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Committee Stage: Tuesday 4 March 2025

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## Terminally Ill Adults (End of Life) Bill (Committee Stage Decisions)

This document sets out the fate of each clause, schedule, amendment and new clause considered at committee stage.

A glossary with key terms can be found at the end of this document.

First to Seventeenth Sittings

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### *First Sitting*

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Kim Leadbeater

Agreed to

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

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

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

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**Naz Shah**

**Not selected**

After (1)(c) insert—

“(d) at 11.30am and 3.30pm on Monday 3 February”

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**Naz Shah**

**Negated on division**

After “General Medical Council” insert “, Royal College of Psychiatrists”

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**Naz Shah**

**Negated**

After “Dr Ryan Spielvogal (Senior Medical Director for Aid in Dying Services, Sutter Health, USA)”, leave out “Dr Jessica Kaan (Medical Director, End of Life, Washington)” and insert “Dr Ramona Coelho (Family Physician in Ontario Canada, founding member of Physicians Together with vulnerable Canadians)”

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**Naz Shah**

**Negated**

After "Dr Miro Griffiths (University of Leeds)", leave out "Yogi Amin (Partner, Irwin Marshall)" and insert "Ellen Clifford (Co-ordinator, UK Deaf and Disabled People's Monitoring Coalition, Author and Visiting Research Fellow within the Centre for Applied Philosophy, Politics and Ethics at Brighton)"

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**Naz Shah**

**Negated**

After "Lord Sumption" insert ", Karon Monaghan KC"

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**Naz Shah**

**Negated**

Leave out "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)" and insert "Dr John Daffy, previously head of infectious diseases at St Vincent's Hospital in Melbourne, Dr Stephen Parnis, previous Vice-President of the Australian Medical Association, Professor Sinead Donnelly, a Consultant Palliative Medicine Professor in New Zealand"

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**Naz Shah**

**Negated**

Leave out "Dr Amanda Ward" and insert "Barbara Rich (Barrister) and Dr Philip Murray (University of Cambridge)"

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**Daniel Francis**

**Withdrawn after debate**

At the end of the table, insert—

"Thursday 30 January	Until no later than 4.45pm	Mencap"
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**Naz Shah**

**Not moved**

At the end of the table, insert—

"Thursday 30 January	Until no later than 5.00pm	Richard Robinson, CEO of Hourglass, Cherryl Henry-Leach CEO of STADA, Sarah Mistry, CEO British Geriatrics Society"
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**Danny Kruger**

**Not selected**

Dame Meg Hillier

Sir Julian Smith

Naz Shah

Rachael Maskell

Antonia Bance

David Smith

Marsha de Cordova

Ruth Jones

Sarah Smith

Jess Asato

That—

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

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
Tuesday 28 January	Until no later than 10.25am	Alex Ruck Keene, Barrister specialising in Mental Capacity; Sir Nicholas Mostyn, Former High Court and Court of Protection Judge; Sir Max Hill, Former Director of Public Prosecutions
Tuesday 28 January	Until no later than 11.25am	Professor Laura Hoyano, Professor of Law, Senior Research Fellow, Wadham College, Oxford University; Jane Monckton-Smith OBE, Professor of Public Protection at the University of Gloucestershire; Sir James Munby, Former President of the Family Division of the High Court
Tuesday 28 January	Until no later than 3pm	Yogi Amin, National Head of Public Law and Human Rights at Irwin Mitchell; Karon Monaghan KC, Matrix Chambers; Barbara Rich, Barrister and expert on Court of Protection matters
Tuesday 28 January	Until no later than 4pm	Dr Ramona Coelho, Family Physician in Ontario Canada, serves on Ontario's MAID Death Review Committee; Dr John Daffy, previously head of infectious diseases at St Vincent's Hospital in Melbourne

