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Report Stage: Friday 16 May 2025

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# Terminally Ill Adults (End of Life) Bill, As Amended

## (Amendment Paper)

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 Any withdrawn amendments are listed at the end of the document.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

This document should be read alongside the Speaker's provisional selection and grouping, which sets out the order in which the amendments will be debated.

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

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Kim Leadbeater

NC10

Liz Jarvis  
Lewis Atkinson  
Rachel Hopkins

To move the following Clause—

**“No obligation to provide assistance etc**

- (1) No person is under any duty to participate in the provision of assistance in accordance with this Act.
- (2) No registered medical practitioner is under any duty to become—
  - (a) the coordinating doctor in relation to any person, or
  - (b) the independent doctor in relation to any person.
- (3) No registered medical practitioner, other than the coordinating doctor or the independent doctor, is under any duty to perform any function under or in connection with this Act other than—
  - (a) a function relating to the giving of notifications, or
  - (b) a function relating to the recording of matters in a person's medical records.

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- 15 (4) No health professional or social care professional is under any duty to respond when consulted under section 11(3)(b) (requirement for assessing doctor to consult professional with relevant qualifications or experience).
- (5) No registered pharmacist or registered pharmacy technician is under any duty to participate in the supply of an approved substance to a registered medical practitioner for use in accordance with section 23.
- 20 (6) No person is under any duty to—  
 (a) act as a witness under this Act, or  
 (b) act as a proxy under this Act.
- (7) Nothing in this section affects—  
 (a) any duty relating to the giving of notifications under this Act or the recording of matters in a person's medical records,  
 25 (b) any duty relating to a requirement to keep records or to provide information, or  
 (c) any duty of a professional to respond to enquiries made under section 11(2)(b) (enquiries by assessing doctor) relating to health or social care the professional is providing, or has recently provided, to a person  
 30 seeking assistance under this Act.
- (8) Schedule (*Protection from detriment*) amends the Employment Rights Act 1996 to make provision to protect employees and other workers from being subjected to any detriment for—  
 (a) exercising (or proposing to exercise) a right under this section not to  
 35 participate in an activity or perform a function, or  
 (b) participating in the provision of assistance in accordance with this Act or performing any other function under this Act.
- (9) In this section—  
 (a) a reference to a duty includes any duty, whether arising from any  
 40 contract, statute or otherwise;  
 (b) "registered pharmacist" and "registered pharmacy technician" have the same meaning as in the Pharmacy Order 2010 (S.I. 2010/231) (see article 3 of that Order)."

#### Member's explanatory statement

This new clause, intended to replace clause 28, expands the protection currently provided by that clause by broadening the persons to whom it applies and the functions to which it relates; and it introduces NS1 which makes provision for enforcement of the right not be subject to detriment in connection with the Bill.

As an Amendment to Kim Leadbeater's proposed New Clause (No obligation to provide assistance etc) (NC10):—

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Rebecca Paul

NC10(a)

Line 37, at end insert—

“(8A) Nothing in Schedule (*Protection from Detriment*) prevents an employer who has chosen not to participate in the provision of assistance in accordance with this Act from prohibiting their employees or workers from providing such assistance in the course of their employment or work with that employer.”

**Member's explanatory statement**

This amendment ensures that employees who work for an employer who had chosen not to provide assisted dying cannot do so whilst working for that employer.

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Kim Leadbeater

NC11

Liz Jarvis  
Rachel Hopkins

To move the following Clause—

**“Replacing the coordinating or independent doctor where unable or unwilling to continue to act**

- (1) This section applies where—
  - (a) after a first declaration has been witnessed by the coordinating doctor, that doctor is unable or unwilling to continue to carry out the functions of the coordinating doctor, or
  - (b) after a referral is made under section 9(3)(c) (including a referral to which section 12(4) applies), but before a report under section 10 has been made by virtue of that referral, the independent doctor is unable or unwilling to continue to carry out the functions of the independent doctor,
 and in this section such a coordinating or independent doctor is referred to as “the outgoing doctor”.
- (2) The outgoing doctor must as soon as practicable give written notice of their inability or unwillingness to continue to carry out their functions under this Act to—
  - (a) the person seeking assistance,
  - (b) the Commissioner, and
  - (c) if the outgoing doctor is the independent doctor, the coordinating doctor.
- (3) Any duty or power of the outgoing doctor under this Act that arose in consequence of the declaration or referral mentioned in subsection (1) ceases to have effect from the time the outgoing doctor complies with subsection (2); but this does not apply to any duty under subsection (8) or (9).

