidence that”

**Member's explanatory statement**

This amendment would require that the doctor bases their assessment on provided evidence.

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**Sarah Olney**

36

Rachael Maskell  
Neil Coyle  
Marsha De Cordova  
Sarah Smith

Clause 7, page 4, line 7, leave out “capacity” and insert “the ability”

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

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**Wera Hobhouse**

363

Naz Shah  
Sarah Olney  
Peter Lamb  
Margaret Mullane  
Helen Maguire

Steff Aquarone

Liz Jarvis

Adam Dance

Clause 7, page 4, line 7, at end insert—

“(ba) is not seeking assistance to end their own life because of an impairment of judgment arising from a mental disorder or other condition,”

**Member's explanatory statement**

This amendment would require that the coordinating doctor is satisfied that a person is not seeking assistance to end their own life due to an impairment of judgement arising from a mental disorder or other condition. It is linked to Amendments 364, 365, 366 and 367.

---

**Kim Leadbeater**

193

Clause 7, page 4, line 8, at end insert—

“(ca) is in England and Wales,”

**Member's explanatory statement**

This amendment, which is consequential on Amendment 178, provides that the coordinating doctor must ascertain whether, in their opinion, the person who made the first declaration is in England and Wales.

---

**Dr Ben Spencer**

53

Anna Dixon  
Danny Kruger  
Rachael Maskell  
Rebecca Smith  
Dame Harriett Baldwin

Munira Wilson                      David Mundell

Clause 7, page 4, line 8, at end insert—

“(ca) has relevant and available palliative care options.”

**Member's explanatory statement**

This amendment would mean that someone is only eligible for assistance in ending their own life under this Act if they have relevant and available palliative care options.

---

**Danny Kruger**

354

Rachael Maskell

Clause 7, page 4, line 12, at end insert—

“(ea) is not a prisoner,”

**Member's explanatory statement**

This amendment is consequential on Amendment 353.

---

**Danny Kruger**

357

Rachael Maskell

Clause 7, page 4, line 12, at end insert—

“(ea) is not homeless within the meaning of section 175 of the Housing Act 1996 (Homelessness and threatened homelessness).”

**Member's explanatory statement**

This amendment is consequential on Amendment 356.

---

**Juliet Campbell**

110

Rachael Maskell

Clause 7, page 4, line 13, after "and" insert "demonstrably"

**Member's explanatory statement**

This amendment requires the coordinating doctor to ascertain whether, in their opinion, the person has a "demonstrably" informed wish to end their own life.

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**Sarah Bool**

24

Rachael Maskell

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

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul**

83

Rachael Maskell

Clause 7, page 4, line 14, after "coerced" insert ", encouraged"

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell**

114

Rachael Maskell

Clause 7, page 4, line 14, after "coerced" insert ", manipulated"

**Member's explanatory statement**

This amendment requires the coordinating doctor to ascertain whether, in their opinion, the person has manipulated.

---

**Mr James Cleverly**

95

Antonia Bance  
 Paulette Hamilton  
 Danny Kruger  
 Ms Diane Abbott  
 Sir Julian Lewis

Melanie Ward  
 Rachael Maskell  
 Margaret Mullane

Mr James Frith  
 Saqib Bhatti

Jess Asato  
 Sarah Smith

Clause 7, page 4, line 15, at end insert “, and

(h) is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson**

236

Danny Kruger  
 Rachael Maskell

Clause 7, page 4, line 15, at end insert “, and

(h) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Dame Harriett Baldwin**

257

Danny Kruger  
 Rebecca Smith  
 David Mundell

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

“and that there is no real risk that the criteria in paragraphs (a) to (g) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

**Dame Meg Hillier**

14

Antonia Bance  
 Rachael Maskell  
 Neil Coyle  
 Ms Polly Billington  
 Mary Kelly Foy

Marsha De Cordova  
 Helen Hayes  
 Patricia Ferguson  
 Wera Hobhouse  
 Daniel Francis  
 Melanie Ward  
 Jess Asato  
 Ian Byrne  
 Margaret Mullane

Darren Paffey  
 John Grady  
 Anna Dixon  
 Rebecca Paul  
 Kenneth Stevenson  
 Derek Twigg  
 David Smith  
 Sarah Smith

Blair McDougall  
 Naz Shah  
 Dame Harriett Baldwin  
 Kirsteen Sullivan  
 Lillian Jones  
 Chris Webb  
 Damian Hinds  
 Mrs Emma Lewell-Buck

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.

Kim Leadbeater

194

Rachel Hopkins

Clause 7, page 4, line 16, leave out subsection (3) and insert—

- "(3) After carrying out the first assessment, the coordinating doctor must—
  - (a) make a report about the assessment (which must meet the requirements of regulations under subsection (4)),
  - (b) give a copy of the report to—
    - (i) the person who was assessed ("the assessed person"), and
    - (ii) any other person specified in regulations made by the Secretary of State, and
  - (c) if satisfied as to all of the matters mentioned in subsection (2)(a) to (g), refer the assessed person to another registered medical practitioner who meets the requirements of section 8(6) and is able and willing to carry out the second assessment ("the independent doctor").
- (4) The Secretary of State must by regulations make provision about the content and form of the report.
- (5) The regulations must provide that the report must—
  - (a) contain a statement indicating whether the coordinating doctor is satisfied as to all of the matters mentioned in subsection (2)(a) to (g);
  - (b) in a case where the coordinating doctor is not so satisfied, contain an explanation of why they are not so satisfied;
  - (c) be signed and dated by the coordinating doctor."

**Member's explanatory statement**

This amendment provides that the coordinating doctor must make a report about the first assessment, and makes provision about the report.

As an Amendment to Kim Leadbeater’s proposed Amendment 194:—

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**Danny Kruger** (a)

Line 11, at end insert “, unless they believe that there are particular circumstances which make it inappropriate for the person to be provided with assistance to end their own life.”

---

**Dr Ben Spencer** 54

Anna Dixon  
Rachael Maskell

Clause 7, page 4, line 17, leave out “(g)” and insert “(h)”

**Member's explanatory statement**

This amendment is consequential on Amendment 53.

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**Rachael Maskell** 299

Naz Shah  
Frank McNally  
Tom Morrison  
Peter Lamb  
Dame Siobhain McDonagh

Dawn Butler  
Marsha De Cordova  
Helen Maguire

Lillian Jones  
Munira Wilson  
Ian Byrne

Mrs Emma Lewell-Buck  
Liz Jarvis

Clause 7, page 4, line 17, after “(g)” insert “and the condition in subsection (4) has been met”

**Member's explanatory statement**

This amendment is consequential on Amendment 298.

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**Dame Harriett Baldwin** 265

Danny Kruger  
Rebecca Smith  
David Mundell

Clause 7, page 4, line 18, leave out “must” and insert “may”

**Member's explanatory statement**

This amendment would grant a residual discretion to doctors to refuse the application even if all the criteria are met.



---

**Kit Malthouse**

325

Clause 7, page 4, line 19, leave out from “effect” to the end of line 20

**Member's explanatory statement**

This amendment removes the reference to the form in Schedule 2 from the clause and is linked to Amendment 326.

---

**Dr Ben Spencer**

73

Clause 7, page 4, line 21, leave out paragraphs (b) and (c) and insert—

“(b) provide the person who was assessed and the Assisted Dying Agency with a copy of the statement.

(3A) Upon receipt of the statement specified in subsection (3)(a), the Assisted Dying Agency must assign to the person, as soon as practicable, another registered medical practitioner who meets the requirements of section 8(6) for the second assessment (“the independent doctor”).”

**Member's explanatory statement**

This amendment is consequential on NC4 and would require the coordinating doctor to send a copy of their statement to the Assisted Dying Agency. That Agency must then to assign an “independent doctor” to the person.

---

**Juliet Campbell**

128

Clause 7, page 4, line 23, leave out “as soon as practicable” and insert “within 10 working days”

**Member's explanatory statement**

This amendment would require the coordinating doctor to refer a person within 10 working days rather than as soon as practicable to another registered medical practitioner to carry out the second assessment.

---

**Rachael Maskell**

295

Clause 7, page 4, line 26, at end insert “, and

(d) collate all evidence provided regarding the condition of the patient in a document to be provided to the Medical Examiner and the relevant Chief Medical Officer after the person has received assistance to die in accordance with this Act.”

**Member's explanatory statement**

This ensures that the documentation that will be required by the Medical Examiner will be available when required.

---

**Kit Malthouse**

326

Clause 7, page 4, line 26, at end insert—

- “(d) provide a copy of the statement to any person specified in regulations made by the Secretary of State.
- (4) A statement made under subsection (3)(a) must include the following information—
- (a) that the doctor is satisfied that the person has signed a first declaration which has been witnessed in accordance with the requirements of this Act and that this declaration has not been cancelled;
  - (b) that the fact the first declaration has been made has been recorded in the medical records of the person;
  - (c) that they have taken the steps required by this Act with regards to assessment of the person in the form of a report including details of their consideration of the patient’s condition and personal circumstances;
  - (d) that they are satisfied that the person in their view meets the eligibility requirements for seeking assistance under the Act;
  - (e) that they are satisfied to the best of their knowledge, the patient has a clear, settled and informed wish to end their own life, and made the first declaration voluntarily and has not been coerced or pressured by any other person into making it;
  - (f) that they have complied with the requirements of subsection 4(4);
  - (g) any other information or signed declarations as may be set out by the Secretary of State in regulations.
- (5) Any regulations made under subsections (3) or(4) are subject to the negative procedure.”

**Member's explanatory statement**

This amendment provides sets out information that must be included in the coordinating doctor’s statement. It is linked to Amendment 325.

---

**Anna Dixon**

346

Clause 7, page 4, line 26, at end insert—

- “(d) inform the person’s usual or treating doctor and, where relevant, the doctor who referred the person to the coordinating doctor, of the outcome of the assessment.”

**Member's explanatory statement**

This amendment would ensure that the coordinating doctor communicates the outcome of their assessment to the referring doctor as well as the usual or treating doctor.

---

**Rachael Maskell****298**

Naz Shah  
 Frank McNally  
 Tom Morrison  
 Peter Lamb  
 Dame Siobhain McDonagh

Dawn Butler  
 Marsha De Cordova  
 Helen Maguire

Lillian Jones  
 Munira Wilson  
 Ian Byrne

Mrs Emma Lewell-Buck  
 Liz Jarvis  
 Imran Hussain

Clause 7, page 4, line 26, at end insert—

“(4) The coordinating doctor may not take the steps set out in subsection (3) unless they receive confirmation from a palliative care specialist that the person has had a consultation with that specialist about the palliative care options available to them.”

**Member's explanatory statement**

This will require the coordinating doctor to be of the opinion that the person has had a consultation with a specialist in palliative medicine.

---

**Juliet Campbell****129**

Clause 8, page 4, line 29, leave out “as soon as reasonably practicable,” and insert “within 10 working days”

**Member's explanatory statement**

This amendment would require the independent doctor to carry out the second assessment within 10 working days rather than as soon as practicable to another registered medical practitioner to carry out the second assessment.

---

**Rachael Maskell****300**

Clause 8, page 4, line 30, at end insert—

“(1A) Any consultation as part of the assessment must have a full written transcript as its record of the conversation.”

**Member's explanatory statement**

This amendment would require all consultations for the second assessment to have a full written transcript.

---

**Anna Dixon****349**

Clause 8, page 4, line 31, leave out from “ascertain” to “doctor,” in line 32 and insert “ensure that steps have been taken to confirm that”

**Member's explanatory statement**

This amendment would remove the emphasis on the opinion of the independent doctor in making these assessments.

---

**Dr Ben Spencer**

55

Clause 8, page 4, line 33, leave out paragraph (a)

**Member's explanatory statement**

This amendment would remove an assessment of whether the person is terminally ill from the independent doctor's assessment.

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**Sarah Olney**

37

Rachael Maskell  
Neil Coyle  
Marsha De Cordova  
Sarah Smith

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

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Dr Ben Spencer**

56

Clause 8, page 4, line 34, at end insert—

“(ba) would not, in the opinion of the independent doctor, be liable for detention under the Mental Health Act 1983.”

**Member's explanatory statement**

This amendment would require the independent doctor to assess whether, in their opinion, a person would be liable for detention under the Mental Health Act 1983.

---

**Wera Hobhouse**

364

Naz Shah  
Sarah Olney  
Peter Lamb  
Helen Maguire  
Steff Aquarone  
Liz Jarvis

Clause 8, page 4, line 34, at end insert—

“(ba) is not seeking assistance to end their own life because of an impairment of judgment arising from a mental disorder or other condition,”

**Member's explanatory statement**

This amendment would require that the independent doctor is satisfied that a person is not seeking assistance to end their own life due to an impairment of judgement arising from a mental disorder or other condition. It is linked to Amendments 363, 365, 366 and 367.

---

**Juliet Campbell**

111

Rachael Maskell

Clause 8, page 4, line 36, after "and" insert "demonstrably"

**Member's explanatory statement**

This amendment requires the independent doctor to ascertain whether, in their opinion, the person has a "demonstrably" informed wish to end their own life.

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**Sarah Bool**

25

Rachael Maskell

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

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

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**Rebecca Paul**

84

Rachael Maskell

Clause 8, page 4, line 37, after "coerced" insert ", encouraged"

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell**

115

Rachael Maskell

Clause 8, page 4, line 37, after "coerced" insert ", manipulated"

**Member's explanatory statement**

This amendment requires the independent doctor to ascertain whether, in their opinion, the person has manipulated.

---

**Mr James Cleverly**

96

Antonia Bance  
 Paulette Hamilton  
 Danny Kruger  
 Ms Diane Abbott  
 Sir Julian Lewis

Melanie Ward  
 Rachael Maskell  
 Margaret Mullane

Mr James Frith  
 Saqib Bhatti

Jess Asato  
 Sarah Smith

Clause 8, page 4, line 38, at end insert “, and

(f) is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

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**Dr Caroline Johnson**

237

Danny Kruger  
 Rachael Maskell

Clause 8, page 4, line 38, at end insert “, and

(f) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Dame Harriett Baldwin**

258

Danny Kruger

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

“and that there is no real risk that the criteria in paragraphs (a) to (e) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

---

**Dame Meg Hillier**

15

Rachael Maskell  
 Neil Coyle  
 Mary Kelly Foy  
 Marsha De Cordova  
 John Grady

Antonia Bance  
 Dame Harriett Baldwin  
 Mike Wood  
 Mike Amesbury  
 Ms Polly Billington  
 Melanie Ward  
 Jess Asato  
 Mrs Emma Lewell-Buck

Patricia Ferguson  
 Wera Hobhouse  
 Dame Siobhain McDonagh  
 Sir Desmond Swayne  
 Kenneth Stevenson  
 Derek Twigg  
 Ian Byrne  
 Mary Glindon

Anna Dixon  
 Kirsteen Sullivan  
 Sean Woodcock  
 Daniel Francis  
 Lillian Jones  
 Chris Webb  
 Sarah Smith

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.

