
Committee Stage: Wednesday 5 March 2025

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 Nineteenth Sittings

First Sitting

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

Naz Shah

Not selected

After (1)(c) insert—

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

Naz Shah

Negated on division

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

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)”

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)"

Naz Shah

Negated

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

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"

Naz Shah

Negated

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

Daniel Francis

Withdrawn after debate

At the end of the table, insert—

"Thursday 30 January	Until no later than 4.45pm	Mencap"
----------------------	-------------------------------	---------

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"
----------------------	-------------------------------	---------------------------------------------------------------------------------------------------------------------

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

Kim Leadbeater

Agreed to

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

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

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."

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".

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".

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".

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 Sittings

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.

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.

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.

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).”

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.

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 Sitings***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 HamiltonDanny Kruger
Melanie Ward
Rachael Maskell
Dame Harriett Baldwin
David Mundell
Sarah SmithMs Diane Abbott
Mr James Frith
John Lamont
Sir Julian Smith
Damian HindsSir 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 LamontRebecca Smith
Jack RankinDame 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 LambDame Siobhain McDonagh
Mrs Emma Lewell-Buck
Helen MaguireDawn Butler
Marsha De Cordova
Ian ByrneLillian 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.

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.

Clause, as amended, agreed to.

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.

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.

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.

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.

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"

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.

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.

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.

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.

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.

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.

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.

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.

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 disorder does not make a person “terminally ill” and therefore eligible for assistance.

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.

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.

Clause, as amended, agreed to.

Fourteenth and Fifteenth Sittings

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.

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.

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.

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.

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.

Clause agreed to.

Sixteenth and Seventeenth Sittings

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
Negated 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”

Juliet Campbell
Negated 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.

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"

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.

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."

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.

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.

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.”

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.

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.

Lewis Atkinson

Agreed to 275

Dr Marie Tidball

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

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).

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.

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

Negatived 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)

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.

Clause, as amended, agreed to.

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:—

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

Negatived 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.

Eighteenth and Nineteenth Sitings

Rachael Maskell

Negatived on division 290

Margaret Mullane
Sir Julian Smith

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 185

Daisy Cooper
Dr Marie Tidball
Rachel Hopkins

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

Member's explanatory statement

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

Daniel Francis

Negatived on division 335

Peter Swallow
Rachael Maskell

Clause 5, page 3, line 14, after “such” insert “specialised”

Member's explanatory statement

This amendment is linked with NC12.

Liz Saville Roberts

Withdrawn after debate 144

Tom Gordon

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

Member's explanatory statement

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

Dr Ben Spencer

Not called 52

Rachael Maskell
Margaret Mullane

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

Member's explanatory statement

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

Dr Ben Spencer

Not called 72

Laurence Turner
Neil Coyle
Helen Hayes

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

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

Member's explanatory statement

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

Danny Kruger

Negatived on division 359

Rebecca Smith
Dame Harriett Baldwin
David Mundell
Rachael Maskell

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

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

Member's explanatory statement

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

Danny Kruger

Withdrawn after debate 360

Rebecca Smith
David Mundell
Rachael Maskell
Dame Harriett Baldwin

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

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 186

Daisy Cooper
Dr Marie Tidball
Rachel Hopkins

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

- “(3A) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to act as the coordinating doctor.
- (3B) The regulations must include training about—
- (a) assessing capacity;
 - (b) assessing whether a person has been coerced or pressured by any other person.
- (3C) Subject to that, the regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.”

Member's explanatory statement

See the statement for Amendment 185.

As Amendments to Kim Leadbeater's proposed Amendment 186:—

Daniel Francis

Agreed to 186(a)

Dame Meg Hillier
Ms Polly Billington
Rachael Maskell

Line 7, at end insert—

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

Jack Abbott

Not selected 186(c)

Line 7, at end insert—

- “(c) culturally responsive, and trauma-informed care, and in assessing and challenging discrimination in end-of-life care decision-making, including into how—
- (i) culture,
 - (ii) discrimination on the basis of the protected characteristics set out in section 4 (The protected characteristics) of the Equality Act 2010, and
 - (iii) trauma

may intersect and influence capacity and coercion assessments. Training must include specific considerations for the intersectionally marginalised.”