- (4) The Secretary of State may by regulations make provision relating to the appointment, with the agreement of the person seeking assistance, of a replacement coordinating doctor who meets the requirements of section 7(5) and who is able and willing to carry out the functions of the coordinating doctor.
- (5) Regulations under subsection (4) may, in particular, make provision to ensure continuity of care for the person seeking assistance despite the change in the coordinating doctor.
- (6) Where the independent doctor gives a notice under subsection (2)—
  - (a) a further referral may be made—
    - (i) under section 9(3)(c) (if section 12 does not apply), or
    - (ii) where section 12 applies, under subsection (2) of that section, and
  - (b) the registered medical practitioner to whom that referral is made becomes the independent doctor (replacing the outgoing doctor) and sections 10 to 12 (and this section) apply accordingly.
- (7) Subsections (8) and (9) apply where the coordinating doctor—
  - (a) gives a notice under subsection (2) to the person seeking assistance, or
  - (b) receives a notice under that subsection given by the independent doctor in relation to the person seeking assistance.
- (8) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record the giving of the notice in the person's medical records.
- (9) In any other case—
  - (a) the coordinating doctor must, as soon as practicable, notify a registered medical practitioner with that practice of the giving of the notice, and
  - (b) the practitioner notified under paragraph (a) must, as soon as practicable, record the giving of the notice in the person's medical records."

**Member's explanatory statement**

This new clause makes provision about the replacement of the coordinating doctor or the independent doctor where the doctor is unable or unwilling to continue to carry out their functions under the Bill.

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**Kim Leadbeater****NC12**

Liz Jarvis  
Carla Denyer  
Rachel Hopkins

To move the following Clause—

**“Report where assistance not provided because coordinating doctor not satisfied of all relevant matters**

- (1) This section applies where a person is not provided with assistance under section 23 because the coordinating doctor is not satisfied as to all of the matters mentioned in section 23(5).
- (2) The coordinating doctor must make a report which—
  - (a) sets out the matters as to which they are not satisfied, and
  - (b) contains an explanation of why they are not satisfied of those matters.
- (3) The Secretary of State may by regulations make provision about the content or form of the report.
- (4) The coordinating doctor must give a copy of the report to—
  - (a) the person,
  - (b) if the coordinating doctor is not a practitioner with the person’s GP’s practice, a registered medical practitioner with that practice, and
  - (c) the Commissioner.”

**Member's explanatory statement**

This new clause (intended to be inserted after Clause 27) requires the coordinating doctor to produce a report where assistance is not provided because they are not satisfied of all of the matters mentioned in Clause 23(5).

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**Kim Leadbeater**

**NC13**

Liz Jarvis  
Rachel Hopkins

To move the following Clause—

**“Regulation of approved substances and devices for self-administration**

- (1) The Secretary of State must by regulations make provision about approved substances.
- (2) The regulations must make provision about—
  - (a) the supply or offer for supply, or administration, of approved substances;
  - (b) the transportation, storage, handling and disposal of approved substances;
  - (c) the keeping of records of matters relating to approved substances.
- (3) The regulations may in particular make provision—
  - (a) about the manufacture, importation, preparation or assembly of approved substances;
  - (b) for or in connection with the monitoring of matters relating to approved substances;
  - (c) requiring persons specified in the regulations, in specified cases, to give information to the Secretary of State.