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**Rachael Maskell**

301

Clause 8, page 4, line 39, leave out “7” and insert “14”

**Member's explanatory statement**

This amendment would increase the period of reflection to 14 days.

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**Kim Leadbeater**

195

Rachel Hopkins

Clause 8, page 4, line 40, leave out “statement” and insert “report”

**Member's explanatory statement**

This amendment is consequential on Amendment 194.

---

**Dr Ben Spencer**

57

Jake Richards

Clause 8, page 5, line 1, leave out subsection (4) and insert—

“(4) The independent doctor must, where possible, undertake the second assessment jointly with the coordinating doctor.

- (4A) If the independent doctor is unable to undertake the second assessment jointly with the coordinating doctor under subsection (4), the independent doctor must confer with the coordinating doctor before completing that assessment.”

**Member's explanatory statement**

This amendment would require the independent doctor to undertake the second assessment jointly with the coordinating doctor, or, if they are unable to, to confer with that doctor before completing the assessment.

---

**Kim Leadbeater**

196

Rachel Hopkins

Clause 8, page 5, line 4, leave out subsection (5) and insert—

- “(5) After carrying out the second assessment, the independent doctor must—
- (a) make a report about the assessment (which must meet the requirements of regulations under subsection (5A), and
  - (b) give a copy of the report to—
    - (i) the person who was assessed,
    - (ii) the coordinating doctor, and
    - (iii) any other person specified in regulations made by the Secretary of State.
- (5A) The Secretary of State must by regulations make provision about the content and form of the report.
- (5B) The regulations must provide that the report must—
- (a) contain a statement indicating whether the independent doctor is satisfied as to all of the matters mentioned in subsection (2)(a) to (e);
  - (b) in a case where they are not so satisfied, contain an explanation of why they are not so satisfied;
  - (c) be signed and dated by the independent doctor.”

**Member's explanatory statement**

This amendment provides that the independent doctor must make a report about the second assessment, and makes provision about the report.

---

**Dame Harriett Baldwin**

266

Danny Kruger

Clause 8, page 5, line 7, leave out “must” and insert “may”

**Member's explanatory statement**

This amendment grants a residual discretion to doctors to refuse the application even if all the criteria are met.



---

**Kit Malthouse**

327

Clause 8, page 5, line 7, leave out "in the form set out in Schedule 3"

**Member's explanatory statement**

This amendment removes reference to Schedule 3 and is linked to Amendment 328.

---

**Dr Ben Spencer**

75

Clause 8, page 5, line 9, leave out "coordinating doctor" and insert "Assisted Dying Agency"

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Rachael Maskell**

302

Clause 8, page 5, line 10, at end insert "and

- (c) provide details of the way the assessment was conducted and the written transcript of any consultation to the relevant Chief Medical Officer and the person's own GP, maintaining a copy to be supplied to the relevant Medical Examiner after the person's death."

**Member's explanatory statement**

This amendment will ensure that medical records are in line with procedures for presentation to the Medical Examiner.

---

**Kit Malthouse**

328

Clause 8, page 5, line 10, at end insert—

- "(c) provide a copy of the statement to any person specified in regulations made by the Secretary of State.
- (5A) The statement made under subsection (5) must include the following information—
- (a) that they are satisfied that requirements under this Act relating to the first declaration have been met and that the declaration has not been cancelled;
  - (b) that they are satisfied any requirements under this Act regarding the recording of information in medical records relating to the first declaration have been met;
  - (c) that they have discussed with the patient the nature and effect of the first declaration and the nature and effect of them making a second declaration under this Act;
  - (d) that they have taken the steps required by this Act with regards to assessment of the person;

- (e) that they are satisfied that the person in their view meets the eligibility requirements for seeking assistance under the Act;
- (f) that they are satisfied to the best of their knowledge, the patient has a clear, settled and informed wish to end their own life, and made the first declaration voluntarily and has not been coerced or pressured by any other person into making it;
- (g) that they satisfied that the patient is in full possession of, and understands, the information communicated to them under subsection 4(4);
- (h) any other information or signed declarations as may be set out by the Secretary of State in regulations.

(5B) Any regulations made under subsections (5) or (5A) are subject to the negative procedure."

**Member's explanatory statement**

This amendment sets out the requirements for the statement to be made by the independent doctor and is linked to Amendment 327.

---

**Anna Dixon**

**348**

Clause 8, page 5, line 10, at end insert—

"(c) inform the person's usual or treating doctor and, where relevant, the doctor who referred the person to the independent doctor, of the outcome of the assessment."

**Member's explanatory statement**

This amendment would ensure that the independent doctor communicates the outcome of their assessment to the referring doctor as well as the usual or treating doctor.

---

**Rachael Maskell**

**303**

Clause 8, page 5, line 12, at end insert—

"(aa) has confirmed that no other practitioner has undertaken a second assessment for the same person."

**Member's explanatory statement**

This amendment would prevent a patient from seeking multiple assessments from different doctors.

---

**Sojan Joseph**

**1**

Dr Ben Spencer

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.

---

**Kim Leadbeater**

197

Daisy Cooper  
Dr Marie Tidball  
Rachel Hopkins

Clause 8, page 5, line 13, leave out paragraph (a) and insert—

“(a) meets the requirements specified in regulations under subsection (6A),”

**Member's explanatory statement**

This amendment and Amendment 198 impose a duty on the Secretary of State to make regulations about the training, qualifications and experience required in order to act as the independent doctor.

---

**Daniel Francis**

336

Peter Swallow  
Rachael Maskell  
Mary Glindon

Clause 8, page 5, line 13, after “such” insert “specialised”

**Member's explanatory statement**

This amendment is linked with NC12.

---

**Liz Saville Roberts**

147

Clause 8, page 5, line 13, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 8(6)(a) (training, qualifications and experience of second doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Dr Ben Spencer**

58

Clause 8, page 5, line 14, at end insert—

“(aa) is a practitioner approved as having special experience in the diagnosis or treatment of mental disorder for the purposes of subsection (2) of Section 12 (General provisions as to medical recommendations) of the Mental Health Act 1983,”

**Member's explanatory statement**

This amendment, which is linked to Amendment 56 would require the independent doctor to have special experience in the diagnosis of mental disorder.

**Dame Meg Hillier**

16

Rachael Maskell

Neil Coyle

Mary Kelly Foy

Marsha De Cordova

John Grady

Antonia Bance

Dame Harriett Baldwin

Mike Wood

Mike Amesbury

Ms Polly Billington

Melanie Ward

Jess Asato

Mrs Emma Lewell-Buck

Patricia Ferguson

Wera Hobhouse

Dame Siobhain McDonagh

Sir Desmond Swayne

Kenneth Stevenson

Derek Twigg

Ian Byrne

Mary Glindon

Anna Dixon

Kirsteen Sullivan

Sean Woodcock

Daniel Francis

Lillian Jones

Chris Webb

Sarah Smith

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.

**Dr Ben Spencer**

74

Clause 8, page 5, line 16, at end insert—

“(ba) has been assigned to the person by the Assisted Dying Agency,”

**Member's explanatory statement**

This amendment is consequential on NC4 and provides that the independent doctor must have been assigned to the person by the Assisted Dying Agency.

**Kim Leadbeater**

198

Daisy Cooper

Dr Marie Tidball

Rachel Hopkins

Clause 8, page 5, line 25, at end insert—

“(6A) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to carry out the functions of the independent doctor.

(6B) The regulations must include training about—

(a) assessing capacity;

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

(6C) 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.”

**Member's explanatory statement**

See the statement for Amendment 197.

---

**Kim Leadbeater**

199

Rachel Hopkins

Clause 8, page 5, line 28, leave out subsection (8)

**Member's explanatory statement**

See the statement for Amendment 187.

---

**Liz Saville Roberts**

148

Clause 8, page 5, line 28, leave out “Secretary of State must consult such persons as the Secretary of State” and insert “appropriate authority must consult such persons as the appropriate authority”

**Member's explanatory statement**

This amendment has the effect of requiring the Welsh Ministers to consult regarding the making of regulations under Clause 8(6)(a) (training, qualifications and experience of second doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Jess Asato**

21

Rebecca Paul  
 Dame Meg Hillier  
 Antonia Bance  
 Rachael Maskell  
 Neil Coyle

Anna Dixon  
 Melanie Ward  
 Laurence Turner  
 Anneliese Midgley  
 John Grady  
 Patricia Ferguson  
 Sarah Smith

Mr James Frith  
 Mary Kelly Foy  
 Helen Hayes  
 Blair McDougall  
 Uma Kumaran  
 Kirsteen Sullivan  
 Kenneth Stevenson

Maya Ellis  
 Marsha De Cordova  
 Apsana Begum  
 Dr Scott Arthur  
 Naz Shah  
 Daniel Francis  
 Mary Glindon

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.

---

**Kim Leadbeater**

200

Daisy Cooper

Clause 8, page 5, line 30, leave out subsection (9)

**Member's explanatory statement**

See the statement for Amendment 188.

---

**Rachael Maskell**

286

Naz Shah

Clause 9, page 5, line 36, leave out paragraphs (a) to (c) and insert—

- “(a) the person’s diagnosis and prognosis, in consultation with a specialist in the relevant illness, disease or medical condition,
- (b) any treatment available and the likely effect of it, in consultation with a specialist in the provision of such treatment,
- (c) any palliative, hospice or other care, including symptom management and psychological support, in consultation with a specialist in palliative care.”

**Member's explanatory statement**

This amendment ensures that a specialist carries out the assessment of the patient, the treatment options available and the palliative care options available, since these may not be known to a doctor coordinating an assisted death.

---

**Kim Leadbeater**

201

Rachel Hopkins

Clause 9, page 5, line 36, leave out “and their medical records” and insert “, examine such of their medical records as appear to the assessing doctor to be relevant,”

**Member's explanatory statement**

This amendment provides that the duty on an assessing doctor to examine a person’s medical records is limited to records appearing to the doctor to be relevant.

---

**Rachael Maskell**

**304**

Clause 9, page 5, line 41, leave out "any available" and insert "the person's experience of specialist"

**Member's explanatory statement**

This amendment would require the assessing doctor to discuss the person's experience of specialist palliative, hospice or other care.

---

**Dr Neil Shastri-Hurst**

**93**

Dr Ben Spencer

Clause 9, page 6, line 1, leave out "might" and insert "is to"

---

**Rachael Maskell**

**305**

Clause 9, page 6, line 3, after "about death" insert "and any other effects in addition to death."

**Member's explanatory statement**

This amendment would require the assessing doctor to explain effects the provided substance would have in addition to death.

---

**Juliet Campbell**

**142**

Anna Dixon

Clause 9, page 6, line 3, after "death" insert "and how it will be administered"

**Member's explanatory statement**

This amendment requires the assessing doctor to explain and discuss with the person how the substance that might be provided to assist the person to end their own life will be administered.

---

**Danny Kruger**

**362**

Clause 9, page 6, line 3, after "death" insert "and the risk and nature of possible complications including pain"

**Member's explanatory statement**

This requires the doctor to explain the risk of possible complications to the person.

---

**Rachael Maskell**

306

Clause 9, page 6, line 6, after “section 18” insert “including the escalation of medical intervention”

**Member's explanatory statement**

This would require the assessing doctor to include the escalation of medical intervention in their discussion of the person's wishing in the event of complications arising in the administration of the substance under section 18.

---

**Juliet Campbell**

112

Rachael Maskell

Clause 9, page 6, line 13, at end insert—

“(da) be satisfied that, in their opinion, the person has demonstrated their understanding of the matters in subsections (2) (b) to 2 (d).”

**Member's explanatory statement**

This amendment requires the assessing doctor to be satisfied that, in their opinion, the person has demonstrated their understanding of the matters that have to be discussed and the information provided under subsections (2)(b) to 2(d).

---

**Dr Ben Spencer**

76

Clause 9, page 6, line 14, leave out paragraph (e)

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Rachael Maskell**

307

Clause 9, page 6, line 18, leave out from beginning to “advise” and insert “unless the assessing doctor has concluded in good faith, that this would not be in the person's best interests.”

**Member's explanatory statement**

This amendment would require the assessing doctor to inform the person's next of kin that the person wishes to seek assistance to end their own life unless it is not in the person's best interests.

---

**Rachael Maskell**

308

Clause 9, page 6, line 20, at end insert—

“(g) If that doctor considers that it is not in the person's best interests under paragraph (f), this decision and the doctor's reasoning must be documented.”



**Member's explanatory statement**

This amendment is consequential to Amendment 307 and would require a decision that it is not in the person's best interests to inform their next of kin to be documented with its reasoning.

---

**Dr Ben Spencer****59**

Clause 9, page 6, line 21, leave out subsection (3) and insert—

“(3) To inform their assessment, the coordinating doctor must—

- (a) if they have doubt as to whether the person being assessed is terminally ill, refer the person for assessment by a registered medical practitioner who holds qualifications in or has experience of the diagnosis and management of the illness, disease or condition in question.
- (b) if they make a referral under paragraph (a), take account of any opinion provided by that other registered medical practitioner.”

**Member's explanatory statement**

This amendment is linked to Amendments 55 and 58 and removes the option for the independent doctor and coordinating doctor to refer the person to another doctor or an assessment of capacity for their assessments of capacity.

---

**Brian Mathew****174**

Clause 9, page 6, line 26, at end insert—

- “(ab) must refer the person for assessment by two social workers who are registered with Social Work England or Social Care Wales in order to provide an opinion on matters related to coercion and pressure.”

**Member's explanatory statement**

This amendment would require the assessing doctor to refer the person for an assessment by two social workers in order to provide opinions on matters related to coercion and pressure.

---

**Rachael Maskell****284**

Clause 9, page 6, line 27, leave out from beginning to “refer” in line 28 and insert “must”

**Member's explanatory statement**

This amendment would require a referral for the purposes of assessing capacity for both assessments.