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
Thursday 30 January	Until no later than 12.30pm	Dr Stephen Parnis, previous Vice-President of the Australian Medical Association; Professor Sinead Donnelly, a Consultant Palliative Medicine Professor in New Zealand
Thursday 30 January	Until no later than 1.30pm	Dr Ryan Spielvogel, Senior Medical Director for aid in dying services, Sutter Health, California, USA; Dr Greg Mewett, Specialist palliative care physician working in Western Australia
Thursday 30 January	Until no later than 3pm	Dr Clare Fellingham, Deputy Director of Medical Services at Royal Perth Hospital, Western Australia; Dr Cam McLaren, Oncologist and Founder of Voluntary Assisted Dying Australia and New Zealand
Thursday 30 January	Until no later than 4pm	Glyn Berry, Co Chair, Association of Palliative Care Social Workers; Dr Sarah Cox, President, Association of Palliative Medicine; Toby Porter, CEO, Hospice UK
Tuesday 4 February	Until no later than 10.25am	Dr Rachel Clark, Palliative Care Doctor; James Sanderson, CEO, Sue Ryder; Dr Sarah Holmes, Chief Medical Officer, Marie Curie
Tuesday 4 February	Until no later than 11.25am	Baroness Hale, Former President of the Supreme Court 2017-2020; Lord Sumption, Former Supreme Court Judge, Barrister, Historian and Author
Tuesday 4 February	Until no later than 3pm	Dr Sam Ahmedzai, Emeritus Professor at the University of Sheffield, Supportive and Palliative Care Specialist; Prof Allan House, Emeritus Professor of Liaison Psychiatry, University of Leeds; Dr Jamilla Hussain, Clinical academic and Consultant in Palliative Medicine at Bradford Teaching Hospitals NHS Trust
Tuesday 4 February	Until no later than 4pm	Dr Jane Neerkin, Consultant physician in palliative medicine at UCLH and the National Hospital for Neurology and Neurosurgery; Professor Gareth Owen, Professor of Psychological Medicine,

<i>Date</i>	<i>Time</i>	<i>Witnesses</i>
		Ethics and Law, Honorary Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust; Professor Aneez Esmail, Professor of General Practice
Thursday 6 February	Until no later than 12.30pm	Professor Nancy Preston, Associate Dean for Research and Co-Director of the International Observatory on End of Life Care at Lancaster University; Claire Williams, Chair, Greater Manchester Central Research Ethics Committee; Professor Katherine Sleeman, Laing Galazka Chair in Palliative Care, King's College London
Thursday 6 February	Until no later than 1.30pm	Professor Tom Shakespeare, Disability Rights academic, bioethicist and social scientist; Dr Miro Griffiths, Disability Studies Scholar and Researcher; Ellen Clifford, Co-ordinator, UK Deaf and Disabled People's Monitoring Coalition
Thursday 6 February	Until no later than 3pm	Tracey Lazard, CEO, Inclusion London; Richard Robinson, CEO of Hourglass; Cheryl Henry-Leach, CEO of STADA
Thursday 6 February	Until no later than 4pm	Chelsea Roff, Founder, Eat Breathe Thrive, Researcher and Author; Sarah Mistry, CEO, British Geriatrics Society; Equality and Human Rights Commission

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**Kim Leadbeater**

**Agreed to**

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

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**Kim Leadbeater**

**Agreed to**

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

*Second and Third Sittings*

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**Kim Leadbeater**

**Agreed to**

**(a)**

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."

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**Ms Diane Abbott**

**Negated**

As an Amendment to Kim Leadbeater's proposed Motion (a)—

At end insert "Richard Robinson, CEO of Hourglass, Cherry Henry-Leach of STADA, Standing Together Against Domestic Abuse".

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**Kim Leadbeater**

**Agreed to****(b)**

That in the list of witnesses set out in the table in the Sittings Motion agreed by the Committee on 21 January 2025, after "Professor Aneez Esmail (University of Manchester)" insert "Disability Rights UK".

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**Kim Leadbeater**

**Agreed to****(c)**

That in the list of witnesses set out in the table in the Sittings Motion agreed by the Committee on 21 January 2025, after "Dr Lewis Graham (University of Cambridge)," leave out "John Kirkpatrick" and insert "Baroness Falkner".