- (4) The regulations may in particular—
  - (a) make provision relating to approved substances that is similar to, or that corresponds to, any provision of the Human Medicines Regulations 2012 (S.I. 2012/1916);
  - (b) make provision applying any provision of those Regulations, with or without modifications, in relation to approved substances.
 (The regulations may also amend the Human Medicines Regulations 2012.)
- (5) The Secretary of State may by regulations make provision about devices made for use or used for, or in connection with, the self-administration of approved substances.
- (6) Regulations under this section must make provision about enforcement (which must include, but need not be limited to, provision imposing civil penalties).
- (7) Regulations under this section may make any provision that could be made by an Act of Parliament; but they may not amend this Act.
- (8) In this section “device” includes information in electronic form for use in connection with a device.”

#### **Member's explanatory statement**

This new clause (which is intended to replace clause 34) imposes a duty to make regulations about approved substances, and a power to make regulations about devices intended for use, or used, in connection with the self-administration of approved substances.

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**Kim Leadbeater**

**NC14**

Rebecca Paul  
 Dame Harriett Baldwin  
 Liz Jarvis  
 Carla Denyer  
 Lewis Atkinson

To move the following Clause—

#### **“Prohibition on advertising**

- (1) The Secretary of State must by regulations make provision prohibiting—
  - (a) the publication, printing, distribution or designing (anywhere) of advertisements whose purpose or effect is to promote a voluntary assisted dying service;
  - (b) causing the publication, printing, distribution or designing of such advertisements.
- (2) The regulations may contain exceptions (for example, for the provision of certain information to users or providers of services).
- (3) Regulations under this section may make any provision that could be made by an Act of Parliament.
- (4) But regulations under this section—
  - (a) may not amend this Act, and

- (b) must provide that any offence created by the regulations is punishable with a fine.
- (5) In this section “voluntary assisted dying service” means—
  - (a) any service for or in connection with the provision of assistance to a person to end their own life in accordance with this Act, or
  - (b) any other service provided for the purposes of any of sections 5 to 27.”

**Member's explanatory statement**

This clause imposes a duty to make regulations prohibiting advertisements to promote services relating to voluntary assisted dying under the Bill.

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**Kim Leadbeater**

**NC15**

Liz Jarvis  
Rachel Hopkins

To move the following Clause—

**“Investigation of deaths etc**

- (1) In section 1 of the Coroners and Justice Act 2009 (duty to investigate certain deaths), after subsection (7) insert—
  - “(7A) In this Chapter a reference to an “unnatural death” does not include a death caused by the self-administration by the deceased of an approved substance, within the meaning of the Terminally Ill Adults (End of Life) Act 2025, that was provided to the deceased in accordance with that Act.”
- (2) In section 20 of that Act (medical certificate of cause of death), after subsection (4) insert—
  - “(4A) Regulations under subsection (1) may make, in respect of cases where assistance was provided or purportedly provided to the deceased under the Terminally Ill Adults (End of Life) Act 2025—
    - (a) such provision that is similar to, or that corresponds to, provision mentioned in subsection (1) as the Secretary of State considers appropriate;
    - (b) such further provision as the Secretary of State considers appropriate.
  - (4B) Regulations under subsection (1) must provide that in cases where the cause of death appears, to the best of the knowledge and belief of the person issuing a certificate under the regulations, to be the self-administration by the deceased of an approved substance (within the meaning of the Terminally Ill Adults (End of Life) Act 2025) that was provided to the deceased in accordance with that Act, the certificate must—
    - (a) state the cause of death to be “assisted death”, and

- (b) contain a record of the illness or disease which caused the person to be terminally ill within the meaning of that Act.”
- (3) In Schedule 1 to that Act (suspension of investigations etc), in the definition in paragraph 1(6) of “homicide offence”, after paragraph (d) insert—
  - “(e) an offence under section 31, 32 or 33 of the Terminally Ill Adults (End of Life) Act 2025;”.

#### **Member's explanatory statement**

This new clause provides that references in Chapter 1 of the Coroners and Justice Act 2009 (investigations into deaths) to unnatural deaths do not include deaths caused by self-administration of approved substances provided in accordance with the Bill. It makes offences under clauses 31 to 33 “homicide offences” for the purposes of that Act. It also amends the powers in that Act in respect of medical certificates of cause of death.