---

**Dame Meg Hillier**

17

Rachael Maskell  
 Neil Coyle  
 Mary Kelly Foy  
 Marsha De Cordova  
 John Grady

Antonia Bance  
 Dame Harriett Baldwin  
 Mike Wood  
 Mike Amesbury  
 Ms Polly Billington  
 Melanie Ward  
 Jess Asato  
 Mrs Emma Lewell-Buck

Patricia Ferguson  
 Wera Hobhouse  
 Dame Siobhain McDonagh  
 Sir Desmond Swayne  
 Kenneth Stevenson  
 Derek Twigg  
 Ian Byrne  
 Mary Glindon

Anna Dixon  
 Kirsteen Sullivan  
 Sean Woodcock  
 Daniel Francis  
 Lillian Jones  
 Chris Webb  
 Sarah Smith

Clause 9, page 6, line 27, leave out paragraph (b)

**Member's explanatory statement**

This amendment is consequential on Amendment 14.

---

**Daisy Cooper**

6

Vikki Slade  
 Sarah Olney  
 Sarah Green  
 Daniel Francis  
 Wera Hobhouse

Adam Dance

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.

---

**Sarah Olney**

38

Rachael Maskell  
 Neil Coyle  
 Sarah Smith

Clause 9, page 6, line 27, leave out "capacity" and insert "ability"

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Jake Richards**

280

Clause 9, page 6, line 27, after “assessed” insert “or,

(ii) the person has a mental health condition;”

---

**Kim Leadbeater**

370

Clause 9, page 6, line 29, leave out “registered in the specialism of psychiatry” and insert “a practising psychiatrist registered in one of the psychiatry specialisms”

**Member's explanatory statement**

This is a drafting change.

---

**Kim Leadbeater**

202

Clause 9, page 6, line 31, leave out “capability” and insert “capacity”

**Member's explanatory statement**

This amendment corrects a typographical error.

---

**Sarah Olney**

39

Rachael Maskell  
Neil Coyle  
Sarah Smith

Clause 9, page 6, line 31, leave out “capability” and insert “ability”

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Wera Hobhouse**

365

Naz Shah  
Sarah Olney  
Peter Lamb  
Helen Maguire  
Steff Aquarone  
Liz Jarvis

Clause 9, page 6, line 31, at end insert—

“(ba) must, if they think a person may be seeking assistance to end their own life due to an impairment of judgment arising from a mental disorder or other condition, refer the person for assessment by a registered

medical practitioner who is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council.”

**Member's explanatory statement**

This amendment would require that the assessing doctor to, if they think a person may be seeking assistance because of an impairment of judgment refer them for an assessment. It is linked to Amendments 363, 364, 366 and 367.

---

**Dame Meg Hillier**

18

Rachael Maskell

Neil Coyle

Mary Kelly Foy

Marsha De Cordova

John Grady

Antonia Bance

Dame Harriett Baldwin

Mike Wood

Mike Amesbury

Ms Polly Billington

Melanie Ward

Jess Asato

Mrs Emma Lewell-Buck

Patricia Ferguson

Wera Hobhouse

Dame Siobhain McDonagh

Sir Desmond Swayne

Kenneth Stevenson

Derek Twigg

Ian Byrne

Mary Glindon

Anna Dixon

Kirsteen Sullivan

Sean Woodcock

Daniel Francis

Lillian Jones

Chris Webb

Sarah Smith

Clause 9, page 6, line 32, leave out “or (b)”

**Member's explanatory statement**

This amendment is consequential on Amendment 14.

---

**Wera Hobhouse**

366

Naz Shah

Sarah Olney

Peter Lamb

Helen Maguire

Steff Aquarone

Liz Jarvis

Clause 9, page 6, line 32, after “(b)” insert “or (ba)”

**Member's explanatory statement**

This is consequential on Amendment 365.

---

**Brian Mathew**

175

Clause 9, page 6, line 32, after “(3)(a)” insert “, (ab)”

**Member's explanatory statement**

This amendment is consequential on Amendment 174.

**Brian Mathew**

176

Clause 9, page 6, line 34, after “(3)(a)” insert “, (ab)”

**Member's explanatory statement**

This amendment is consequential on Amendment 174.

**Dame Meg Hillier**

19

Rachael Maskell

Neil Coyle

Mary Kelly Foy

Marsha De Cordova

John Grady

Antonia Bance

Dame Harriett Baldwin

Mike Wood

Mike Amesbury

Ms Polly Billington

Melanie Ward

Jess Asato

Mrs Emma Lewell-Buck

Patricia Ferguson

Wera Hobhouse

Dame Siobhain McDonagh

Sir Desmond Swayne

Kenneth Stevenson

Derek Twigg

Ian Byrne

Anna Dixon

Kirsteen Sullivan

Sean Woodcock

Daniel Francis

Lillian Jones

Chris Webb

Sarah Smith

Clause 9, page 6, line 34, leave out “or (b)”

**Member's explanatory statement**

This amendment is consequential on Amendment 14.

**Brian Mathew**

177

Clause 9, page 6, line 36, after “(3)(a)” insert “or (ab)”

**Member's explanatory statement**

This amendment is consequential on Amendment 174.

**Dame Harriett Baldwin**

268

Danny Kruger

Clause 9, page 6, line 41, at end insert—

“(6) Where the assessing doctor declines to sign the relevant statement, they must set out their reasons for doing so in a statement to the relevant Chief Medical Officer who shall ensure that it is made available to any other assessing doctor and to the Court.”

**Member's explanatory statement**

This provides that reasons for refusal by a doctor are to be communicated to the relevant Chief Medical Officer and made available to the other assessing doctors and to the Court.

---

**Kim Leadbeater** 203  
Rachel Hopkins

Clause 10, page 6, line 42, at end insert—

- “(A1) This section applies where the independent doctor has—
- (a) carried out the second assessment, and
  - (b) made a report stating that they are not satisfied as to all of the matters mentioned in section 8(2)(a) to (e).”

**Member's explanatory statement**

This amendment is consequential on Amendment 196.

---

**Kim Leadbeater** 204  
Rachel Hopkins

Clause 10, page 6, line 43, leave out from beginning to second “the” in line 44

**Member's explanatory statement**

This amendment is consequential on Amendment 203.

---

**Juliet Campbell** 143

Clause 10, page 7, line 10, leave out “one referral for a second opinion” and insert “up to two referrals for a second or third opinion,”

**Member's explanatory statement**

This amendment would allow the coordinating doctor to make up to two referrals for a second or third opinion by an independent doctor.

---

**Kim Leadbeater** 205  
Rachel Hopkins

Clause 10, page 7, line 11, at end insert “; but this is subject to subsection (4).

- (4) Where—
- (a) a referral is made under subsection (1) to a practitioner,
  - (b) the practitioner dies or through illness is unable or unwilling to act as the independent doctor, and
  - (c) no report under section 8 has been made by virtue of the referral,
- a further referral may be made under subsection (1).”

**Member's explanatory statement**

This amendment provides that a further referral may be made under this clause where a practitioner dies or is unable or unwilling to act as the independent doctor due to illness.

---

**Dr Ben Spencer**

81

Page 6, line 42, leave out Clause 10

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Liz Saville Roberts**

149

Clause 11, page 7, line 13, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 11(1) (replacing the coordinating doctor on death etc). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Dr Ben Spencer**

77

Clause 11, page 7, line 18, after "appointment," insert "by the Assisted Dying Agency"

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Rachael Maskell**

310

Clause 11, page 7, line 23, at end insert "and

- (c) to ensure the High Court is notified of the substitution of the coordinating doctor and the reason for the substitution."

**Member's explanatory statement**

This amendment would include ensuring the High Court is notified of substitutions of the coordinating doctor in the list of matters the Secretary of State may by regulations make provision for.

---

**Rachael Maskell**

309

Clause 11, page 7, line 23, at end insert—

- "(3) Regulations under subsection (1) must include provision to require the reassessment of the patient under section 7."

**Member's explanatory statement**

This amendment would require a regulations covering the replacement of the coordinating doctor to include a reassessment of the person by the new coordinating doctor.

---

**Kim Leadbeater****206**

Clause 11, page 7, line 24, leave out subsection (3)

**Member's explanatory statement**

See the statement for Amendment 188.

---

**Dame Harriett Baldwin****267**

Rebecca Smith  
David Mundell  
Margaret Mullane

Clause 12, page 7, line 37, after "(3)" insert "unless it believes that there are particular circumstances which make it inappropriate for the person to be assisted to end their own life"

**Member's explanatory statement**

This amendment grants a residual discretion to the High Court to refuse the application even if all the criteria are met.

---

**Sarah Olney****40**

Rachael Maskell  
Neil Coyle  
Sarah Smith

Clause 12, page 8, line 2, leave out "capacity" and insert "the ability"

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Wera Hobhouse****367**

Naz Shah  
Sarah Olney  
Peter Lamb  
Helen Maguire  
Steff Aquarone  
Liz Jarvis



Clause 12, page 8, line 2, at end insert—

“(ca) the person is not seeking assistance to end their own life due to an impairment of judgment arising from a mental disorder or other condition.”

**Member's explanatory statement**

This amendment would require that a court is satisfied that a person is not seeking assistance to end their own life due to an impairment of judgment. It is linked to Amendments 363, 364, 365 and 366.

---

**Danny Kruger**

**355**

Rachael Maskell

Clause 12, page 8, line 9, at end insert—

“(fa) the person is not a prisoner”

**Member's explanatory statement**

This amendment is consequential on Amendment 353.

---

**Danny Kruger**

**358**

Rachael Maskell

Clause 12, page 8, line 9, at end insert—

“(fa) the person is not homeless within the meaning of section 175 of the Housing Act 1996 (Homelessness and threatened homelessness).”

**Member's explanatory statement**

This amendment is consequential on Amendment 356.

---

**Sarah Bool**

**26**

Rachael Maskell

Clause 12, page 8, line 13, after “coerced” insert “, unduly influenced”

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul**

**85**

Rachael Maskell

Clause 12, page 8, line 13, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

**Mr James Cleverly**

97

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Clause 12, page 8, line 14, at end insert “, and

- (i) is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

**Dr Caroline Johnson**

238

Danny Kruger  
Rachael Maskell

Clause 12, page 8, line 14, at end insert “, and

- (i) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

**Rachael Maskell**

311

Clause 12, page 8, line 14, at end insert “and

- (i) the person has had a consultation with a consultant who is a specialist in palliative medicine.”

**Member's explanatory statement**

This amendment would require that a person has had a consultation with a specialist in palliative medicine before the High Court could issue a declaration.

---

**Dame Harriett Baldwin**

259

Clause 12, page 8, line 14, at end insert—

“and that there is no real risk that the criteria in paragraphs (b) to (h) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

---

**Catherine Atkinson**

105

Dame Meg Hillier  
Laurence Turner  
Helen Hayes  
John Grady  
Antonia Bance

Patricia Ferguson  
Daniel Francis  
Margaret Mullane

Anna Dixon  
Kenneth Stevenson

Kirsteen Sullivan  
Mary Glindon

Clause 12, page 8, line 15, leave out subsections (4) and (5) and insert—

- “(4A) Rules of Court must secure that in relation to an application under subsection (1), the High Court must—
- (a) prescribe a procedure which in relation to each application appoints a person (the Official Solicitor in cases brought in England and Wales) to act as advocate to the Court,
  - (b) hear from and question, in person—
    - (i) the person who made the application for the declaration,
    - (ii) the coordinating doctor,
    - (iii) the independent doctor, and
  - (c) consider hearing from and questioning, in person—
    - (i) persons properly interested in the welfare of the person who made the application for the declaration and other persons they are close to, and
    - (ii) any other person who has provided treatment or care for the person being assessed in relation to that person’s terminal illness.”

**Member's explanatory statement**

This amendment would require court rules to be made that would ensure an adversarial court process, by appointing an advocate to the court. It would also require them to hear from the person seeking assistance to end their life and both assessing doctors, and to consider also hearing from family members and others involved in the person's care.

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**Catherine Atkinson**

106

Dame Meg Hillier  
 Laurence Turner  
 John Grady  
 Antonia Bance  
 Patricia Ferguson

Anna Dixon  
 Kenneth Stevenson

Kirsteen Sullivan  
 Mary Glindon

Daniel Francis

Clause 12, page 8, line 30, leave out “(5)” and insert “(4A)”

**Member's explanatory statement**

This amendment is consequential on Amendment 105.

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**Claire Hazelgrove**

252

Clause 12, page 8, line 34, at end insert—

“(7A) Where a court 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 (5).”

**Member's explanatory statement**

This amendment would allow the court to hear from pre-recorded audio or video in cases where it considers it appropriate for medical reasons.

---

**Rachael Maskell**

312

Margaret Mullane

Clause 12, page 8, line 34, at end insert—

“(7A) Any person who wishes to challenge an application for a declaration under subsection (1) must enter a caveat in any district registry of the High Court within 14 days of the application being lodged or received, stating their belief that the requirements of this Act have not been met in relation to the first declaration, with specific reference to the matters listed in subsection (3).

(7B) Where a caveat is entered under subsection (7A), the High Court must hear from the person who has entered the caveat in addition to those persons listed in subsections (5) and (6).”

**Member's explanatory statement**

This amendment would allow a person who believes that the requirements of the Act have not been met to make this known to the High Court and be heard before a declaration is made.

---

**Dame Harriett Baldwin**

269

Clause 12, page 8, line 35, leave out subsections (8) to (11) and insert—

“(8) Any party to the proceedings may apply for permission to appeal to the Court of Appeal in accordance with the applicable Rules of Court.”

**Member's explanatory statement**

This amendment would allow any party to apply for permission to appeal a decision and remove the requirement for the Court of Appeal to conduct a re-hearing.

---

**Catherine Atkinson**

107

Dame Meg Hillier  
Laurence Turner  
John Grady  
Antonia Bance  
Patricia Ferguson

Anna Dixon  
Kenneth Stevenson

Kirsteen Sullivan  
Mary Glindon

Daniel Francis

Clause 12, page 8, line 44, leave out "(4)" and insert "(4A)"

**Member's explanatory statement**

This amendment is consequential on Amendment 105.

---

**Rachael Maskell**

313

Clause 12, page 9, line 1, leave out subsection (11)

**Member's explanatory statement**

This amendment would enable appeals to be heard against a decision by the High Court to make a declaration.