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**Kim Leadbeater**

**Agreed to****(d)**

That in paragraph (2) of the Sittings Motion agreed by the Committee on 21 January 2025, after "Wednesdays" insert "starting on 11 February 2025".

**The following Witnesses gave oral evidence:**

**Professor Sir Chris Whitty**, Chief Medical Officer for England

**Duncan Burton**, Chief Nursing Officer for England at NHS England



**Mark Swindells**, Assistant Director - Standards and Guidance at General Medical Council  
**Andrew Green Chair**, Medical Ethics Committee, British Medical Association  
**Glyn Berry Co-Chair**, at Association of Palliative Care Social Workers  
**Professor Nicola Ranger**, Chief Executive and General Secretary at Royal College of Nursing  
**Dr Sarah Cox**, President, Association for Palliative Medicine  
**James Sanderson**, CEO, Sue Ryder  
**Dr Sam Ahmedzai**, Emeritus Professor, University of Sheffield  
**Dr Rachel Clarke**, Palliative Care Doctor  
**Sir Max Hill KC**, former Director of Public Prosecutions  
**Sir Nicholas Mostyn**, former High Court and Court of Protection Judge  
**Alex Ruck Keene KC**, Barrister  
**Dr Ryan Spielvogel**, Senior Medical Director for aid in dying services, Sutter Health  
**Dr Jessica Kaan**, Medical Director, End of Life Washington

*Fourth and Fifth Sittings*

\_\_\_\_\_ **Kim Leadbeater**

**Agreed to**

That in the list of witnesses set out in the table in the Sittings Motion agreed by the Committee on 21 January 2025 and amended on 28 January 2025, leave out "Professor Jane Monckton-Smith OBE (University of Gloucestershire)" and insert "Hourglass"

**The following Witnesses gave oral evidence:**

**Dr Greg Mewett**, Specialist Palliative Care Physician, Australia [Via Zoom]

**Dr Clare Fellingham**, Deputy Director of Medical Services, Royal Perth Hospital, Western Australia [Via Zoom]

**Dr Cam McLaren**, Oncologist, Australia and New Zealand [Via Zoom]

**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

**Richard Robinson**, CEO, Hourglass

**Professor Aneez Esmail**, Professor of General Practice, University of Manchester

**Dr Alexandra Mullock**, University of Manchester

**Professor Allan House**, Emeritus Professor of Liaison Psychiatry, University of Leeds

**Jonathan Sumption**, Former Supreme Court Judge

**Baroness Falkner**, Chairwoman, Equality and Human Rights Commission

**Dr Lewis Graham**, Christ's College, Cambridge

**Fazilet Hadi**, Head of Policy, Disability Rights UK

**Toby Porter**, CEO, Hospice UK

**Dr Jamilla Hussain**, Bradford Teaching Hospitals NHS Trust and Hull York Medical School

**Dr Jane Neerkin**, Consultant Physician in Palliative Medicine, UCLH and the National Hospital for Neurology and Neurosurgery

**Sam Royston**, Executive Director of Policy and Research, Marie Curie

*Sixth and Seventh Sitings*

**The following Witnesses gave oral evidence:**

**Dr Chloe Furst**, Dual trained Geriatrician & Palliative Care Physician, South Australia. Board Member of Voluntary Assisted Dying Australia & New Zealand (TBC) [Via Zoom]

**Alex Greenwich MP**, MP for Sydney, Parliament of New South Wales

**Professor Meredith Blake**, Professor at University of Western Australia [Via Zoom]

**Dr Amanda Ward**, independent academic/legal advisor on assisted dying internationally

**Professor Gareth Owen**, Professor of Psychological Medicine, Ethics and Law, Honorary Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust

**Professor Laura Hoyano**, Professor of Law; Senior Research Fellow, Wadham College, Oxford University

**Professor Nancy Preston**, Associate Dean for Research & Co-Director of the International Observatory on End of Life Care, Lancaster University