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**Kim Leadbeater**

**NC20**

Liz Jarvis  
Rachel Hopkins

To move the following Clause—

#### **“Guidance about operation of Act**

- (1) The Secretary of State must issue guidance relating to the operation of this Act.
- (2) The guidance need not (but may) relate to matters about which the Welsh Ministers may issue guidance under subsection (4) (“Welsh devolved matters”).
- (3) Before issuing guidance under subsection (1), the Secretary of State must consult—
  - (a) the Chief Medical Officer for England,
  - (b) the Chief Medical Officer for Wales,
  - (c) such persons with learning disabilities and other persons who have protected characteristics as the Secretary of State considers appropriate,
  - (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Secretary of State considers appropriate,
  - (e) if any part of the guidance relates to Welsh devolved matters, the Welsh Ministers, and
  - (f) such other persons as the Secretary of State considers appropriate.
- (4) The Welsh Ministers may issue guidance relating to the operation of this Act in Wales, but the guidance must only be about matters within devolved competence.
- (5) For this purpose, a matter is “within devolved competence” if provision about it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd.



- (6) Before issuing guidance under subsection (4), the Welsh Ministers must consult—
  - (a) the Chief Medical Officer for Wales,
  - (b) the Secretary of State,
  - (c) such persons with learning disabilities and other persons who have protected characteristics as the Welsh Ministers consider appropriate,
  - (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Welsh Ministers consider appropriate, and
  - (e) such other persons as the Welsh Ministers consider appropriate.
- (7) When preparing guidance under this section, an appropriate national authority must have regard to the need to provide practical and accessible information, advice and guidance to—
  - (a) persons (including persons with learning disabilities) requesting or considering requesting assistance to end their own lives;
  - (b) the next of kin and families of such persons;
  - (c) the general public.
- (8) An appropriate national authority must publish any guidance issued under this section.
- (9) In this section—
  - “appropriate national authority” means the Secretary of State or the Welsh Ministers;
  - “protected characteristics” has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).”

**Member's explanatory statement**

This new clause (which is intended to replace clause 37) makes provision about guidance relating to the operation of the Bill.

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**Kim Leadbeater**

**NC21**

Liz Saville Roberts  
Liz Jarvis  
Rachel Hopkins

To move the following Clause—

**“Provision about the Welsh language**

- (1) In this section “relevant person” means a person in Wales who wishes to be provided with assistance to end their own life in accordance with this Act.
- (2) Subsection (3) applies where the Welsh Ministers make regulations under section 39 (voluntary assisted dying services: Wales).
- (3) Regulations under that section must make such provision as the Welsh Ministers consider appropriate for the purpose of ensuring that, where a relevant person

indicates that they wish to communicate in Welsh, all reasonable steps are taken to secure that—

- (a) communications made by a person providing a voluntary assisted dying service to the relevant person are in Welsh, and
  - (b) any report about the first or second assessment of the relevant person is in Welsh.
- (4) Where a relevant person informs the Commissioner that they wish to communicate in Welsh, the Commissioner must take all reasonable steps to secure that—
- (a) communications made by the Commissioner to the relevant person are in Welsh,
  - (b) each member of the panel to which the relevant person's case is referred speaks Welsh, and
  - (c) communications made by that panel to the relevant person are in Welsh, and any certificate of eligibility issued by that panel must be in Welsh.
- (5) Regulations under section 7, 9, 10, 17 or 26 that specify the form of—
- (a) a first or second declaration,
  - (b) a report about the first or second assessment of a person, or
  - (c) a final statement,
- must make provision for the forms to be in Welsh (as well as in English).
- (6) Before making regulations in pursuance of subsection (5), the Secretary of State must consult the Welsh Ministers.
- (7) In this section—
- “panel” and “referred” have the meaning given by paragraph 1 of Schedule 2;
  - “voluntary assisted dying service” has the meaning given by section 38.”

#### **Member's explanatory statement**

This new clause (which is intended to replace Clause 47) makes provision about the use of the Welsh language.