Daniel Francis

Not called 340

Dame Meg Hillier
Ms Polly Billington
Rachael Maskell
Mary Glendon

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

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

Liz Saville Roberts

Not called 427

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

“(3A) In Wales, all reasonable steps must be taken to ensure the practitioner under subsection (3) has fluent proficiency in the Welsh language if services or functions in the Act are to be provided to an individual in Welsh.”

Kim Leadbeater

Agreed to 187

Rachel Hopkins

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

Member's explanatory statement

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

Liz Saville Roberts

Not called 145

Tom Gordon

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

Member's explanatory statement

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

Jess Asato**Agreed to 20**

Rebecca Paul
 Dame Meg Hillier
 Antonia Bance
 Rachael Maskell
 Neil Coyle

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

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

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

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

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

Member's explanatory statement

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

Kim Leadbeater**Agreed to 188**

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

Member's explanatory statement

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

Danny Kruger**Not called 361**

Rachael Maskell

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

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

Member's explanatory statement

This is linked to Amendment 360.

Clause, as amended, agreed to.

Kim Leadbeater

Agreed to 189

Rachel Hopkins

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 190

Rachel Hopkins
Rachael Maskell
Adam Dance

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

Member's explanatory statement

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

Rachael Maskell

Not called 291

Imran Hussain

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

“(2A) At least one of the forms of identity required under subsection (2) must contain photographic proof of identity.

(2B) The person must, at the same time as that declaration is made, provide proof that they have been resident in the UK for at least a year to the coordinating doctor and the witness mentioned in section 5(2)(c)(ii).”

Member's explanatory statement

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

Liz Saville Roberts

Not called 146

Tom Gordon

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

Member's explanatory statement

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

Rachael Maskell

Not called 292

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 191

Rachel Hopkins

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

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 419

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

"(3B) The coordinating doctor may witness the first declaration only if—

- (a) the coordinating doctor has conducted a preliminary discussion with the person or is satisfied that another registered medical practitioner has conducted such a discussion, and
- (b) the coordinating doctor has made or seen a written record of the preliminary discussion."

Member's explanatory statement

This amendment provides that the coordinating doctor may witness the first declaration only if satisfied that a preliminary discussion of the kind mentioned in clause 4 has taken place and that a written record of it has been made.

Kim Leadbeater

Agreed to 192

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

Member's explanatory statement

See the statement for Amendment 188.

Rachael Maskell**Not called 293**

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

Member's explanatory statement

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

Clause, as amended, agreed to.

Rachael Maskell**Withdrawn after debate 296**

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

Member's explanatory statement

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

Juliet Campbell**Not called 127**

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

Member's explanatory statement

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

Rachael Maskell**Not called 297**

Margaret Mullane

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

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

Member's explanatory statement

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

Anna Dixon

Withdrawn after debate 347

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

Member's explanatory statement

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

Rachael Maskell

Negated on division 294

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

Member's explanatory statement

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

Sarah Olney

Not called 36

Rachael Maskell
Neil Coyle
Marsha De Cordova
Sarah Smith

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

Member's explanatory statement

This amendment is consequential on Amendment 34 and NC1.

Wera Hobhouse

Negated on division 363

Naz Shah
Sarah Olney
Peter Lamb
Margaret Mullane
Helen Maguire

Steff Aquarone

Liz Jarvis

Adam Dance

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

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

Member's explanatory statement

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

Kim Leadbeater

Agreed to 193

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

“(ca) is in England and Wales,”

Member's explanatory statement

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

Dr Ben Spencer

Negated on division 53

Anna Dixon
 Danny Kruger
 Rachael Maskell
 Rebecca Smith
 Dame Harriett Baldwin

Munira Wilson

David Mundell

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

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

Member's explanatory statement

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

Danny Kruger

Not called 354

Rachael Maskell

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

“(ea) is not a prisoner,”

Member's explanatory statement

This amendment is consequential on Amendment 353.

Danny Kruger

Not called 357

Rachael Maskell

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

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

Member's explanatory statement

This amendment is consequential on Amendment 356.

Juliet Campbell

Not called 110

Rachael Maskell

Clause 7, page 4, line 13, after “and” insert “demonstrably”

Member's explanatory statement

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

Sarah Bool

Not called 24

Rachael Maskell

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

Member's explanatory statement

This amendment is consequential on Amendment 23.