**Dr Naomi Richards**, Director of End of Life Studies, 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

**Liz Reed**

**Pat Malone**

**Julie Thienpont** [via Zoom]

**Dan Scorer**, Head of Policy and Information and Advice, Mencap

**Professor Emyr Lewis**, Emeritus Professor, Aberystwyth University

**Dr Michael Mulholland**, Honorary Secretary, Royal College of General Practitioners

**Dr Annabel Price**, Member of the Faculty of Liaison Psychiatry at the Royal College of Psychiatrists and is both the past Chair and past Vice Chair, Royal College of Psychiatrists

*Eighth and Ninth Sitings*

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**Kim Leadbeater**

**Agreed to 178**

Clause 1, page 1, line 3, after "person" insert "in England or Wales"

**Member's explanatory statement**

This amendment provides that only persons in England or Wales may be provided with assistance in accordance with the Bill.

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**Sarah Olney**

**Negated on division 34**

Antonia Bance  
Helen Hayes

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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**Danny Kruger**

**Withdrawn after debate 353**

Rachael Maskell  
 John Lamont  
 Rebecca Smith  
 Dame Harriett Baldwin  
 Sir Julian Smith

Jack Rankin

David Mundell

Clause 1, page 1, line 12, at end insert “, and

(e) is not a prisoner”

**Member's explanatory statement**

This amendment makes prisoners ineligible for assisted dying.

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**Danny Kruger**

**Not called 356**

Rebecca Paul  
 Rachael Maskell  
 John Lamont  
 Rebecca Smith  
 Dame Harriett Baldwin

Sir Julian Smith

Jack Rankin

David Mundell

Clause 1, page 1, line 12, at end insert “, and

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

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**Kim Leadbeater**

**Agreed to 179**

Clause 1, page 1, line 13, after “provided” insert “in England or Wales”

**Member's explanatory statement**

This amendment limits the assistance that may be provided in accordance with the Bill to assistance in England or Wales.

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**Juliet Campbell**

**Withdrawn after debate 109**

Helen Hayes  
 Rachael Maskell

Clause 1, page 1, line 17, after first “and” insert “demonstrably ”

**Member's explanatory statement**

This amendment reflects the changes in Amendments 110 to 112 that change the requirement from having to establish that a person who wishes to end their own life under the Act has clear, settled and informed wish, to a clear, settled and demonstrably informed wish.

*Tenth and Eleventh Sittings***Sarah Bool****Negated on division 23**

Rebecca Paul  
 Dame Meg Hillier  
 Rachael Maskell  
 John Lamont  
 John Cooper

Rebecca Smith  
 Jack Rankin

Dame Harriett Baldwin  
 David Mundell

Sir Julian Smith  
 Damian Hinds

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.

**Rebecca Paul****Negated on division 82**

Dame Meg Hillier  
 John Lamont  
 Rebecca Smith  
 Dame Harriett Baldwin  
 Sir Julian Smith

Jack Rankin

David Mundell

Clause 1, page 1, line 19, after “coerced” insert “, encouraged”

**Member's explanatory statement**

This would add a lack of encouragement to the list of requirements for a person to make a decision to request assistance. This reflects the changes proposed in Amendments 83 to 92.

**Juliet Campbell****Negated on division 113**

Dame Meg Hillier  
 Rachael Maskell

Clause 1, page 1, line 19, after “coerced” insert “, manipulated”

**Member's explanatory statement**

This amendment reflects the changes in Amendments 114 to 115 which require steps to be taken to establish that the person seeking assistance has not been manipulated by any other person.