**Dame Meg Hillier****NC1**

Naz Shah  
 Antonia Bance  
 Jess Asato  
 Kirsteen Sullivan  
 John Grady

Patricia Ferguson  
 Simon Hoare  
 Adam Jogee  
 Mary Kelly Foy  
 Wera Hobhouse  
 Melanie Ward  
 Barry Gardiner  
 Tim Farron  
 Rachael Maskell  
 Daniel Francis  
 Graham Stringer  
 Liam Conlon  
 Dr Allison Gardner  
 Andrew Rosindell  
 Leigh Ingham

John Lamont  
 Lillian Jones  
 Ms Marie Rimmer  
 Margaret Mullane  
 Derek Twigg  
 Marsha De Cordova  
 Monica Harding  
 Juliet Campbell  
 Lewis Cocking  
 Sarah Olney  
 Rebecca Paul  
 Mr Angus MacDonald  
 Sarah Smith  
 Victoria Collins  
 Kenneth Stevenson

Bradley Thomas  
 Sir Desmond Swayne  
 John Glen  
 Dame Harriett Baldwin  
 Gill Furniss  
 Neil Coyle  
 Rosie Duffield  
 Sir Julian Smith  
 Kate Osamor  
 Valerie Vaz  
 Maya Ellis  
 Mary Glindon  
 David Baines  
 Sir John Hayes

To move the following Clause—

**“No health professional shall raise assisted dying first**

No registered medical practitioner or other health professional shall raise the subject of the provision of assistance in accordance with this Act with a person unless that person has first raised it.”

**Dame Meg Hillier****NC2**

Naz Shah  
 Antonia Bance  
 Jess Asato  
 Kirsteen Sullivan  
 Sojan Joseph

John Grady  
 Bradley Thomas  
 Sir Desmond Swayne  
 Ms Marie Rimmer  
 Margaret Mullane  
 Derek Twigg  
 Marsha De Cordova  
 Monica Harding  
 Tim Farron  
 Lewis Cocking  
 Sarah Olney  
 Rebecca Paul  
 Maya Ellis  
 Jim Allister  
 Dr Allison Gardner  
 Sir Julian Smith  
 Sir John Hayes

Patricia Ferguson  
 Simon Hoare  
 Adam Jogee  
 John Glen  
 Dame Harriett Baldwin  
 Gill Furniss  
 Neil Coyle  
 Daisy Cooper  
 Juliet Campbell  
 Kate Osamor  
 Valerie Vaz  
 Zöe Franklin  
 Liam Conlon  
 Mary Glindon  
 Sarah Smith  
 Andrew Rosindell  
 Leigh Ingham

John Lamont  
 Lillian Jones  
 Sean Woodcock  
 Mary Kelly Foy  
 Wera Hobhouse  
 Melanie Ward  
 Barry Gardiner  
 Rosie Duffield  
 Rachael Maskell  
 Daniel Francis  
 Graham Stringer  
 Euan Stainbank  
 Mr Angus MacDonald  
 Darren Paffey  
 David Baines  
 Victoria Collins  
 Kenneth Stevenson

To move the following Clause—

**“No health professional shall raise assisted dying with a person under 18**

No registered medical practitioner or other health professional shall raise the subject of the provision of assistance in accordance with this Act with a person under the age of 18.”

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**Sir Edward Leigh**

**NC3**

Andrew Rosindell

To move the following Clause—

**“Guidance: administration of pain relief to people who are terminally ill**

- (1) Within six months of the passing of this Act, the Secretary of State must issue guidance to—
  - (a) chief officers of police, and
  - (b) healthcare professionals about the application of the criminal law in respect of the administration of pain relief by healthcare professionals to people who are terminally ill.
- (2) The guidance must in particular include guidance about the application of the criminal law in cases where a healthcare professional administers pain relief to a person who is terminally ill shortly before the end of their life.
- (3) In preparing guidance under subsection (1), the Secretary of State must consult—
  - (a) people who are terminally ill and their families;
  - (b) healthcare professionals;
  - (c) the Director of Public Prosecutions;
  - (d) the Attorney General;
  - (e) the Welsh Ministers; and
  - (f) such other persons as the Secretary of State considers relevant.
- (4) The Secretary of State may revise guidance issued under this section.
- (5) The Secretary of State must arrange for guidance issued under this section to be published.”