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**Kim Leadbeater**

369

Page 7, line 25, leave out Clause 12

**Member's explanatory statement**

This amendment is consequential on NC15 and NC16.

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**Kim Leadbeater**

371

Clause 13, page 9, line 5, leave out paragraph (a) and insert—

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

**Member's explanatory statement**

This amendment is consequential on NC16.

---

**Dr Ben Spencer**

61

Clause 13, page 9, line 5, leave out from "the" to "has" and insert "First-tier Tribunal"

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

---

**Rachael Maskell**

317

Clause 13, page 9, line 12, leave out "14" and insert "28"

**Member's explanatory statement**

This amendment would provide 28 days for the second period of reflection instead of 14.

---

**Kim Leadbeater**

372

Clause 13, page 9, line 12, leave out from third "the" to end of line 13 and insert "certificate of eligibility was granted,"

**Member's explanatory statement**

This amendment is consequential on NC16.

---

**Dr Ben Spencer**

62

Clause 13, page 9, line 13, leave out from "the" to "or" in line 14 and insert "First-tier Tribunal"

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

---

**Kim Leadbeater**

373

Clause 13, page 9, line 17, leave out "declaration was made" and insert "certificate was granted"

**Member's explanatory statement**

This amendment is consequential on NC16.

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**Rachael Maskell**

314

Clause 13, page 9, line 17, leave out “48 hours beginning with that day” and insert “7 days beginning with that day and the person must be referred immediately for urgent specialist palliative care.”

**Member's explanatory statement**

This amendment would increase the second period of reflection in cases where the coordinating doctor reasonably believes the person will die within a month from 48 hours to seven days.

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**Rachael Maskell**

315

Clause 13, page 9, line 17, leave out “48 hours” and insert “7 days”

**Member's explanatory statement**

This amendment would increase the second period of reflection in cases where the coordinating doctor reasonably believes the person will die within a month from 48 hours to seven days.

---

**Kit Malthouse**

329

Clause 13, page 9, line 20, leave out paragraph (a)

**Member's explanatory statement**

This amendment removes the reference to Schedule 4 from the clause and is linked to Amendment 330.

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**Kim Leadbeater**

207

Rachel Hopkins

Clause 13, page 9, line 20, leave out “Schedule 4” and insert “regulations made by the Secretary of State”

**Member's explanatory statement**

This amendment provides that the form of a second declaration is to be set out in regulations (rather than in Schedule 4).

---

**Kit Malthouse**

330

Clause 13, page 9, line 26, at end insert—

“(3A) A second declaration must include the following information—

- (a) the name and address of the person;
- (b) the NHS number of the person;
- (c) the contact details for the general medical practice at which the person is registered;

- (d) a declaration by the person that they have made a first declaration under this Act;
- (e) a declaration by the person that the assessing doctors have made the appropriate declarations under this Act together with the dates of those declarations;
- (f) the details of the declaration made by the High Court or Court of Appeal;
- (g) a declaration by the person they are eligible to end their life under this Act;
- (h) a declaration by the person that they wish to be provided with assistance to end their own life under this Act;
- (i) a declaration by the person that they understand that they must make this second declaration under the Act and that they do so voluntarily and have not been coerced or pressured by any other person into making it.
- (j) a declaration that they understand that they can cancel their declaration at any time.
- (k) any other information or signed declarations as may be set out by the Secretary of State in regulations.

(3B) Any regulations made under subsection (3A) are subject to the negative procedure."

**Member's explanatory statement**

This amendment sets out the requirements for the second declaration by the person and is linked to Amendment 329.

---

**Sarah Olney**

**41**

Rachael Maskell  
Neil Coyle  
Sarah Smith

Clause 13, page 9, line 31, leave out "capacity" and insert "ability"

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Sarah Bool**

**27**

Rachael Maskell

Clause 13, page 9, line 33, after "coerced" insert ", unduly influenced"

**Member's explanatory statement**

This amendment is consequential on Amendment 23.



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**Rebecca Paul** 86  
Rachael Maskell

Clause 13, page 9, line 33, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

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**Mr James Cleverly** 98  
Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis  
Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Clause 13, page 9, line 34, at end insert “, and

(e) is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

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**Dr Caroline Johnson** 239  
Danny Kruger  
Rachael Maskell

Clause 13, page 9, line 34, at end insert “, and

(e) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

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**Dame Harriett Baldwin** 260

Clause 13, page 9, line 34, at end insert—

“and that there is no real risk that the criteria in paragraphs (a) to (d) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

---

**Rachael Maskell**

316

Clause 13, page 9, line 36, at end insert—

“(5A) If, when making the statement under subsection (5), the definition of “second period of reflection” under subsection (2)(b) applies, the coordinating doctor must make refer the person for urgent specialist palliative care.”

**Member's explanatory statement**

This amendment will ensure that there is an immediate referral to a specialist in palliative care due if the patient is likely to die within a month of the declaration from the Court.

---

**Kit Malthouse**

331

Clause 13, page 9, line 38, leave out paragraph (a)

**Member's explanatory statement**

This amendment removes the reference to Schedule 5 from the Bill.

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**Kim Leadbeater**

208

Rachel Hopkins

Clause 13, page 9, line 38, leave out “Schedule 5” and insert “regulations made by the Secretary of State”

**Member's explanatory statement**

This amendment provides that the form of a statement by the coordinating doctor following the making of the second declaration is to be set out in regulations (rather than in Schedule 5).

---

**Kit Malthouse**

332

Clause 13, page 9, line 41, at end insert—

“(6A) A statement made under subsection (6) must include the following information—

- (a) a declaration by the coordinating doctor that the person is terminally ill within the meaning of this Act and the nature of the relevant illness, disease or medical condition,
- (b) details of any relevant declaration made by the High Court or Court of Appeal;
- (c) a declaration that the coordinating doctor is of the opinion that the person’s death is either likely or unlikely to occur before the end of the period of one month beginning with the day on which the declaration was made by the High Court or Court of Appeal under this Act;

- (d) a declaration that the coordinating doctor is satisfied that the requirements of this Act regarding any period of reflection has been met;
- (e) a declaration that the person requesting assistance under the Act has the capacity to do so, and that they have a clear, settled and informed wish to end their own life;
- (f) a declaration that neither the first or second declarations by the person have been cancelled;
- (g) any other information or signed declarations as may be set out by the Secretary of State in regulations.

(6B) Any regulations made under subsection (3A) are subject to the negative procedure.”

**Member's explanatory statement**

This amendment sets out the requirements for the second statement by the coordinating doctor and is linked to Amendment 331.

---

**Kim Leadbeater**

**374**

Clause 13, page 10, line 2, at end insert—

- “(8) Where the coordinating doctor has—
- (a) witnessed a second declaration, or
  - (b) made or refused to make a statement under subsection (5),
- 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 (5).”

**Member's explanatory statement**

This amendment requires the coordinating doctor to notify the Commissioner of witnessing a second declaration, and of having made or refused to make a statement under clause 13(5).

---

**Dr Ben Spencer**

**78**

Clause 14, page 10, line 7, leave out from “person)” to end of line 12 and insert “the Assisted Dying Agency”

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Kim Leadbeater**

**375**

Clause 14, page 10, line 9, at end insert—

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

**Member's explanatory statement**

This amendment requires the coordinating doctor to notify the Commissioner of a cancellation of a first or second declaration.

---

**Kim Leadbeater**

376

Clause 14, page 10, line 12, after "doctor" insert "and the Commissioner"

**Member's explanatory statement**

This amendment requires a practitioner other than the coordinating doctor to notify the Commissioner (as well as the coordinating doctor) of a cancellation of a first or second declaration.

---

**Daniel Francis**

321

Mary Glindon

Clause 15, page 10, line 33, at end insert—

"(d) the reason why the person was unable to sign their name."

---

**Claire Hazelgrove**

253

Clause 15, page 11, line 3, at end insert—

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

**Member's explanatory statement**

This would allow a cancellation of the first or second declaration to be signed by a proxy.

---

**Kim Leadbeater**

209

Rachel Hopkins

Clause 16, page 11, line 8, leave out paragraphs (b) and (c) and insert—

"(b) a report about the first assessment of a person is made under section 7;

(c) a report about the second assessment of a person is made under section 8;"

**Member's explanatory statement**

This amendment is consequential on Amendments 194 and 196.

---

**Kim Leadbeater**

377

Clause 16, page 11, line 12, leave out paragraph (d) and insert—

- “(d) a certificate of eligibility has been granted in respect of a person;
- (da) a panel has refused to grant such a certificate;”

**Member's explanatory statement**

This amendment is consequential on NC16.

---

**Dr Ben Spencer**

63

Clause 16, page 11, line 12, leave out “the” to “has” and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

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**Dr Ben Spencer**

79

Clause 16, page 11, line 18, leave out subsections (2) and (3) and insert—

- “(1A) The Assisted Dying Agency must, as soon as practicably possible, record the making of the statement or declaration.”

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Juliet Campbell**

130

Clause 16, page 11, line 19, leave out “as soon as practicable,” and insert “within 10 working days”

**Member's explanatory statement**

This amendment would require the coordinating doctor, where they are a practitioner with the person's GP practice to record the making of the declaration or statement, or the refusal to make the declaration or statement, in the person's medical records within 10 working days rather than as soon as practicable.

---

**Juliet Campbell**

131

Clause 16, page 11, line 23, leave out “as soon as practicable,” and insert “within 10 working days”

**Member's explanatory statement**

This amendment would require the coordinating doctor, where they are not practitioner with the person's GP practice, to give a registered medical practitioner from that practice notice of the making

of the declaration or statement, or the refusal to make the declaration or statement, in the person's medical records within 10 working days rather than as soon as practicable.

---

**Juliet Campbell**

132

Clause 16, page 11, line 27, leave out "as soon as practicable," and insert "within 10 working days"

**Member's explanatory statement**

This amendment would require the coordinating doctor, where they are not a practitioner with the person's GP practice to record the making of the declaration or statement, or the refusal to make the declaration or statement, in the person's medical records within 10 working days rather than as soon as practicable.

---

**Dr Ben Spencer**

80

Clause 17, page 11, line 36, leave out subsections (2) and (3) and insert—  
“(1A) The Assisted Dying Agency must record the cancellation.”

**Member's explanatory statement**

This amendment is consequential on NC4.

---

**Juliet Campbell**

133

Clause 17, page 11, line 38, leave out "as soon as practicable," and insert "within 10 working days"

**Member's explanatory statement**

This amendment would require the coordinating doctor, where they are not a practitioner with the person's GP practice to record the making of the declaration or statement, or the refusal to make the declaration or statement, in the person's medical records within 10 working days rather than as soon as practicable.

---

**Juliet Campbell**

134

Clause 17, page 12, line 2, leave out "as soon as practicable," and insert "within 10 working days"

**Member's explanatory statement**

This amendment would require the medical practitioner to whom notice or indication of the cancellation of declaration is given to notify a registered medical professional from the person's GP practice within 10 working days rather than as soon as practicable.

---

**Juliet Campbell**

135

Clause 17, page 12, line 5, leave out "as soon as practicable," and insert "within 10 working days"

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**Kim Leadbeater**

378

Clause 18, page 12, line 9, leave out paragraph (a) and insert—

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

**Member's explanatory statement**

This amendment is consequential on NC16.

---

**Dr Ben Spencer**

64

Clause 18, page 12, line 9, leave out from "the" to "has" and insert "First-tier Tribunal"

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

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**Sarah Olney**

42

Rachael Maskell  
Neil Coyle  
Sarah Smith

Clause 18, page 12, line 23, leave out "capacity" and insert "the ability"

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Sarah Bool**

28

Rachael Maskell

Clause 18, page 12, line 26, after "coerced" insert ", unduly influenced"

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

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**Rebecca Paul**

87

Rachael Maskell

Clause 18, page 12, line 26, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

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**Mr James Cleverly**

**99**

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Clause 18, page 12, line 26, at end insert “, and

(d) is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson**

**240**

Danny Kruger  
Rachael Maskell

Clause 18, page 12, line 26, at end insert “, and

(d) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Dame Harriett Baldwin**

**261**

Clause 18, page 12, line 26, at end insert—

“and that there is no real risk that the criteria in paragraphs (a) to (c) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.



---

**Michael Payne**

350

Ian Byrne  
Neil Duncan-Jordan

Clause 18, page 12, line 34, at end insert—

“(d) subject to subsection (6A), provide additional assistance to administer the substance in the presence of an independent witness.

(6A) The coordinating doctor may provide the additional assistance under subsection (6)(d) when—

- (a) the coordinating doctor is satisfied that the person is permanently and irreversibly unable to self-administer the substance due to—
  - (i) significant risk of choking as a result of dysphagia, or
  - (ii) the loss of use of the limbs; and
- (b) the person has authorised that the additional assistance be provided.”

**Member's explanatory statement**

This amendment would define the eligibility criteria for those who are permanently and irreversibly unable to self-administer the substance and are therefore eligible for additional assistance to administer the substance.

---

**Michael Payne**

351

Ian Byrne  
Neil Duncan-Jordan

Clause 18, page 12, line 35, after “substance” insert “or to authorise additional assistance to be provided”

**Member's explanatory statement**

This amendment would ensure the decision to administer the approved substance remains with the person but would allow those who are unable to self-administer the substance to receive further assistance.

---

**Michael Payne**

352

Ian Byrne  
Neil Duncan-Jordan

Clause 18, page 12, line 40, at end insert “, unless the criteria in subsection (6A) are met.”

**Member's explanatory statement**

This amendment would authorise the coordinating doctor to provide additional support with administration for those who are unable to self-administer the substance.

---

**Daniel Francis**

337

Peter Swallow  
Rachael Maskell

Clause 19, page 13, line 20, after “such” insert “specialised”

**Member's explanatory statement**

This amendment is linked with NC12.

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**Liz Saville Roberts**

150

Clause 19, page 13, line 21, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 19(2)(b) (training, qualifications and experience of other doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Kim Leadbeater**

210

Dr Marie Tidball  
Rachel Hopkins

Clause 19, page 13, line 22, at end insert—

“(2A) 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.”

**Member's explanatory statement**

This amendment enables regulations under subsection (2)(b) to provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

---

**Kim Leadbeater**

211

Rachel Hopkins

Clause 19, page 13, line 31, leave out subsection (5)

**Member's explanatory statement**

See the statement for Amendment 187.