Rebecca Paul

Not called 83

Rachael Maskell

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

Member's explanatory statement

This amendment is consequential on Amendment 82.

Juliet Campbell

Not called 114

Rachael Maskell

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

Member's explanatory statement

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

Mr James Cleverly

Not called 95

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

Melanie Ward
Rachael Maskell
Margaret Mullane

Mr James Frith
Saqib Bhatti

Jess Asato
Sarah Smith

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

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

Member's explanatory statement

This amendment is consequential on Amendment 94.

Dr Caroline Johnson

Not called 236

Danny Kruger
Rachael Maskell

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

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

Member's explanatory statement

This amendment is consequential on Amendment 235.

Dame Harriett Baldwin

Withdrawn after debate 257

Danny Kruger
Rebecca Smith
David Mundell

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

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

Member's explanatory statement

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

Dame Meg Hillier**Negatived on division 14**

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

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

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

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

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

- “(2A) The coordinating doctor must take the report required under subsection (2B) into account in making an assessment under paragraph (2)(b), (f) and (g).
- (2B) One or more qualified persons must have conducted a separate interview with the person and made a report to the coordinating doctor on the matters specified in subsection (2C).
- (2C) The matters that must be covered in the report required under subsection (2B) are—
- (a) any evidence of duress or coercion affecting the person’s decision to end their life,
 - (b) any difficulties of communication with the person interviewed and an explanation of how those difficulties were overcome, and
 - (c) the capacity of the person interviewed to understand the information given to them under paragraph (9)(2), (b), (c) and (d).
- (2D) A person shall be taken to be qualified to conduct an interview under subsection (2B) if that person—
- (a) is a registered medical practitioner who—
 - (i) is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council, or
 - (ii) has such training, qualifications and experience as the Secretary of State may by regulations specify,
 - (b) has not provided treatment or care for the person being assessed in relation to that person’s terminal illness,
 - (c) is not a relative of the person being assessed,
 - (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
 - (e) did not witness the first declaration made by the person being assessed, and
 - (f) does not know or believe that they—
 - (i) are a beneficiary under a will of the person, or

- (ii) may otherwise benefit financially or in any other material way from the death of the person.
- (2E) Before making regulations under subsection (2D)(a), the Secretary of State must consult such persons as they consider appropriate.
- (2F) Regulations under subsection (2D)(a) are subject to the negative procedure."

Member's explanatory statement

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

Kim Leadbeater

Agreed to 420

Kit Malthouse

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

- "(3) After carrying out the first assessment, the coordinating doctor must—
 - (a) make a report about the assessment (which must meet the requirements of regulations under subsection (4));
 - (b) give a copy of the report to—
 - (i) the person who was assessed ("the assessed person"),
 - (ii) if the coordinating doctor is not a practitioner with the person's GP practice, a registered medical practitioner with that practice, and
 - (iii) any other person specified in regulations made by the Secretary of State;
 - (c) if satisfied as to all of the matters mentioned in subsection (2)(a) to (g), refer the assessed person to another registered medical practitioner who meets the requirements of section 8(6) and is able and willing to carry out the second assessment ("the independent doctor").
- (4) The Secretary of State must by regulations make provision about the content and form of the report.
- (5) The regulations must provide that the report must—
 - (a) contain a statement indicating whether the coordinating doctor is satisfied as to all of the matters mentioned in subsection (2)(a) to (g);
 - (b) contain an explanation of why the coordinating doctor is, or (as the case may be) is not, so satisfied;
 - (c) contain a statement indicating whether the coordinating doctor is satisfied as to the following—
 - (i) that a record of the preliminary discussion has been included in the person's medical records;
 - (ii) that the making of the first declaration has been recorded in the person's medical records;
 - (iii) that the first declaration has not been cancelled;

(d) be signed and dated by the coordinating doctor.”

Member's explanatory statement

This amendment requires the coordinating doctor to make a report about the first assessment, and (if satisfied of the matters mentioned in subsection (2)) to refer the person to another practitioner for the second assessment.

As an Amendment to Kim Leadbeater’s proposed Amendment 420:—

Danny Kruger

Negatived on division 420 (a)

Line 14, at end insert “, unless they believe that there are particular circumstances which make it inappropriate for the person to be provided with assistance to end their own life.”

Dr Ben Spencer

Not called 54

Anna Dixon
Rachael Maskell

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

Member's explanatory statement

This amendment is consequential on Amendment 53.