**Member's explanatory statement**

This new clause would require the Secretary of State to issue guidance on the administration of pain relief to people who are terminally ill, including on the application of the criminal law in cases where a healthcare professional administers such pain relief.

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**Andrew Pakes**

**NC4**

Dame Meg Hillier  
Antonia Bance  
Jess Asato  
Melanie Ward  
Rachael Maskell

Daniel Francis  
Maya Ellis  
Mary Glindon  
Anna Dixon

Sarah Olney  
Mary Kelly Foy  
Darren Paffey  
Monica Harding

Adam Jogee  
Mr Angus MacDonald  
Dr Allison Gardner

To move the following Clause—

**“Monitoring by Chief Medical Officer**

- (1) The relevant Chief Medical Officer must—
  - (a) monitor the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it,
  - (b) investigate, and report to the appropriate national authority on, any matter connected with the operation of the Act which the relevant national authority refers to the relevant Chief Medical Officer, and
  - (c) submit an annual report to the appropriate national authority on the operation of the Act.
- (2) The relevant Chief Medical Officer’s report must include information about the occasions when—
  - (a) a report about the first assessment of a person does not contain a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 9(2)(a) to (h),
  - (b) a report about the second assessment of a person does not contain a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 10(2)(a) to (e),
  - (c) a panel has refused to grant a certificate of eligibility,
  - (d) the coordinating doctor has refused to make a statement under section 17(6).
- (3) An annual report must include information about the application of the Act in relation to—
  - (a) persons who have protected characteristics, and
  - (b) any other description of persons specified in regulations made by the Secretary of State.
- (4) When preparing an annual report, the relevant Chief Medical Officer must consult—
  - (a) The Commissioner, and
  - (b) such persons appearing to the relevant Chief Medical Officer to represent the interests of persons who have protected characteristics as the relevant Chief Medical Officer considers appropriate.
- (5) An appropriate national authority must—
  - (a) publish any report received under this section,

- (b) prepare and publish a response to any such report, and
  - (c) lay before Parliament or Senedd Cymru (as the case may be) a copy of the report and response.
- (6) In this section “appropriate national authority” means the Secretary of State or the Welsh Ministers.
- (7) In this section “protected characteristics” has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).
- (8) In this section “relevant Chief Medical Officer” has the meaning given by section 37(5).”

#### **Member's explanatory statement**

This new clause would require the monitoring, investigation and reporting functions set out in the Bill to be carried out by the Chief Medical Officer instead of the Voluntary Assisted Dying Commissioner.

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**Valerie Vaz**

**NC5**

Rachael Maskell  
Adam Jogee  
Mary Glendon  
Dr Allison Gardner

To move the following Clause—

#### **“Implications for civil procedure rules and probate proceedings**

- (1) The Secretary of State must, within six months of the passing of this Act, publish a report setting out the implications of this Act on—
  - (a) the civil procedure rules, and
  - (b) probate proceedings.
- (2) The report in subsection (1) must include an analysis of likely consequential changes to the civil procedure rules and probate proceedings in consequence of this Act.”

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**Valerie Vaz**

**NC6**

Rachael Maskell  
Adam Jogee  
Mary Glendon  
Dr Allison Gardner

To move the following Clause—

#### **“Board to consult communities**

- (1) The Commissioner must, within six months of being appointed under this Act, appoint a consultation board.

- (2) The role of the board is to consult communities in order to report to the Commissioner on the impact of the Act on those communities.
- (3) The Board must report to the Commissioner and the Secretary of State every 12 months from its appointment on its findings.
- (4) The communities that the Board must consult include people from Black, Asian and Minority Ethnic communities.
- (5) The Board may consult other groups in addition to those listed in subsection (4) as it considers appropriate.
- (6) The Secretary of State must, within 3 months of receiving a report under subsection (3), lay that report before both Houses of Parliament."