---

**Liz Saville Roberts**

151

Clause 19, page 13, line 31, leave out “Secretary of State must consult such persons as the Secretary of State” and insert “appropriate authority must consult such persons as the appropriate authority”

**Member's explanatory statement**

This amendment has the effect of requiring the Welsh Ministers to consult regarding the making of regulations under Clause 19(2)(b) (training, qualifications and experience of other doctors). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Jess Asato**

22

Rebecca Paul  
Dame Meg Hillier  
Antonia Bance  
Rachael Maskell  
Neil Coyle

Anna Dixon  
Melanie Ward  
Laurence Turner  
Anneliese Midgley  
John Grady  
Naz Shah  
Sarah Smith

Mr James Frith  
Mary Kelly Foy  
Helen Hayes  
Blair McDougall  
Uma Kumaran  
Kirsteen Sullivan  
Kenneth Stevenson

Maya Ellis  
Marsha De Cordova  
Apsana Begum  
Dr Scott Arthur  
Patricia Ferguson  
Daniel Francis  
Mary Glendon

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.

---

**Kim Leadbeater**

212

Clause 19, page 13, line 33, leave out subsection (6)

**Member's explanatory statement**

See the statement for Amendment 188.

---

**Liz Saville Roberts**

152

Clause 20, page 13, line 35, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 20(1) (meaning of "approved substance"). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Kim Leadbeater**

213

Clause 20, page 13, line 39, leave out subsection (3)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Kit Malthouse**

333

Clause 21, page 14, line 9, leave out paragraph (a)

**Member's explanatory statement**

This amendment leaves out reference to Schedule 6 and is linked to Amendment 330.

---

**Kim Leadbeater**

214

Rachel Hopkins

Clause 21, page 14, line 9, leave out "Schedule 6" and insert "regulations made by the Secretary of State"

**Member's explanatory statement**

This amendment provides that the form of a final statement is to be set out in regulations (rather than in Schedule 6).

---

**Kim Leadbeater**

379

Clause 21, page 14, line 10, at end insert—

"(3A) The coordinating doctor must, as soon as practicable, give a copy of the final statement to the Commissioner."

**Member's explanatory statement**

This amendment requires the coordinating doctor to give the Commissioner a copy of a final statement.

---

**Kit Malthouse**

**334**

Clause 21, page 14, line 10, at end insert—

“(3A) The statement mentioned in subsection (2) must include—

- (a) the contact details of the coordinating doctor;
- (b) the name, NHS number and medical practice of the person given assistance under the Act;
- (c) a declaration that the person was provided with assistance to end their own life in accordance with this Act;
- (d) the date of any declarations made by the person under this Act;
- (e) the date of any statements made by assessing medical practitioners under this Act;
- (f) the details of the advanced and progressive condition the person had;
- (g) the approved substance provided;
- (h) the date and time of death;
- (i) the time between use of the approved substance and death;
- (j) any other information or signed declarations as may be set out by the Secretary of State in regulations.

(3B) Any regulations made under subsection (3A) are subject to the negative procedure.”

**Member's explanatory statement**

This amendment sets out the information that must be included in a final statement under this Act and is linked to Amendment 333.

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**Juliet Campbell**

**136**

Clause 21, page 14, line 12, leave out “as soon as practicable,” and insert “within 10 working days”

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**Juliet Campbell**

**137**

Clause 21, page 14, line 15, leave out “as soon as practicable,” and insert “within 10 working days”

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**Juliet Campbell**

**138**

Clause 21, page 14, line 18, leave out “as soon as practicable,” and insert “within 10 working days”

_____		
<b>Kim Leadbeater</b>		<b>380</b>
Clause 22, page 14, line 25, at end insert—		
“(1A) The coordinating doctor must, as soon as practicable, notify the Commissioner that this has happened.”		
<b>Member's explanatory statement</b>		
This amendment requires the coordinating doctor to notify the Commissioner of a matter mentioned in subsection (1).		
_____		
<b>Juliet Campbell</b>		<b>139</b>
Clause 22, page 14, line 27, leave out “as soon as practicable,” and insert “within 10 working days”		
_____		
<b>Juliet Campbell</b>		<b>140</b>
Clause 22, page 14, line 30, leave out “as soon as practicable,” and insert “within 10 working days”		
_____		
<b>Juliet Campbell</b>		<b>141</b>
Clause 22, page 14, line 33, leave out “as soon as practicable,” and insert “within 10 working days”		
_____		
<b>Juliet Campbell</b>		<b>126</b>
Rachael Maskell		
Clause 23, page 15, line 5, at end insert—		
“(1A) Medical practitioners who wish to provide assistance under this Act must “opt-in” to the Register of Assisted Dying Medical Practitioners under clause (Register of Assisted Dying Medical Practitioners).”		
<b>Member's explanatory statement</b>		
This amendment provides that any medical practitioner who wishes to provide assistance under the Act must have opted in to the Register of Medical practitioners.		
_____		
<b>Juliet Campbell</b>		<b>116</b>
Rachael Maskell		
Clause 26, page 16, line 3, after “coercion” insert “, manipulation”		

**Member's explanatory statement**

This amendment requires creating an offence of manipulating someone to make a first or second declaration (or not to cancel such a declaration).

---

**Juliet Campbell**

117

Rachael Maskell

Clause 26, page 16, line 6, after "coercion" insert ", manipulation"

**Member's explanatory statement**

This amendment requires creates an offence of manipulating someone to self-administer an approved substance provided in accordance with this Act.

---

**Kim Leadbeater**

381

Clause 27, page 16, line 16, leave out sub-paragraph (iii) and insert—

“(iii) a certificate of eligibility,”

**Member's explanatory statement**

This amendment is consequential on NC16.

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**Dr Ben Spencer**

65

Clause 27, page 16, line 16, leave out from "the" to "under" and insert "First-tier Tribunal"

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

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**Liz Saville Roberts**

153

Clause 28, page 17, line 3, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 28(1) (prescribing, dispensing, transporting etc of approved substances). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater**

215

Clause 28, page 17, line 11, leave out subsection (3)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Sarah Olney**

273

Clause 29, page 17, line 33, at end insert—

- “(1A) Regulations under subsection (1) must specify that the following information is collected for each assisted death—
- (a) the person’s age,
  - (b) the person’s gender,
  - (c) the person’s ethnicity,
  - (d) the postcode of the person’s address at the time of their death,
  - (e) whether the person had a disability for the purposes of section 6 of the Equality Act 2010 (Disability), and
  - (f) any illness, disease or medical condition the person had that was deemed terminal for the purposes of section 2.”

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**Daisy Cooper**

7

Anna Dixon  
Dr Ben Spencer  
Sarah Olney  
Adam Dance

Clause 29, page 18, line 9, at end insert “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.

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**Liz Saville Roberts**

154

Clause 30, page 18, line 12, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make a Code of Practice in Wales under Clause 30. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.



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**Sarah Olney** 43  
Rachael Maskell  
Neil Coyle  
Sarah Smith

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

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

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**Daniel Francis** 394

Clause 30, page 18, line 24, at end insert—

“(ba) 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;”

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**Liz Saville Roberts** 155

Clause 30, page 18, line 31, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment is linked to an amendment that allows the Welsh Ministers to make a Code of Practice in Wales under Clause 30. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Dr Andrew Murrison** 272  
Rachael Maskell

Clause 30, page 18, line 32, at end insert—

“(f) the form of the psychosocial intervention required under section 5(1A).”

**Member's explanatory statement**

This amendment is consequential on Amendment 271, and would allow the Secretary of State to issue a code of practice in connection with the requirement for a psychosocial intervention.

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**Liz Saville Roberts** 156

Clause 30, page 18, line 33, leave out “Secretary of State must consult such persons as the Secretary of State” and insert “appropriate authority must consult such persons as the appropriate authority”

**Member's explanatory statement**

This amendment has the effect of requiring the Welsh Ministers to consult regarding the making a Code of Practice for Wales under Clause 30. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater**

216

Clause 30, page 18, line 37, leave out subsection (4)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Kim Leadbeater**

217

Clause 30, page 18, line 38, leave out "that procedure" and insert "section 39"

**Member's explanatory statement**

See the statement for Amendment 188.

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**Daniel Francis**

395

Clause 31, page 19, line 8, at end insert—

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

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**Daniel Francis**

396

Clause 31, page 19, line 14, at end insert—

"(ba) persons with learning disabilities;"

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**Liz Saville Roberts**

157

Clause 32, page 19, line 21, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 32(1) (powers to ensure assistance is available). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Liz Saville Roberts**

158

Clause 32, page 19, line 22, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment is linked to an amendment that allows the Welsh Ministers to make regulations under Clause 32(1) (powers to ensure assistance is available). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater**

218

Clause 32, page 19, line 31, leave out subsection (4)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Liz Saville Roberts**

159

Clause 33, page 19, line 34, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 33(1) (notifications to Chief Medical Officers). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Rebecca Paul**

172

Rebecca Smith  
Dame Harriett Baldwin  
David Mundell

Clause 33, page 19, line 34, leave out “may” and insert “must”

**Member's explanatory statement**

This amendment would require the Secretary of State to bring forward regulations to require any registered medical practitioner to notify the relevant Chief Medical Officer of any notifiable event.

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**Liz Saville Roberts**

160

Clause 33, page 20, line 16, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 33(2)(h) (notifications to Chief Medical Officers: notifiable events). A linked amendment to Clause

40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater** 219

Clause 33, page 20, line 24, leave out subsection (5)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Rebecca Paul** 173

Anna Dixon  
Dr Ben Spencer  
Rebecca Smith  
Dame Harriett Baldwin  
David Mundell

Clause 33, page 20, line 24, leave out "negative" and insert "affirmative"

**Member's explanatory statement**

This amendment would mean that any regulations made under this section (Notification to Chief Medical Officers) must be made under the affirmative rather than the negative statutory instrument procedure.

---

**Kim Leadbeater** 382

Clause 34, page 20, line 26, leave out "relevant Chief Medical Officer" and insert "Commissioner"

**Member's explanatory statement**

This amendment provides for monitoring, investigation and reporting functions under Clause 34 to be carried out by the Voluntary Assisted Dying Commissioner (instead of the Chief Medical Officers for England and for Wales).

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**Kim Leadbeater** 383

Clause 34, page 20, line 29, leave out "the relevant national authority" and insert "an appropriate national authority"

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

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**Kim Leadbeater** 384

Clause 34, page 20, line 30, leave out "relevant national" and insert "appropriate national"

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

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**Kim Leadbeater****385**

Clause 34, page 20, line 31, leave out "relevant Chief Medical Officer" and insert "Commissioner"

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

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**Kim Leadbeater****386**

Clause 34, page 20, line 32, leave out "the relevant" and insert "each appropriate"

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

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**Kim Leadbeater****387**

Clause 34, page 20, line 34, leave out "relevant Chief Medical Officer's" and insert "annual"

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

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**Kim Leadbeater****220**

Rachel Hopkins

Clause 34, page 20, line 36, leave out paragraphs (a) and (b) and insert—

- “(a) a report about the first assessment of a person does not contain a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 7(2)(a) to (g);
- (b) a report about the second assessment of a person does not contain a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 8(2)(a) to (e);”

**Member's explanatory statement**

This amendment is consequential on Amendments 194 and 196.

---

**Kim Leadbeater**

388

Clause 34, page 20, line 40, leave out paragraph (c) and insert—

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

**Member's explanatory statements**

This amendment is consequential on NC16.

---

**Dr Ben Spencer**

66

Clause 34, page 20, line 40, leave out from “the” to “has” and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

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**Sarah Olney**

274

Clause 34, page 20, line 43, at end insert—

“(2A) The Chief Medical Officer’s report must include an analysis based on information—

- (a) provided to them under section (*Collection of information on assistance*),
- (b) information required by regulations made under section 39B of the Births and Deaths Registration Act 1953 (Regulations: assisted dying).”

**Member's explanatory statement**

This amendment is linked to Amendment 273 and NC10 and provides that the Chief Medical Officer’s report must include an assessment/analysis of information received under that new clause.

---

**Kim Leadbeater**

389

Clause 34, page 21, line 1, leave out subsections (3) to (7) and insert—

“(3) 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.

(4) In this section “appropriate national authority” means the Secretary of State or the Welsh Ministers.”

**Member's explanatory statement**

This amendment is consequential on Amendment 382.

---

**Liz Saville Roberts**

**161**

Clause 35, page 21, line 30, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of requiring the Welsh Ministers to review the operation of the Act in relation to Wales. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Liz Saville Roberts**

**162**

Clause 35, page 21, line 35, at end insert “or the Senedd Cymru (as the case may be)”

**Member's explanatory statement**

This amendment has the effect of requiring a review carried out by the Welsh Ministers under Clause 35 to be laid before the Senedd.

---

**Daniel Francis**

**397**

Clause 35, page 22, line 5, at end insert—

“(ba) 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;”

---

**Liz Saville Roberts**

**163**

Clause 35, page 22, line 8, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment is linked to an amendment that requires the Welsh Ministers to review the operation of the Act under Clause 35.

---

**Liz Saville Roberts**

**164**

Clause 37, page 22, line 30, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 37(1) (modification of form of declarations and statements). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater** 221  
Rachel Hopkins  
Kit Malthouse

Page 22, line 29, leave out Clause 37

**Member's explanatory statement**

The amendment is consequential on Amendments 184, 194, 196, 207, 208 and 214, which provide for reports and forms to be set out in regulations (rather than in Schedules to the Bill).

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**Liz Saville Roberts** 165

Clause 38, page 22, line 34, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 38(1) (power to make consequential and transitional provision etc). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Liz Saville Roberts** 166

Clause 38, page 22, line 37, leave out "Secretary of State" and insert "appropriate authority"

**Member's explanatory statement**

This amendment is linked to an amendment that allows the Welsh Ministers to make amendments under Clause 38(1) (power to make consequential and transitional provision etc). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Kim Leadbeater** 222

Clause 38, page 23, line 1, leave out subsection (2)

**Member's explanatory statement**

See the statement for Amendment 188.

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**Kim Leadbeater** 223

Clause 39, page 23, line 4, after "purposes" insert ", and

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



**Member's explanatory statement**

This is a standard power for regulations to include the power to make incidental, consequential, transitional or saving provision.

---

**Kim Leadbeater**

233

Clause 39, page 23, line 6, leave out subsections (3) to (5) and insert—

“(5A) The Secretary of State may not make a statutory instrument containing (whether alone or with other provision) regulations under section 5(3A), 8(6A), 30(3) or 32 unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament.

(5B) 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.”