**Mr James Cleverly****Negated on division 94**

Helen Hayes  
 Antonia Bance  
 Naz Shah  
 Dame Meg Hillier  
 Paulette Hamilton

Danny Kruger  
 Melanie Ward  
 Rachael Maskell  
 Dame Harriett Baldwin  
 David Mundell  
 Sarah Smith

Ms Diane Abbott  
 Mr James Frith  
 John Lamont  
 Sir Julian Smith  
 Damian Hinds

Sir Julian Lewis  
 Jess Asato  
 Rebecca Smith  
 Jack Rankin  
 Saqib Bhatti

Clause 1, page 1, line 20, at end insert “, and

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

**Member's explanatory statement**

This amendment requires that a person requesting assistance must be acting for their own sake, not the benefit of others. This amendment reflects the proposed changes in Amendments 95 to 104.

**Dr Caroline Johnson****Not called 235**

Dame Meg Hillier  
 Danny Kruger  
 Rebecca Paul  
 Rachael Maskell  
 John Lamont

Rebecca Smith  
 Jack Rankin

Dame Harriett Baldwin  
 David Mundell

Sir Julian Smith

Clause 1, page 1, line 20, at end insert “, and

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

**Member's explanatory statement**

This amendment, along with Amendments 236 to 245, seeks to ensure that the primary motivation of the patient is to avoid physical pain.

*Twelfth and Thirteenth Sittings***Rachael Maskell****Negated on division 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**

**Agreed to 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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**Clause, as amended, agreed to.**

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**Danny Kruger**

**Agreed to 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**

**Withdrawn after debate 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****Negatived on division 9**Wera Hobhouse  
Rebecca Paul  
Rachael Maskell  
John Lamont  
John CooperRebecca Smith  
Jack Rankin  
Danny KrugerDame Harriett Baldwin  
David MundellSir 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****Agreed to 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.

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**Naz Shah****Negatived on division 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"

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**Rachael Maskell****Not called 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.



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**Dr Ben Spencer**

**Not called 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.

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**Tom Gordon**

**Not called 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**

**Withdrawn after debate 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**

**Agreed to 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**

**Not called 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**

**Negated on division 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**

**Negated on division 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**

**Agreed to 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**

**Negated on division 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**

**Not called 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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**Clause, as amended, agreed to.**

*Fourteenth and Fifteenth Sittings*

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**Daniel Francis**

**Negated on division 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**

**Not called 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**

**Negatived on division 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**

**Negatived on division 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**

**Not selected 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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**Clause agreed to.**

## Sixteenth and Seventeenth Sittings

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**Tessa Munt**
**Withdrawn after debate 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.

---

**Chris Webb**
**Negatived on division 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**
**Negatived on division 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**

**Negated on division 319**

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

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

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**Daniel Francis**

**Negated on division 339**

Dame Meg Hillier  
 Rachael Maskell  
 Ms Polly Billington  
 Munira Wilson  
 Mary Glindon  
 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**

**Negated on division 368**

Danny Kruger

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**

**Negatived on division 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**

**Negatived on division 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”

---

**Anna Dixon**

**Withdrawn after debate 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**

**Negatived on division 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.

---

**Jack Abbott**

**Agreed to 414**

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

“(3A) If a registered medical practitioner conducts such a preliminary discussion with a person, the practitioner must first ensure the provision of adjustments for language and literacy barriers, including the use of interpreters.”

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**Rachael Maskell**

**Negated on division 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**

**Not called 343**

Rachael Maskell  
Dr Ben Spencer  
Sean Woodcock

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.

---

**Anna Dixon**

**Not called 344**

Rachael Maskell  
Dr Ben Spencer  
Sean Woodcock

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**

**Agreed to 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**

**Agreed to 108**

Helen Hayes  
Naz Shah  
Anna Dixon  
Daniel Francis  
Dame Meg Hillier

Rachael Maskell  
Margaret Mullane

Munira Wilson  
Sean Woodcock

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.

---

**Kim Leadbeater**

**Agreed to 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**

**Withdrawn after debate 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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**Naz Shah**

**Negatived on division 276**

Rachael Maskell  
Margaret Mullane

Clause 4, page 2, line 31, 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.