Rachael Maskell

Not called 299

Naz Shah
Frank McNally
Tom Morrison
Peter Lamb
Dame Siobhain McDonagh

Dawn Butler
Marsha De Cordova
Helen Maguire

Lillian Jones
Munira Wilson
Ian Byrne

Mrs Emma Lewell-Buck
Liz Jarvis

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

Member's explanatory statement

This amendment is consequential on Amendment 298.

Dame Harriett Baldwin

Not selected 265

Danny Kruger
Rebecca Smith
David Mundell

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

Member's explanatory statement

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

Dr Ben Spencer

Not called 73

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

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

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

Member's explanatory statement

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

Juliet Campbell

Not called 128

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

Member's explanatory statement

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

Rachael Maskell

Not called 295

Sean Woodcock

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

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

Member's explanatory statement

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

Anna Dixon

Not selected 346

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

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

Member's explanatory statement

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

Rachael Maskell

Not called 298

Naz Shah
Frank McNally
Tom Morrison
Peter Lamb
Dame Siobhain McDonagh

Dawn Butler
Marsha De Cordova
Helen Maguire

Lillian Jones
Munira Wilson
Ian Byrne

Mrs Emma Lewell-Buck
Liz Jarvis
Imran Hussain

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

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

Member's explanatory statement

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

Danny Kruger

Not called 426

Rachael Maskell

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

“(4) The coordinating doctor may not take the steps set out in subsection (3) unless they receive confirmation from a multidisciplinary team that the person has had a meeting with that multidisciplinary team as specified in section 4.”

Clause, as amended, agreed to.

Juliet Campbell

Not called 129

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

Member's explanatory statement

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

Rachael Maskell

Not called 300

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

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

Member's explanatory statement

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

Anna Dixon

Not moved 349

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

Member's explanatory statement

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

Dr Ben Spencer

Withdrawn after debate 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

Not called 37

Rachael Maskell
Neil Coyle
Marsha De Cordova
Sarah Smith

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

Member's explanatory statement

This amendment is consequential on Amendment 34 and NC1.

Dr Ben Spencer

Negatived 56

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

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

Member's explanatory statement

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

Wera Hobhouse

Not called 364

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

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

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

Member's explanatory statement

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

Juliet Campbell

Not called 111

Rachael Maskell

Clause 8, page 4, line 36, after “and” insert “demonstrably”

Member's explanatory statement

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

Sarah Bool

Not called 25

Rachael Maskell

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

Member's explanatory statement

This amendment is consequential on Amendment 23.

Rebecca Paul

Not called 84

Rachael Maskell

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

Member's explanatory statement

This amendment is consequential on Amendment 82.

Juliet Campbell

Not called 115

Rachael Maskell

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

Member's explanatory statement

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

Mr James Cleverly

Not called 96

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

Melanie Ward
 Rachael Maskell
 Margaret Mullane

Mr James Frith
 Saqib Bhatti

Jess Asato
 Sarah Smith

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

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

Member's explanatory statement

This amendment is consequential on Amendment 94.

Dr Caroline Johnson

Not called 237

Danny Kruger
 Rachael Maskell

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

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

Member's explanatory statement

This amendment is consequential on Amendment 235.

Dame Harriett Baldwin

Not called 258

Danny Kruger

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

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

Member's explanatory statement

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

Dame Meg Hillier

Not called 15

Rachael Maskell

Neil Coyle

Mary Kelly Foy

Marsha De Cordova

John Grady

Antonia Bance

Dame Harriett Baldwin

Mike Wood

Mike Amesbury

Ms Polly Billington

Melanie Ward

Jess Asato

Mrs Emma Lewell-Buck

Patricia Ferguson

Wera Hobhouse

Dame Siobhain McDonagh

Sir Desmond Swayne

Kenneth Stevenson

Derek Twigg

Ian Byrne

Mary Glindon

Anna Dixon

Kirsteen Sullivan

Sean Woodcock

Daniel Francis

Lillian Jones

Chris Webb

Sarah Smith

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

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

Member's explanatory statement

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

Adjourned until Tuesday 11 March at 9.25am

Glossary

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

Agreed to: agreed without 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.

Agreed to on division: agreed following a vote.

Negated: rejected without a vote.

Negated on division: rejected following a vote.

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.