**Member's explanatory statement**

This amendment brings together the various provisions about the procedure for regulations and makes regulations under clauses 5 and 8 about training, qualifications and experience subject to the draft affirmative procedure.

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**Liz Saville Roberts**

167

Clause 39, page 23, line 9, at end insert “or, where the regulations are to be made by the Welsh Ministers, the Senedd Cymru”

**Member's explanatory statement**

This amendment has the effect of making certain powers of the Welsh Ministers subject to the affirmative procedure before the Senedd Cymru. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Liz Saville Roberts**

168

Clause 39, page 23, line 12, at end insert “or, where the regulations are to be made by the Welsh Ministers, the Senedd Cymru”

**Member's explanatory statement**

This amendment has the effect of making certain powers of the Welsh Ministers subject to the negative procedure before the Senedd Cymru. A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

**Kim Leadbeater**

225

Clause 40, page 23, leave out line 23

**Member's explanatory statement**

The amendment is consequential on Amendment 233.

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**Liz Saville Roberts**

169

Clause 40, page 23, line 23, at end insert—

““appropriate authority” means—

- (a) in relation to England, the Secretary of State;
- (b) in relation to Wales, the Welsh Ministers.”

**Member's explanatory statement**

This amendment to the interpretation provision in Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales. A series of linked amendments change references to the Secretary of State to appropriate authority in order to allow the Welsh Ministers to make regulations in relation to Wales.

---

**Kim Leadbeater**

390

Clause 40, page 23, line 24, at end insert—

““certificate of eligibility” has the same meaning as in section (*Determination by panel of eligibility for assistance*);”

**Member's explanatory statement**

This amendment is consequential on NC16.

---

**Kim Leadbeater**

391

Clause 40, page 23, line 24, at end insert—

““the Commissioner” has the meaning given by section (*Voluntary Assisted Dying Commissioner*);”

**Member's explanatory statement**

This amendment is consequential on NC14.

---

**Sarah Olney**

44

Rachael Maskell  
Neil Coyle

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

**Member's explanatory statement**

This amendment is consequential on Amendment 34 and NC1.

---

**Kim Leadbeater**

**392**

Clause 40, page 23, line 27, at end insert—

““first assessment” has the same meaning as in section 7;  
“first declaration” has the same meaning as in section 5;”

**Member's explanatory statement**

This is a drafting change.

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**Kim Leadbeater**

**226**

Clause 40, page 23, leave out line 37

**Member's explanatory statement**

The amendment is consequential on Amendment 233.

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**Kim Leadbeater**

**393**

Clause 40, page 24, line 5, at end insert—

““second assessment” has the same meaning as in section 8;  
“second declaration” has the same meaning as in section 13;”

**Member's explanatory statement**

This is a drafting change.

---

**Liz Saville Roberts**

**170**

Clause 42, page 24, line 21, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 42(2) (commencement). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

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**Liz Saville Roberts**

**171**

Clause 42, page 24, line 26, leave out “Secretary of State” and insert “appropriate authority”

**Member's explanatory statement**

This amendment has the effect of allowing the Welsh Ministers to make regulations under Clause 42(4) (commencement: transitional and saving provision). A linked amendment to Clause 40 defines appropriate authority to mean the Secretary of State in relation to England and the Welsh Ministers in relation to Wales.

---

Kim Leadbeater

NC8

To move the following Clause—

**“Duty to consult before making regulations**

- (1) Before making regulations under section 5, 7, 8, 13, 19 or 21, 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 —
  - (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.”

**Member's explanatory statement**

This new clause imposes a duty to consult before making regulations under various provisions of the Bill.

---

Kim Leadbeater

NC14

To move the following Clause—

**“Voluntary Assisted Dying Commissioner**

- (1) There is to be a Voluntary Assisted Dying Commissioner.
- (2) The Commissioner is to be appointed by the Prime Minister.
- (3) The person appointed must hold or have held office as a judge of—
  - (a) the Supreme Court,
  - (b) the Court of Appeal, or
  - (c) the High Court.
- (4) The Commissioner’s principal functions are—
  - (a) receiving documents made under this Act;
  - (b) making appointments to a list of persons eligible to sit on Assisted Dying Review Panels (see Schedule (*Assisted Dying Review Panels*));
  - (c) making arrangements in relation to such panels and referring cases to them (see section (*Referral by Commissioner of case to multidisciplinary panel*));
  - (d) determining applications for reconsideration of panel decisions under section (*Reconsideration of panel decisions refusing certificate of eligibility*);

- (e) monitoring the operation of this Act and reporting annually on it (see section 34).
- (5) In this Act “the Commissioner” means the Voluntary Assisted Dying Commissioner.
- (6) Schedule (*The Voluntary Assisted Dying Commissioner*) makes provision about the Commissioner.”

**Member's explanatory statement**

This new clause provides for there to be a Voluntary Assisted Dying Commissioner.

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**Kim Leadbeater**

**NC15**

To move the following Clause—

**“Referral by Commissioner of case to multidisciplinary panel**

- (1) This section applies where the Commissioner receives—
  - (a) a first declaration made by a person,
  - (b) a report about the first assessment of the person which contains a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 7(2)(a) to (g), and
  - (c) a report about the second assessment of the person which contains a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 8(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 18.
- (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 (*Assisted Dying Review Panels*) makes provision about Assisted Dying Review Panels.”

**Member's explanatory statement**

This new clause provides for the Voluntary Assisted Dying Commissioner to refer a person’s case to a multidisciplinary panel, to be called an Assisted Dying Review Panel.

Kim Leadbeater

NC16

To move the following Clause—

**“Determination by panel of eligibility for assistance**

- (1) This section applies where a person’s case is referred under section (*Referral by Commissioner of case to multidisciplinary panel*) or (*Reconsideration of panel decisions refusing certificate of eligibility*) to an Assisted Dying Review Panel (“the panel”).
- (2) The panel’s function is to determine whether it is satisfied of all of the following matters—
  - (a) that the requirements of sections 5 to 9 have been met in relation to—
    - (i) the first declaration,
    - (ii) the first assessment and the report under section 7 on that assessment, and
    - (iii) the second assessment and the report under section 8 on that assessment;
  - (b) that the person is terminally ill;
  - (c) that the person has capacity to make the decision to end their own life;
  - (d) that the person was aged 18 or over at the time the first declaration was made;
  - (e) that the person is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration;
  - (f) that the person is registered as a patient with a general medical practice in England or Wales;
  - (g) that the person has a clear, settled and informed wish to end their own life;
  - (h) that the person made the first declaration voluntarily and was not coerced or pressured by any other person into making that declaration.
- (3) Subject to the following and to Schedule (*Assisted Dying Review Panels*), the panel may adopt such procedure as it considers appropriate for the case.
- (4) The panel—
  - (a) must hear from, and may question, the coordinating doctor or the independent doctor (and may hear from and question both);
  - (b) may hear from and may question the person to whom the referral relates or (in a case to which section 15 applies) their proxy (or both);
  - (c) may hear from and may question any other person;
  - (d) may ask any person appearing to it to have relevant knowledge or experience to report to it on such matters relating to the person to whom the referral relates as it considers appropriate.

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

- (5) The panel—

- (a) must, if it is satisfied of all of the matters mentioned in subsection (2), grant a certificate to that effect (a "certificate of eligibility");
  - (b) must refuse to do so in any other case.
- (6) The panel must notify the following of its decision—
- (a) the person to whom the referral relates;
  - (b) the coordinating doctor;
  - (c) the Commissioner;
  - (d) any other person specified in regulations made by the Secretary of State.
- Where it grants a certificate of eligibility, it must give a copy of the certificate to each of these persons.
- (7) 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)."

#### Member's explanatory statement

This new clause provides for a person's eligibility to be provided with assistance under clause 18 to be determined by a multidisciplinary panel (instead of the High Court).

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Kim Leadbeater

NC17

To move the following Clause—

#### **"Reconsideration of panel decisions refusing certificate of eligibility**

- (1) This section applies where—
- (a) a person's case is referred under section (*Referral by Commissioner of case to multidisciplinary panel*) to an Assisted Dying Review Panel ("the first panel"), and
  - (b) the first panel refuses to grant a certificate of eligibility in respect of the person.
- (2) The person may apply to the Commissioner for their case to be reconsidered on the ground that the first panel's decision—
- (a) contains an error of law,
  - (b) is irrational, or
  - (c) is procedurally unfair.
- (3) The Commissioner must consider an application without a hearing.
- (4) On the application—
- (a) if the Commissioner is satisfied that any of the grounds mentioned in subsection (2) applies, they must as soon as reasonably practicable refer the person's case to a different Assisted Dying Review Panel for a fresh determination under section (*Determination by panel of eligibility for assistance*);
  - (b) in any other case, the Commissioner must dismiss the application.
- (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;
  - (c) any other person specified in regulations made by the Secretary of State.”

**Member's explanatory statement**

This new clause provides for certain decisions of Assisted Dying Review Panels to be referred to a different panel for reconsideration.

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**Sarah Olney**

**NC1**

Antonia Bance  
 Rachael Maskell  
 Neil Coyle  
 Marsha De Cordova  
 Helen Hayes  
 Sarah Smith

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.

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**Dr Ben Spencer**

**NC2**

To move the following Clause—

**“Tribunal authorisation**

- (1) Where—
  - (a) a person has made a first declaration under section 5 which has not been cancelled,
  - (b) the coordinating doctor has made the statement mentioned in section 7(3), and
  - (c) the independent doctor has made the statement mentioned in section 8(5), that person may apply to the First-tier Tribunal (“the Tribunal”) for a declaration that the requirements of this Act have been met in relation to the first declaration.
- (2) On an application under this section, the Tribunal—



- (a) must make the declaration if it is satisfied of all the matters listed in subsection (3), and
  - (b) in any other case, must refuse to make the declaration.
- (3) The matters referred to in subsection (2)(a) are that—
  - (a) the requirements of sections 5 to 9 of this Act have been met in relation to the person who made the application,
  - (b) the person is terminally ill,
  - (c) the person has capacity to make the decision to end their own life,
  - (d) the person has relevant and available palliative care options available to them,
  - (e) the person is not liable to be detained under the Mental Health Act 1983,
  - (f) the person was aged 18 or over at the time the first declaration was made,
  - (g) 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,
  - (h) the person is registered as a patient with a general medical practice in England or Wales,
  - (i) the person has a clear, settled and informed wish to end their own life, and
  - (j) the person made the first declaration and the application under this section voluntarily and has not been coerced or pressured by any other person into making that declaration or application.
- (4) The Tribunal—
  - (a) may hear from and question, in person, the person who made the application for the declaration;
  - (b) must hear from and may question, in person, the coordinating doctor or the independent doctor (or both);
  - (c) for the purposes of paragraph (b), may require the coordinating doctor or the independent doctor (or both) to appear before the tribunal.
- (5) For the purposes of determining whether it is satisfied of the matters mentioned in subsection (3)(g) and (h), the Tribunal may also—
  - (a) hear from and question any other person;
  - (b) ask a person to report to the Tribunal on such matters relating to the person who has applied for the declaration as it considers appropriate.
- (6) In considering an application under this section, the panel must consist of—
  - (a) a sitting judge,
  - (b) a medical practitioner, and
  - (c) a lay person.
- (7) In subsection (4)—
  - (a) in paragraph (a), the reference to the person who made the application includes, in a case where the person's first declaration was signed by a proxy under section 15, that proxy, and

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

**Member's explanatory statement**

This new clause would replace the role of the High Court with the tribunal system.

---

**Dr Ben Spencer**

**NC3**

To move the following Clause—

**“Tribunals in Wales**

- (1) For the purposes of this Act, the First-tier Tribunal and the Upper Tribunal, in exercising functions under or arising from this Act in relation to Wales, are to be treated as devolved tribunals within the meaning of paragraph 9 of Schedule 7A to the Government of Wales Act 2006.
- (2) The Welsh Ministers may by regulations make provision relating to the procedure to be followed by the First-tier Tribunal and the Upper Tribunal in exercising functions under this Act in relation to Wales.
- (3) Statutory instruments containing regulations made under this section may not be made unless a draft of the instrument has been laid before and approved by resolution of Senedd Cymru.”

---

**Dr Ben Spencer**

**NC4**

To move the following Clause—

**“Assisted Dying Agency**

- (1) There shall be a body known as the Assisted Dying Agency (“The Agency”).
- (2) The purpose of the body is to coordinate requests from people to be considered for assisted dying, including assigning, at the appropriate junctures, a coordinating doctor and independent doctor for a person seeking assistance to end their own life.
- (3) Where a person has previously been referred to the Agency, no future referral relating to that person can be proceeded with by the Agency unless it considers there has been a material change in the person’s circumstances.
- (4) The Secretary of State must make regulations setting out—
  - (a) the staffing and remuneration of such staff,
  - (b) the procedures of the Agency, and
  - (c) the means by which the Agency can pay coordinating doctors and independent doctors for services rendered under this Act.
- (5) The Agency’s expenditure is to be paid out of money provided for by Parliament.
- (6) The Agency must, for each financial year, prepare accounts in accordance with directions given to it by the Treasury.

- (7) The Agency's chief executive is its accounting officer.
- (8) As soon as reasonably practicable after the end of each financial year, the Agency must prepare a report about the performance of its functions during that year and lay that report before both Houses of Parliament.
- (9) Regulations under subsection (4) are subject to the affirmative procedure."

**Member's explanatory statement**

This new clause would create a new body that was principally responsible for coordinating and recording statements and declarations in relation to a person's request for assistance to end their own life.

---

**Rebecca Paul**

**NC5**

Rachael Maskell

To move the following Clause—

**"Encouragement**

- (1) For the purposes of this Act, "encouraged" means an act capable of encouraging suicide which would constitute an offence under section 2 (Criminal liability for complicity in another's suicide) of the Suicide Act 1961.
- (2) A person is not rendered ineligible to request assistance to end their own life on the basis of—
  - (a) an act of encouragement that they were unaware of when requesting and going through assisted dying, or
  - (b) an act of encouragement which was not specifically directed at that person."

**Member's explanatory statement**

This amendment provides a definition of encouragement is consequential on Amendments 82 to 92.

---

**Dr Neil Shastri-Hurst**

**NC6**

Anna Dixon  
Rachael Maskell

To move the following Clause—

**"Advance decision of no effect**

An advance decision, made pursuant to sections 24 to 26 of the Mental Capacity Act 2005, which stipulates that the maker of the decision, having become incapacitated, wishes to be provided with assistance to end their own life in accordance with this Act, shall be null and void and of no legal effect."