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Saqib Bhatti

NC7

To move the following Clause—

**"Doctor independence**

- (1) Any same two registered medical practitioners may not be involved in the assessment of any one person (whether as co-ordinating doctor or independent doctor) more than three times in any 12-month period.
- (2) Where section 13 applies the Commissioner may authorise one additional instance in any relevant 12-month period.
- (3) The Secretary of State may, by regulations, modify the time periods specified in subsections (1) and (2) if, in the reasonable opinion of the Secretary of State, such modification is—
  - (a) necessary to ensure the availability of assisted dying, and
  - (b) does not compromise the independence of the two assessments."

**Member's explanatory statement**

This new clause limits the number of times two doctors can both act in the assessment of any one person to three times a year. It allows for the Commissioner to increase that limit in the case of death or incapacity of a doctor. Finally, the Secretary of State is given the power to modify that limit. Amendment 50 is consequential to this and ensures such regulations are made using the affirmative procedure.

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Gregory Stafford

NC8

Andrew Rosindell

To move the following Clause—

**"Novel treatments not authorised by the Medicines and Healthcare products Regulatory Agency**

- (1) For the purposes of this section, a "novel treatment" means any medicinal product, therapy, or medical intervention that does not currently hold full

marketing authorisation from the Medicines and Healthcare products Regulatory Agency (MHRA) for use in the United Kingdom.

- (2) Where, in fulfilling their duty under subsection (5)(5)(b) - to explain to and discuss with that person any treatment available and the likely effect of it - a registered medical practitioner advises that a novel treatment may be available and could provide therapeutic benefit, the patient may request the administration of such a treatment, provided that—
  - (a) the practitioner, exercising their professional judgment, reasonably believes the treatment could offer a meaningful therapeutic benefit to the patient, especially where conventional, fully approved treatments are ineffective, inappropriate, or have been declined by the patient; and
  - (b) the practitioner obtains the patient's informed consent (or that of their legally authorised representative), after—
    - (i) fully informing them of the novel status of the treatment;
    - (ii) explaining the potential risks, anticipated benefits (if any), and uncertainties associated with its use; and
    - (iii) presenting any available evidence regarding its safety and efficacy, including the limitations of such evidence.
- (3) Notwithstanding any provision of the Human Medicines Regulations 2012, or any other enactment, regulation, or statutory instrument now or previously in force, where the conditions in subsection (2) are satisfied, the registered medical practitioner may procure, prescribe, administer, or import the novel treatment for the sole use of that named patient, provided that—
  - (a) the treatment is imported, procured, or prescribed solely for the patient under the direct care and supervision of the registered medical practitioner;
  - (b) the practitioner notifies the MHRA in writing, within a specified and reasonable timeframe, of the importation, procurement, or administration of the novel treatment;
  - (c) the treatment is administered under conditions ensuring appropriate patient safety, monitoring, and care;
  - (d) the treatment is not advertised, promoted, or otherwise publicised beyond what is clinically necessary to facilitate its lawful provision and administration; and
  - (e) before administering the treatment, an independent registered medical practitioner—
    - (i) who has not been involved in the patient's care or treatment, is not related to the patient, and does not stand to benefit materially from the patient's decision—
    - (ii) has reviewed the proposed treatment and provided a written second opinion, using a proscribed proforma, confirming that the conditions set out in subsection (2) are met and that, in their professional judgment, the proposed treatment has a plausible scientific rationale and may provide a therapeutic benefit to the patient.



- (4) Any decision to consider, procure, import, or administer a novel treatment under this section must be fully documented in the patient's medical record, including—
- (a) the clinical rationale for recommending the novel treatment;
  - (b) details of the process and confirmation of informed consent obtained from the patient or their representative;
  - (c) any relevant evidence, data, or professional guidance considered in support of the decision;
  - (d) written confirmation of the notification to the MHRA, including details and the date thereof;
  - (e) a copy of the written second opinion obtained under subsection (3)(e); and
  - (f) a record of the clinical outcome in terms of safety and efficacy."

