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Committee Stage: Wednesday 22 January 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 Any withdrawn amendments are listed at the end of the document.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.

★ New Amendments.

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

New Amendment: 48

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**Sarah Olney**

**34**

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

**Member's explanatory statement**

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

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**Sarah Bool**

**23**

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

**Member's explanatory statement**

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

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**Sarah Bool**

**9**

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

**Member's explanatory statement**

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

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**Naz Shah**

48

- ★ 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”

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**Sarah Bool**

12

- ☆ Clause 2 page 2, line 2, at end insert—

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

**Member's explanatory statement**

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

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**Sarah Bool**

10

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

**Member's explanatory statement**

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

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**Sarah Bool**

11

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

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

**Member's explanatory statement**

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

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**Sarah Bool**

**13**

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

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

(5) he Secretary of State may, where they consider it appropriate, make regulations that expire after twelve months from their being made to include temporary additions to the list under subsection (1)(c)

(6) Regulations under subsection (5) are subject to the negative procedure.”

**Member's explanatory statement**

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

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**Sarah Olney**

**35**

☆ Page 2, line 11, leave out Clause 3

**Member's explanatory statement**

This amendment is consequential on NC1.

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**Chris Webb**

**8**

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

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**Daisy Cooper**

**2**

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

**Member's explanatory statement**

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

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**Jess Asato**

**20**

Rebecca Paul  
Dame Meg Hillier

☆ Clause 5, page 3, line 25, at end insert—

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

**Member's explanatory statement**

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

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**Daisy Cooper**

3

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

**Member's explanatory statement**

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

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**Sarah Olney**

36

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Bool**

24

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Dame Meg Hillier**

14

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

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

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

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

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

- (2D) A person shall be taken to be qualified to conduct an interview under subsection (2B) if that person—
- (a) is a registered medical practitioner who—
    - (i) is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council, or
    - (ii) has such training, qualifications and experience as the Secretary of State may by regulations specify,
  - (b) has not provided treatment or care for the person being assessed in relation to that person’s terminal illness,
  - (c) is not a relative of the person being assessed,
  - (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
  - (e) did not witness the first declaration made by the person being assessed, and
  - (f) does not know or believe that they—
    - (i) are a beneficiary under a will of the person, or
    - (ii) may otherwise benefit financially or in any other material way from the death of the person.
- (2E) Before making regulations under subsection (2D)(a), the Secretary of State must consult such persons as they consider appropriate.
- (2F) Regulations under subsection (2D)(a) are subject to the negative procedure.”

**Member's explanatory statement**

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

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**Sarah Olney**

**37**

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Bool**

**25**

- ☆ Clause 8, page 4, line 37, after “coerced” insert “, unduly influenced”

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Dame Meg Hillier**

15

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

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

**Member's explanatory statement**

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

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**Sojan Joseph**

1

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

**Member's explanatory statement**

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

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**Daisy Cooper**

4

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

**Member's explanatory statement**

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

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**Dame Meg Hillier**

16

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

**Member's explanatory statement**

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

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**Jess Asato**

21

Rebecca Paul  
Dame Meg Hillier

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

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

**Member's explanatory statement**

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

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**Daisy Cooper**

5

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

**Member's explanatory statement**

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

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**Dame Meg Hillier**

17

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

**Member's explanatory statement**

This amendment is consequential to Amendment 14.

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**Daisy Cooper**

6

Clause 9, page 6, line 27, leave out "may" and insert "must"

**Member's explanatory statement**

This amendment would require the assessing doctor to refer the person being assessed for a mental capacity assessment if the assessing doctor had doubt as to the person's capacity.

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**Sarah Olney**

38

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Olney**

39

☆ Clause 9, page 6, line 31, leave out "capability" and insert "ability"

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Dame Meg Hillier**

18

☆ Clause 9, page 6, line 32, leave out "or (b)"

**Member's explanatory statement**

This amendment is consequential to Amendment 14.

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**Dame Meg Hillier**

19

☆ Clause 9, page 6, line 34, leave out "or (b)"

**Member's explanatory statement**

This amendment is consequential to Amendment 14.

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**Sarah Olney**

40

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Bool**

26

☆ Clause 12, page 8, line 13, after "coerced" insert ", unduly influenced"

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Sarah Olney**

41

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Bool**

27

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.



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**Sarah Olney**

42

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Bool**

28

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Jess Asato**

22

Rebecca Paul  
Dame Meg Hillier

- ☆ Clause 19, page 13, line 32, at end insert—

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

**Member's explanatory statement**

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

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**Daisy Cooper**

7

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

**Member's explanatory statement**

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

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**Sarah Olney**

43

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Olney**

44

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

**Member's explanatory statement**

This amendment is consequential to Amendment 34 and NC1.

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**Sarah Olney**

NC1

- ☆ To move the following Clause—

**“Ability to make decision**

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

**Member's explanatory statement**

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

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**Sarah Bool**

29

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Sarah Olney**

45

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

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**Sarah Bool**

30

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Sarah Olney**

**46**

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

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**Sarah Bool**

**31**

☆ Schedule 3, page 28, line 9, after "coerced" insert ", unduly influenced"

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Sarah Bool**

**32**

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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**Sarah Olney**

**47**

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

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**Sarah Bool**

**33**

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

**Member's explanatory statement**

This amendment is consequential to Amendment 23.

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## Order of the Committee

[21 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 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), 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	Professor Jane Monckton-Smith OBE (University of Gloucestershire), Dr Alexandra Mullock (University of Manchester), Professor Allan House (University of Leeds), Professor Aneez Esmail (University of Manchester)

<i>Date</i>	<i>Time</i>	<i>Witness</i>
Wednesday 29 January	Until no later than 4.00pm	Dr Lewis Graham (University of Cambridge), John Kirkpatrick (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 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, Representative of Senedd Cymru