**Member's explanatory statement**

The new clause prohibits an individual from making an advanced directive for voluntary assisted death in the eventuality he or she were to become incapacitated at a future date.

---

**Juliet Campbell**

NC7

Rachael Maskell  
Margaret Mullane

To move the following Clause—

**“Register of Assisted Dying Medical Practitioners**

- (1) The Secretary of State must, by regulation, establish a Register of Assisted Dying Medical Practitioners.
- (2) A medical professional may only carry out the role of co-ordinating doctor or independent doctor under this Act may if they are listed on the Register of Assisted Dying Medical Practitioners.
- (3) Initial discussions under section 4 may only take place with a registered medical practitioner if they are listed on the Register of Assisted Dying Medical Practitioners.
- (4) Regulations made under subsection (1) must provide that the Register of Assisted Dying Medical Practitioners includes all registered practitioners other than those to whom the conditions in subsections (5) and (6) apply.
- (5) The condition in this subsection is that only medical practitioners who have completed such training as required by the Secretary of State by regulation must be listed on the Register.
- (6) The condition in this subsection is that only medical practitioners who wish to provide assistance under the Act must “opt in” to be listed on the Register.
- (7) Regulations under subsection (1) and subsection (5) are subject to the affirmative procedure.
- (8) Before making regulations under subsection (1) and subsection (5), the Secretary of State must consult such persons as they consider appropriate.
- (9) Regulations under subsection (5) must be laid within six months of the passing of this Act.
- (10) Regulations under subsection (1) must be laid within twelve months of the passing of this Act.”

**Member's explanatory statement**

This new clause requires the Secretary of State, by regulation, to create a Register of Assisted Dying Medical Practitioners. Only those who are on the register would be able to hold initial discussions or act as a co-ordinating or independent doctor, or hold initial discussions under section 4 of the Act. Only those who have had training as specified by the Secretary of State in regulations can be on the Register. Registered medical practitioners would only appear on the register if they had “opted in”.

---

**Dame Harriett Baldwin**

**NC9**

Rebecca Paul  
Rebecca Smith  
Saqib Bhatti  
Dame Meg Hillier  
David Mundell

To move the following Clause—

**“Advertising offences: services of coordinating and independent doctors**

- (1) A person who in the course of a business publishes an advertisement, or causes one to be published, for services outlined in subsection (4), is guilty of an offence.
- (2) A person who in the course of a business prints, devises or distributes an advertisement for the promotion of services for the services outlined in subsection (4), or causes such an advertisement to be so printed, devised or distributed, is guilty of an offence.
- (3) Distributing an advertisement includes transmitting it in electronic form, participating in doing so, and providing the means of transmission.
- (4) The services outlined in this subsection are—
  - (a) acting as a coordinating doctor under this Act;
  - (b) acting as an independent doctor under this Act.
- (5) A person guilty of an offence under this section liable—
  - (a) on summary conviction to a fine;
  - (b) on conviction on indictment to imprisonment for a term not exceeding 2 years, or a fine, or both.”

**Member's explanatory statement**

This new clause would make it an offence to publish, print, distribute or devise and advertisement for services of a coordinating doctor or an independent doctor under this Act.

---

**Sarah Olney**

**NC10**

To move the following Clause—

**“Collection of information on assistance**

- (1) The coordinating doctor must, following the provision of assistance under section 18, record information on—
  - (a) how the process of providing assistance was carried out,
  - (b) the time taken from the ingestion or administration of the substance provided under section 18 to the time of death, and
  - (c) any complications or unforeseen circumstances that arose in connection with the ingestion or administration of the substance and how those were managed.

- (2) The record created under subsection (1) must be made available to the relevant Chief Medical Officer.
- (3) In this section “coordinating doctor” includes a doctor authorised by the coordinating doctor to provide assistance under section 19.”

**Member's explanatory statement**

This new clause provides that the coordinating doctor (or other doctor authorised to provide assistance) must collect certain information on the provision of that assistance.

---

**Jake Richards**

**NC11**

To move the following Clause—

**“Information required from GP practice**

- (1) The assessing doctor must write to the GP practice of the person as soon as practicable to inform them that the person is requesting assistance to end their own life under the Act.
- (2) On receipt of a written communication under subsection (1) a medical practitioner from the person’s GP practice must write as soon as practicable to the assessing doctor with any relevant observations and medical records they hold.
- (3) In so far as they consider it appropriate, a medical practitioner from the person’s GP may advise the person to consider discussing the request with their next of kin and other persons they are close to.
- (4) The assessing doctor must take into account any representation received from a registered medical practitioner from the person’s GP practice.
- (5) Any correspondence received under subsection (2) must be shared with the High Court and, if relevant, the Court of Appeal, before any declaration is made under section 12.
- (6) In this section "assessing doctor" has the same meaning as under section 9(1).”

**Member's explanatory statement**

This new clause creates a requirement on the assessing doctor to inform the person’s GP practice, and for a medical practitioner from that GP practice to write to the assessing doctor with any relevant information or observations. The letter would be shared with the High Court or Court of Appeal as relevant.

---

**Daniel Francis**

**NC12**

Peter Swallow

To move the following Clause—

**“Obligations related to training**

- (1) No registered medical practitioner or other health professional is under any duty to opt in to undertake specialised training wholly or largely relating to the provision of assisted dying in accordance with this Act.
- (2) No medical practitioner or other health professional who has carried out training as may be specified by the Secretary of State under—
  - (a) section 5(3)(a),
  - (b) section 8(6)(a), or
  - (c) section 19(2)(b),is under any duty to participate in the provision of assisted dying under the terms of this Act.”

**Member's explanatory statement**

This new clause would set out that a registered medical practitioner or other health professional is not under any duty to undertake training in relation to the provision of assisted dying. And anyone who undertakes such training is not under a duty to provide assisted dying under the Act.

---

Daniel Francis

NC13

Peter Swallow

To move the following Clause—

**“Independent information and referral service**

- (1) The Secretary of State must, by regulations, make provision to establish an independent information and referral service to—
  - (a) provide information to persons who are, or may be, eligible for assisted dying in accordance with this Act, and
  - (b) where requested, facilitate the person's access to assisted dying in accordance with this Act.
- (2) Regulations under subsection (1) are subject to the affirmative procedure.”

**Member's explanatory statement**

This new clause would require the Secretary of State to make provision for an independent information and referral service.

---

Claire Hazelgrove

254

Schedule 1, page 25, line 20, at end insert—

- “(2A) I understand that, for the assistance to be provided, the High Court or Court of Appeal must make a declaration under the 2024 Act.”

**Member's explanatory statement**

This amendment would change the wording for the first declaration to align with schedule 4 by specifying that the person understands the need for court approval in order to receive assistance under the Act.

---

**Sarah Bool**

29

Rachael Maskell

Schedule 1, page 25, line 22, after "coerced" insert ", unduly influenced"

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul**

88

Rachael Maskell

Schedule 1, page 25, line 22, after "coerced" insert ", encouraged"

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell**

118

Rachael Maskell

Schedule 1, page 25, line 22, after "coerced" insert ", manipulated"

**Member's explanatory statement**

This amendment adds a requirement to the first declaration for the person to declare they have not been manipulated. It is linked to Amendment 113.

---

**Mr James Cleverly**

100

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Schedule 1, page 25, line 22, at end insert—

"3A I am doing so for my own sake rather than for the benefit of others."



**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson**

241

Danny Kruger  
Rachael Maskell

Schedule 1, page 25, line 22, at end insert—

“3A I wish to be provided with assistance to end my own life for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Danny Kruger**

403

Sir Julian Smith

☆ Schedule 1, page 25, line 25, at end insert—

“7. I have—

1. informed my family of my wish to be provided with assistance to end my life and taken their opinions into consideration
2. decided not to inform my family of my decision
3. no family to inform of my decision”

---

**Kim Leadbeater**

227

Rachel Hopkins  
Kit Malthouse

Page 25, line 2, leave out Schedule 1

**Member's explanatory statement**

The amendment is consequential on Amendment 184.

---

**Sarah Olney**

45

Rachael Maskell  
Neil Coyle

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

---

**Sarah Bool** 30  
Rachael Maskell

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

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul** 89  
Rachael Maskell

Schedule 2, page 27, line 11, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell** 119  
Rachael Maskell

Schedule 2, page 27, line 11, after “coerced” insert “, manipulated”

**Member's explanatory statement**

This amendment requires the coordinating doctor to sign a declaration that to the best of their knowledge they believe that the person has not been manipulated. It is linked to Amendment 113.

---

**Mr James Cleverly** 101  
Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis  
Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Schedule 2, page 27, line 12, at end insert “, and

- (c) the patient is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson**

242

Danny Kruger  
Rachael Maskell

Schedule 2, page 27, line 12, at end insert “, and

(c) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Dame Harriett Baldwin**

262

Schedule 2, page 27, line 12, at end insert—

“and that there is no real risk that the criteria in paragraphs (a) and (b) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

---

**Kim Leadbeater**

228

Rachel Hopkins  
Kit Malthouse

Page 26, line 11, leave out Schedule 2

**Member's explanatory statement**

The amendment is consequential on Amendment 194.

---

**Sarah Olney**

46

Rachael Maskell  
Neil Coyle

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

---

**Sarah Bool**

31

Rachael Maskell  
Sarah Smith

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

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul**

90

Rachael Maskell

Schedule 3, page 28, line 9, after "coerced" insert ", encouraged"

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell**

120

Rachael Maskell

Schedule 3, page 28, line 9, after "coerced" insert ", manipulated"

**Member's explanatory statement**

This amendment adds a requirement to the declaration that independent doctor has to sign, that they to the best of their knowledge they believe that the person not been manipulated. It is linked to Amendment 113.

---

**Mr James Cleverly**

102

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Schedule 3, page 28, line 10, at end insert ", and

- (c) the patient is acting for their own sake rather than for the benefit of others."

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson**

243

Danny Kruger  
Rachael Maskell

Schedule 3, page 28, line 10, at end insert “, and

(c) is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Dame Harriett Baldwin**

**263**

Schedule 3, page 28, line 10, at end insert—

“and that there is no real risk that the criteria in paragraphs (a) and (b) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

---

**Kim Leadbeater**

**229**

Rachel Hopkins  
Kit Malthouse

Page 27, line 15, leave out Schedule 3

**Member's explanatory statement**

The amendment is consequential on Amendment 196.

---

**Dr Ben Spencer**

**67**

Schedule 4, page 28, line 32, leave out from “The” to “has” and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

---

**Sarah Bool**

**32**

Rachael Maskell

Schedule 4, page 29, line 5, after “coerced” insert “, unduly influenced”

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul** 91

Rachael Maskell

Schedule 4, page 29, line 5, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell** 121

Rachael Maskell

Schedule 4, page 29, line 5, after “coerced” insert “, manipulated”

**Member's explanatory statement**

This amendment adds a requirement to the second declaration for the person to declare they have not been manipulated. It is linked to Amendment 113.

---

**Mr James Cleverly** 103

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Schedule 4, page 29, line 5, at end insert—

“7A I am doing so for my own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

---

**Dr Caroline Johnson** 244

Danny Kruger  
Rachael Maskell

Schedule 4, page 29, line 5, at end insert—

“7A I make this second declaration for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

---

**Danny Kruger** 404  
Sir Julian Smith

☆ Schedule 4, page 29, line 7, at end insert—

“10. I have—

1. informed my family of my wish to be provided with assistance to end my life and taken their opinions into consideration
2. decided not to inform my family of my decision
3. no family to inform of my decision”

---

**Kim Leadbeater** 230  
Rachel Hopkins  
Kit Malthouse

Page 28, line 13, leave out Schedule 4

**Member's explanatory statement**

The amendment is consequential on Amendment 207.

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**Dr Ben Spencer** 68

Schedule 5, page 30, line 6, leave out from “the” to “made” and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

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**Dr Ben Spencer** 69

Schedule 5, page 30, line 10, leave out from “the” to end of line and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

---

**Sarah Olney** 47  
Rachael Maskell  
Neil Coyle

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

---

**Sarah Bool** 33

Rachael Maskell

Schedule 5, page 30, line 22, after “coerced” insert “, unduly influenced”

**Member's explanatory statement**

This amendment is consequential on Amendment 23.

---

**Rebecca Paul** 92

Rachael Maskell

Schedule 5, page 30, line 22, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This amendment is consequential on Amendment 82.

---

**Juliet Campbell** 122

Rachael Maskell

Schedule 5, page 30, line 22, after ‘coerced’ insert “manipulated”

**Member's explanatory statement**

This amendment adds a requirement to the declaration that coordinating doctor has to sign, that they to the best of their knowledge they believe that the person not been manipulated. It is linked to Amendment 113.

---

**Mr James Cleverly** 104

Antonia Bance  
Paulette Hamilton  
Danny Kruger  
Ms Diane Abbott  
Sir Julian Lewis

Melanie Ward  
Rachael Maskell  
Margaret Mullane

Mr James Frith  
Saqib Bhatti

Jess Asato  
Sarah Smith

Schedule 5, page 30, line 22, at end insert “, and

- (d) the patient is acting for their own sake rather than for the benefit of others.”

**Member's explanatory statement**

This amendment is consequential on Amendment 94.



\_\_\_\_\_ **Dr Caroline Johnson** **245**

Danny Kruger  
Rachael Maskell

Schedule 5, page 30, line 22, at end insert “, and

(d) the patient is acting for the primary purpose of avoiding physical pain.”

**Member's explanatory statement**

This amendment is consequential on Amendment 235.

\_\_\_\_\_ **Dame Harriett Baldwin** **264**

Sojan Joseph

Schedule 5, page 30, line 22, at end insert—

“and that there is no real risk that the criteria in paragraphs (a) to (c) have not been met.”

**Member's explanatory statement**

This amendment provides that the request for assisted dying will not go ahead if there is a real risk that the eligibility criteria are not met.

\_\_\_\_\_ **Kim Leadbeater** **231**

Rachel Hopkins  
Kit Malthouse

Page 29, line 25, leave out Schedule 5

**Member's explanatory statement**

The amendment is consequential on Amendment 208.

\_\_\_\_\_ **Dr Ben Spencer** **70**

Schedule 6, page 32, line 3, leave out from “of” to “declaration” and insert “First-tier Tribunal”

**Member's explanatory statement**

This amendment is consequential on NC2 and NC3.

