
Committee Stage: Monday 27 January 2025

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

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 Any withdrawn amendments are listed at the end of the document.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

★ New Amendments.

New Amendments: 49 to 81 and NC2 to NC4

Kim Leadbeater

That in the list of witnesses set out in the table in the Sittings Motion agreed by the Committee on 21 January 2025, after Mencap (Thursday 30 January, until no later than 5.00 pm), leave out "Representative of Senedd Cymru" and insert—

"Professor Emyr Lewis (Emeritus Professor, Department of Law and Criminology, University of Aberystwyth), Royal College of General Practitioners, Royal College of Psychiatrists."

Sarah Olney

34

Antonia Bance

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

Member's explanatory statement

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

Sarah Bool

23

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

Member's explanatory statement

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

Sarah Bool

9

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

Member's explanatory statement

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

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"

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.

Sarah Bool

12

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

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

Member's explanatory statement

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

Sarah Bool

10

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

Member's explanatory statement

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

Sarah Bool

11

Rachael Maskell
Neil Coyle
Marsha De Cordova

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

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

Member's explanatory statement

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

Sarah Bool

13

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

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

Dr Ben Spencer

49

★ 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.

Dr Ben Spencer

50

★ 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.

Sarah Olney

35

Rachael Maskell
Neil Coyle
Marsha De Cordova

Member's explanatory statement

This amendment is consequential on NC1.

Chris Webb

8

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

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”

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.

Dr Ben Spencer

52

★ 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.

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.

Dr Ben Spencer

72

★ 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.

Jess Asato

20

Rebecca Paul
 Dame Meg Hillier
 Antonia Bance
 Rachael Maskell
 Neil Coyle

Anna Dixon
 Melanie Ward
 Marsha De Cordova

Mr James Frith
 Ms Polly Billington
 Darren Paffey

Maya Ellis
 Mary Kelly Foy

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

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

Member's explanatory statement

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

Daisy Cooper

3

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

Member's explanatory statement

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

Sarah Olney

36

Rachael Maskell
 Neil Coyle
 Marsha De Cordova

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.

Dr Ben Spencer

53

★ 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.

Sarah Bool

24

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

Dame Meg Hillier

14

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

Marsha De Cordova Darren Paffey

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.

Dr Ben Spencer

54

- ★ Clause 7, page 4, line 17, leave out "(g)" and insert "(h)"

Member's explanatory statement

This amendment is consequential on Amendment 53.

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.

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.

Sarah Olney

37

Rachael Maskell
Neil Coyle
Marsha De Cordova

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.

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.

Sarah Bool

25

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

Dame Meg Hillier

15

Rachael Maskell
Neil Coyle
Mary Kelly Foy
Marsha De Cordova

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.

Dr Ben Spencer

57

★ 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.

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.

Sojan Joseph

1

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

Member's explanatory statement

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

Daisy Cooper

4

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

Member's explanatory statement

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

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

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.

Jess Asato 21

Rebecca Paul
 Dame Meg Hillier
 Antonia Bance
 Rachael Maskell
 Neil Coyle

Anna Dixon
 Melanie Ward

Mr James Frith
 Mary Kelly Foy

Maya Ellis
 Marsha De Cordova

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

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

Member's explanatory statement

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

Daisy Cooper 5

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

Member's explanatory statement

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

Dr Ben Spencer 76

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

Member's explanatory statement

This amendment is consequential on NC4.

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.

Dame Meg Hillier

17

Rachael Maskell
Neil Coyle
Mary Kelly Foy
Marsha De Cordova

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

Member's explanatory statement

This amendment is consequential to Amendment 14.

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.

Sarah Olney

38

Rachael Maskell
Neil Coyle

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.

Sarah Olney

39

Rachael Maskell
Neil Coyle

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.

Dame Meg Hillier 18

Rachael Maskell
Neil Coyle
Mary Kelly Foy
Marsha De Cordova

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

Member's explanatory statement

This amendment is consequential to Amendment 14.

Dame Meg Hillier 19

Rachael Maskell
Neil Coyle
Mary Kelly Foy
Marsha De Cordova

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

Member's explanatory statement

This amendment is consequential to Amendment 14.

Dr Ben Spencer 81

★ Page 6, line 42, leave out Clause 10

Member's explanatory statement

This amendment is consequential on NC4.

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.

Sarah Olney 40

Rachael Maskell
Neil Coyle

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.

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.

Dr Ben Spencer

60

★ Page 7, line 25, leave out Clause 12

Member's explanatory statement

This amendment is linked to NC2 and NC3.

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.

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.

Sarah Olney

41

Rachael Maskell
Neil Coyle

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.

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.

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.

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.

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.

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.

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.

Sarah Olney

42

Rachael Maskell
Neil Coyle

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.

Sarah Bool

28

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

Jess Asato

22

Rebecca Paul
Dame Meg Hillier
Antonia Bance
Rachael Maskell
Neil Coyle

Anna Dixon
Melanie Ward

Mr James Frith
Mary Kelly Foy

Maya Ellis
Marsha De Cordova

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.

Dr Ben Spencer

65

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

Member's explanatory statement

This amendment is consequential on NC2 and NC3.

Daisy Cooper

7

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

Member's explanatory statement

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

Sarah Olney

43

Rachael Maskell
Neil Coyle

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.

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.

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 to Amendment 34 and NC1.

Sarah Olney

NC1

Antonia Bance
Rachael Maskell
Neil Coyle
Marsha De Cordova

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.

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.

Sarah Bool

29

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Olney 45

Rachael Maskell
Neil Coyle

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

Sarah Bool 30

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

Sarah Olney 46

Rachael Maskell
Neil Coyle

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

Sarah Bool 31

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

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

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

Member's explanatory statement

This amendment is consequential to Amendment 23.

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.

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**

Schedule 5, page 30, line 22, after “coerced” insert “, unduly influenced”

Member's explanatory statement

This amendment is consequential to Amendment 23.

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.

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

<i>Date</i>	<i>Time</i>	<i>Witness</i>
		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)
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