---

**Anna Dixon**

**Negatived on division 345**

Rachael Maskell  
Munira Wilson  
Sean Woodcock

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.

---

**Liz Saville Roberts**

**Not called 413**

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

“(4A) In Wales, a medical practitioner conducting a preliminary discussion under subsection (4) must also discuss with the person their preferred language of Welsh or English.”

---

**Danny Kruger**

**Negated on division 425**

Rachael Maskell

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

“(4A) Where a person indicates to a registered medical practitioner their wish to seek assistance to end their own life in accordance with this Act, they must be referred to a multidisciplinary team to explore options for relevant care and support.

(4B) The Secretary of State may by regulations specify the requirements for the multidisciplinary team under subsection (4A).

(4C) The regulations must include a requirement for the multidisciplinary team to include all of—

- (a) a registered medical practitioner or registered nurse,
- (b) a person registered as a social worker in a register maintained by Social Work England or Social Work Wales, and
- (c) a practising psychiatrist registered in one of the psychiatry specialisms.”

---

**Danny Kruger**

**Withdrawn after debate 412**

Rachael Maskell

Clause 4, page 2, line 32, leave out subsection (5)

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**Dr Caroline Johnson [R]**

**Agreed to 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.

---

**Daniel Francis**

**Not called 338**

Peter Swallow  
Mary Glindon

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.

---

**Rachael Maskell**

**Not called 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.

---

**Juliet Campbell**

**Withdrawn after debate 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.

---

**Rachael Maskell**

**Negated on division 288**

Sean Woodcock

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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**Clause, as amended, agreed to.**

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**Dr Andrew Murrison**

**Negatived on division 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.

---

**Kim Leadbeater**

**Agreed to 184**

Daisy Cooper  
 Rachel Hopkins  
 Kit Malthouse

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).

---

**Rachael Maskell**

**Not called 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.

---

**Kim Leadbeater**

**Agreed to 418**

Kit Malthouse

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

"(2A) Regulations under subsection (2)(a) must provide that the first declaration contains—

- (a) the following information—
  - (i) the person's full name and address;
  - (ii) the person's NHS number;
  - (iii) contact details for the person's GP practice;
- (b) the following further declarations by the person—
  - (i) a declaration that they meet the initial conditions for eligibility (see subsection (2B));
  - (ii) a declaration that they have had a preliminary discussion with a registered medical practitioner, that they were aged 18 or over when they had that discussion, and that they understand the information referred to in section 4(4)(a) to (c) that was provided during that discussion;
  - (iii) a declaration that they are content to be assessed, for the purposes of this Act, by medical practitioners;
  - (iv) a declaration that they are making the first declaration voluntarily and have not been coerced or pressured by any other person into making it;
  - (v) a declaration that they understand that they may cancel the first declaration at any time.

(2B) In subsection (2A)(b)(i) "the initial conditions for eligibility" are that the person making the declaration—

- (a) is aged 18 or over,
- (b) is ordinarily resident in England and Wales and has been so resident for at least 12 months, and
- (c) is registered with a general medical practice in England or Wales."



**Member's explanatory statement**

This amendment makes provision about the content of regulations under subsection (2)(a), which will set out the form of the first declaration.

As an Amendment to Kim Leadbeater's proposed Amendment 418:—

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**Danny Kruger**

**Not selected 418(a)**

Line 21, at end insert—

“(vi) 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.”

---

**Naz Shah**

**Negated on division 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.

Adjourned until Wednesday at 9.25am

**Glossary**

**Added:** New Clause agreed without a vote and added to the Bill.

**Agreed to:** agreed without a vote.

**Agreed to on division:** agreed following a vote.

**Negated:** rejected without a vote.

**Negated on division:** rejected following a vote.

**Not called:** debated in a group of amendments, but not put to a decision.

**Not moved:** not debated or put to a decision.

**Not selected:** not chosen for debate by the Chair.

**Question proposed:** debate underway but not concluded.

**Withdrawn after debate:** moved and debated but then withdrawn, so not put to a decision.