\_\_\_\_\_ **Claire Hazelgrove** **255**

Schedule 6, page 32, line 13, at end insert—

“Means of administration of approved substance .....

**Member's explanatory statement**

This would add the means of administration to the final statement set out in Schedule 6.

---

**Kim Leadbeater**

232

Rachel Hopkins  
Kit Malthouse

Page 30, line 32, leave out Schedule 6

**Member's explanatory statement**

The amendment is consequential on Amendment 214.

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**Kim Leadbeater**

NS1

To move the following Schedule—

**"SCHEDULE**

Section (*Voluntary Assisted Dying  
Commissioner*)

**THE VOLUNTARY ASSISTED DYING COMMISSIONER***Status*

- 1 (1) The Commissioner is to be a corporation sole.
- (2) The Commissioner is not to be regarded as—
  - (a) the servant or agent of the Crown, or
  - (b) as enjoying any status, immunity or privilege of the Crown.
- (3) The Commissioner's property is not to be regarded as property of, or property held on behalf of, the Crown.

*General powers*

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

*Deputy Commissioner*

- 3 (1) The Prime Minister must appoint a person to be the Deputy Voluntary Assisted Dying Commissioner (the "Deputy Commissioner").
- (2) The person appointed must hold or have held office as a judge of—
  - (a) the Supreme Court,
  - (b) the Court of Appeal, or
  - (c) the High Court.
- (3) The Commissioner may delegate any of the Commissioner's functions to the Deputy Commissioner, to the extent and on the terms that the Commissioner determines.

- (4) The delegation of a function under sub-paragraph (3) does not prevent the Commissioner from exercising that function.
- (5) The functions of the Commissioner are to be carried out by the Deputy Commissioner if—
  - (a) there is a vacancy in the office of the Commissioner, or
  - (b) the Commissioner is for any reason unable or unwilling to act.

#### *Appointment and tenure of office*

- 4 (1) A person holds and vacates office as the Commissioner or Deputy Commissioner in accordance with the terms and conditions of their appointment as determined by the Secretary of State, subject to the provisions of this paragraph.
- (2) An appointment as the Commissioner or Deputy Commissioner is to be for a term not exceeding five years.
- (3) A person may not be appointed as the Commissioner or Deputy Commissioner if a relevant appointment of them has been made on two occasions. "Relevant appointment" here means appointment as the Commissioner or Deputy Commissioner.
- (4) The Commissioner or Deputy Commissioner may resign by giving written notice to the Secretary of State.
- (5) The Secretary of State may by notice in writing remove a person from the office of Commissioner or Deputy Commissioner if satisfied that the person—
  - (a) has behaved in a way that is not compatible with their continuing in office, or
  - (b) is unfit, unable or unwilling to properly discharge their functions.

#### *Remuneration*

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

#### *Staff: appointed by Commissioner*

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

- (4) In making appointments under this paragraph, the Commissioner must have regard to the principle of selection on merit on the basis of fair and open competition.
- (5) The Employers' Liability (Compulsory Insurance) Act 1969 does not require insurance to be effected by the Commissioner.

*Staff: secondment to Commissioner*

- 7 (1) The Commissioner may make arrangements for persons to be seconded to the Commissioner to serve as members of the Commissioner's staff.
- (2) The arrangements may include provision for payments by the Commissioner to the person with whom the arrangements are made or directly to seconded staff (or both).
- (3) A period of secondment to the Commissioner does not affect the continuity of a person's employment with the employer from whose service he or she is seconded.

*Staff: general*

- 8 (1) Before appointing staff under paragraph 6 or making arrangements under paragraph 7(1), the Commissioner must obtain the approval of the Secretary of State as to the Commissioner's policies on—
  - (a) the number of staff to be appointed or seconded;
  - (b) payments to be made to or in respect of staff;
  - (c) the terms and conditions on which staff are to be appointed or seconded.
- (2) A function of the Commissioner may be carried out by any of the Commissioner's staff to the extent authorised by the Commissioner (but this is subject to sub-paragraph (3)).
- (3) Sub-paragraph (2) does not apply in respect of—
  - (a) the Commissioner's function under paragraph 2(1) of Schedule (*Assisted Dying Review Panels*) of making appointments to the list of persons eligible to be panel members;
  - (b) the Commissioner's function of determining applications for reconsideration under section (*Reconsideration of panel decisions refusing certificate of eligibility*).

*Financial and other assistance from the Secretary of State*

- 9 (1) The Secretary of State may—
  - (a) make payments to the Commissioner of such amounts as the Secretary of State considers appropriate;
  - (b) give such financial assistance to the Commissioner as the Secretary of State considers appropriate.
- (2) The Secretary of State may—
  - (a) provide staff in accordance with arrangements made by the Secretary of State and the Commissioner under paragraph 7;

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

#### *Accounts*

- 10 (1) The Commissioner must—
  - (a) keep proper accounts and proper records in relation to them, and
  - (b) prepare a statement of accounts in respect of each financial year in the form specified by the Secretary of State.
- (2) The Commissioner must send a copy of each statement of accounts to the Secretary of State and the Comptroller and Auditor General—
  - (a) before the end of August next following the end of the financial year to which the statement relates, or
  - (b) on or before such earlier date after the end of that year as the Treasury may direct.
- (3) The Comptroller and Auditor General must—
  - (a) examine, certify and report on the statement of accounts, and
  - (b) send a copy of the certified statement and the report to the Secretary of State.
- (4) The Secretary of State must lay before Parliament each document received under sub-paragraph (3)(b).
- (5) In this paragraph, “financial year” means—
  - (a) the period beginning with the date on which the Commissioner is established and ending with the second 31 March following that date, and
  - (b) each successive period of 12 months.

#### *Application of seal and proof of documents*

- 11 (1) The application of the Commissioner's seal is to be authenticated by the signature of—
  - (a) the Commissioner, or
  - (b) a person who has been authorised by the Commissioner for that purpose (whether generally or specially).
- (2) A document purporting to be duly executed under the Commissioner's seal or signed on the Commissioner's behalf —
  - (a) is to be received in evidence, and
  - (b) is to be treated as duly executed or signed in that way, unless the contrary is shown.

#### *Public Records Act 1958*

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

“The Voluntary Assisted Dying Commissioner.”

*House of Commons Disqualification Act 1975*

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

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

*Freedom of Information Act 2000*

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

“The Voluntary Assisted Dying Commissioner.”

*Equality Act 2010*

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

“The Voluntary Assisted Dying Commissioner.””

**Member's explanatory statement**

This new Schedule contains provision about the Voluntary Assisted Dying Commissioner and the Deputy Commissioner.

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**Kim Leadbeater**

**NS2**

To move the following Schedule—

“SCHEDULE

Section (*Referral by Commissioner of case to multidisciplinary panel*)

ASSISTED DYING REVIEW PANELS

*Introduction*

- 1 In this Schedule—
- (a) “referral” means a referral under section (*Referral by Commissioner of case to multidisciplinary panel*) or (*Reconsideration of panel decisions refusing certificate of eligibility*) (and similar references are to be construed accordingly);
  - (b) “panel” means an Assisted Dying Review Panel.

*List of persons eligible to be panel members*

- 2 (1) The Commissioner must make appointments to a list of persons eligible to sit as members of panels.
- (2) A person may be appointed to the list only if—

- (a) the person (a “legal member”)—
    - (i) holds or has held high judicial office,
    - (ii) is one of His Majesty’s Counsel, or
    - (iii) has (at any time) been requested to act as a judge of the Court of Appeal or the High Court by virtue of section 9(1) of the Senior Courts Act 1981,
  - (b) the person (a “psychiatrist member”) is—
    - (i) a registered medical practitioner,
    - (ii) a practising psychiatrist, and
    - (iii) registered in one of the psychiatry specialisms in the Specialist Register kept by the General Medical Council, or
  - (c) the person is registered as a social worker in a register maintained by Social Work England or Social Work Wales (a “social worker member”).
- (3) In this paragraph “high judicial office” means office as—
- (a) a judge of the Supreme Court,
  - (b) a judge of the Court of Appeal, or
  - (c) a judge or deputy judge of the High Court.

#### *Tenure of persons appointed to list*

- 3 (1) Subject to the provisions of this paragraph, persons on the list hold and vacate their appointments in accordance with the terms on which they are appointed.
- (2) An appointment to the list is to be for a period not exceeding five years.
- (3) A person who has held appointment to the list is eligible for re-appointment for one further period not exceeding five years.

#### *Membership of panels*

- 4 (1) The Commissioner must make arrangements for determining the membership of a panel.
- (2) The arrangements must ensure that a panel consists of—
- (a) a legal member,
  - (b) a psychiatrist member, and
  - (c) a social worker member.

#### *Decisions of panels*

- 5 (1) The legal member of a panel is to act as its chair.
- (2) Decisions of a panel may be taken by a majority vote; but this is subject to sub-paragraph (3).
- (3) The panel is to be treated as having decided to refuse to grant a certificate of eligibility if any member votes against a decision to grant such a certificate.

*Panel sittings*

- 6 (1) Panels are to determine referrals in public (but this is subject to sub-paragraph (2)).
- (2) The chair of a panel may, at the request of the person to whom a referral relates, decide that the panel is to sit in private.

*Staff and facilities*

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

*Practice and procedure*

- 8 (1) The Commissioner may give guidance about the practice and procedure of panels.
- (2) Panels must have regard to any such guidance in the exercise of their functions.

*Reasons*

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

*Money*

- 10 The Commissioner may pay to or in respect of members of panels—
- (a) remuneration;
  - (b) allowances;
  - (c) sums by way of or in respect of pensions.

*House of Commons Disqualification Act 1975*

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

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

**Member's explanatory statement**

This new Schedule contains provision about Assisted Dying Review Panels.

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## Order of the Committee

[21 January 2025, as amended 28 and 29 January 2025]

That—

1. the Committee shall (in addition to its first meeting at 2.00 pm on Tuesday 21 January) meet—
  - (a) at 9.25am and 2.00pm on Tuesday 28 January;
  - (b) at 9.25am and 2.00pm on Wednesday 29 January;
  - (c) at 11.30am and 1.00pm on Thursday 30 January;
2. during further proceedings on the Terminally Ill Adults (End of Life) Bill, the Committee do meet on Tuesdays and Wednesdays starting on 11 February 2025 while the House is sitting at 9.25am and 2.00pm.
3. the Committee shall hear oral evidence in accordance with the following Table:

<i>Date</i>	<i>Time</i>	<i>Witness</i>
Tuesday 28 January	Until no later than 10.05am	Sir Chris Whitty (Chief Medical Officer for England), Duncan Burton (Chief Nursing Officer)
Tuesday 28 January	Until no later than 10.45am	The British Medical Association, The General Medical Council
Tuesday 28 January	Until no later than 11.25am	Association of Palliative Care Social Workers, Royal College of Nursing
Tuesday 28 January	Until no later than 3.15pm	Dr Rachel Clark, Dr Sam Ahmedzai (Emeritus Professor at the University of Sheffield), Sue Ryder, Association of Palliative Medicine
Tuesday 28 January	Until no later than 4.15pm	Sir Max Hill KC, Alex Ruck Keene KC (Hon), Sir Nicholas Mostyn
Tuesday 28 January	Until no later than 5.00pm	Dr Ryan Spielvogal (Senior Medical Director for Aid in Dying Services, Sutter Health, USA), Dr Jessica Kaan (Medical Director, End of Life Washington)
Wednesday 29 January	Until no later than 10.25am	Dr Greg Mewett (Specialist Palliative Care Physician, Australia), Dr Clare Fellingham (Deputy Director of Medical Services, Royal Perth Hospital, Australia),

<i>Date</i>	<i>Time</i>	<i>Witness</i>
		Dr Cam McLaren (Oncologist, Australia and New Zealand)
Wednesday 29 January	Until no later than 11.25am	Professor Tom Shakespeare CBE FBA (London School of Hygiene and Tropical Medicine), Dr Miro Griffiths (University of Leeds), Yogi Amin (Partner, Irwin Mitchell), Chelsea Roff (Eat Breathe Thrive)
Wednesday 29 January	Until no later than 3.00pm	Hourglass, Dr Alexandra Mullock (University of Manchester), Professor Allan House (University of Leeds), Professor Aneez Esmail (University of Manchester), Disability Rights UK
Wednesday 29 January	Until no later than 4.00pm	Dr Lewis Graham (University of Cambridge), Baroness Falkner (EHRC), Lord Sumption
Wednesday 29 January	Until no later than 5.00pm	Hospice UK, Dr Jamilla Hussain (Bradford Teaching Hospitals NHS Trust and Hull York Medical School), Dr Jane Neerkin (Consultant Physician in Palliative Medicine), Marie Curie
Thursday 30 January	Until no later than 12.30pm	Dr Chloe Furst (Geriatrician and Palliative Care Physician, Adelaide), Alex Greenwich MP (MP for Sydney, Parliament of New South Wales), Professor Meredith Blake (University of Western Australia)
Thursday 30 January	Until no later than 2.00pm	Dr Amanda Ward, Professor Gareth Owen (Kings College London and South London and Maudsley NHS Trust), Professor Laura Hoyano (Professor of Law, Oxford University and Red Lion Chambers)
Thursday 30 January	Until no later than 3.00pm	Professor Nancy Preston (Lancaster University), Dr Naomi Richards (University of Glasgow), Claire Williams (Head of Pharmacovigilance and Regulatory Services, North West eHealth DipHE Adult Nursing, MSc Pharmacovigilance, and Chair, Greater

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<i>Date</i>	<i>Time</i>	<i>Witness</i>
		Manchester Central Research Ethics Committee)
Thursday 30 January	Until no later than 4.00pm	People and families of those with relevant experience
Thursday 30 January	Until no later than 5.00pm	Mencap, Professor Emyr Lewis (Emeritus Professor, Department of Law and Criminology, University of Aberystwyth), Royal College of General Practitioners, Royal College of Psychiatrists

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## Withdrawn Amendments

The following amendments were withdrawn on 5 February 2025:

2, 3, 4, 5 and 224

The following amendments were withdrawn on 7 February 2025:

256

The following amendments were withdrawn on 10 February 2025:

248, 249, 250 and 251

The following amendments were withdrawn on 13 February 2025:

60 (duplicate)

The following amendments were withdrawn on 20 February 2025:

318

The following amendments were withdrawn on 24 February 2025:

246 and 247