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**Sarah Bool**

**NC9**

Rebecca Paul  
Adam Jogee  
Rachael Maskell  
Andrew Rosindell

To move the following Clause—

**"Standard of proof**

- (1) Where a registered medical practitioner is required to be satisfied of a matter (other than under section 23(5)), the applicable standard of proof is a balance of probabilities but if they are not satisfied beyond reasonable doubt they must indicate in their report or statement that they are not so satisfied.
- (2) Where an Assisted Dying Review Panel is required to be satisfied of a matter, the applicable standard of proof is beyond reasonable doubt.
- (3) Where a registered medical practitioner is required to be satisfied of matters arising under section 23(5), the applicable standard of proof is beyond reasonable doubt."

**Member's explanatory statement**

This new clause would require the co-ordinating and independent doctor to flag if they are unsure whether one of the eligibility requirements is met or not. It also requires that a panel has to be sure that all the eligibility requirements are met. Finally, it requires the doctor administering the lethal substance to be sure that the person has capacity, a clear settled and informed wish to end their life, and is acting voluntarily without coercion and pressure.

---

**Rebecca Paul**

NC16

Daniel Francis  
 Jack Rankin  
 Jim Allister  
 Rebecca Smith  
 Rachael Maskell

Dame Karen Bradley

Sir Julian Smith

Andrew Rosindell

To move the following Clause—

**“Wish to end one’s own life**

- (1) A person does not have a wish to seek assistance to end their own life in accordance with this Act under section 5(5) if they are substantially motivated by—
- (a) not wanting to be a burden on others or on public services,
  - (b) a mental disorder (including depression),
  - (c) a disability (other than the terminal illness),
  - (d) financial considerations, including lack of adequate housing,
  - (e) lack of access, or delayed access, to treatment or other service which a public authority is required (or can reasonably be expected to) provide, or
  - (f) suicidal ideation.”

**Member's explanatory statement**

This new clause ensures that a wish to end one’s own life that is substantially motivated by the factors listed in the amendment does not qualify for the provision of assistance under this Act.

---

**Rebecca Paul**

NC17

Rachael Maskell  
 Dr Ben Spencer  
 Andrew Rosindell

To move the following Clause—

**“No detriment for care home or hospice not providing assistance**

- (1) No regulated care home or hospice shall be subject to any detriment by a public authority as a result of not—
- (a) providing assistance in accordance with this Act, or
  - (b) permitting such assistance to take place on their premises.
- (2) No funding given by a public authority to a regulated care home or hospice can be conditional on that care home or hospice—
- (a) providing assistance in accordance with this Act, or
  - (b) permitting such assistance to take place on their premises.”

**Member's explanatory statement**

This new clause would mean that regulated care homes and hospices cannot be subject to any detriment for not providing or permitting assistance in accordance with this Act, and that their funding cannot be conditional on them providing or permitting such assistance.

**Rebecca Paul**

**NC18**

Rachael Maskell  
Dr Ben Spencer  
Andrew Rosindell

To move the following Clause—

**“Care Homes and Hospices to decide their own involvement**

- (1) Nothing in this Act prevents any regulated care home or hospice from deciding whether (and if so to what extent) it wishes to provide assistance under this Act or to allow it on its premises.”

**Member's explanatory statement**

This new clause ensures that care homes and hospices are free to decide whether and to what extent they wish to provide assistance under this Act or allow it on their premises.

**Sarah Olney**

**NC19**

Graham Stuart  
Saqib Bhatti  
Sir Iain Duncan Smith  
Damian Hinds  
Danny Kruger

Rebecca Smith  
Tim Farron  
Jack Rankin  
Dr Ben Spencer  
Melanie Ward

Gregory Stafford  
Katie Lam  
Jim Allister  
Dame Karen Bradley

Dame Harriett Baldwin  
Daniel Francis  
Rachael Maskell  
Jess Asato

To move the following Clause—

**“Collection of statistics**

- (1) The Voluntary Assisted Dying Commissioner must ensure that the statistics specified in Schedule (*Statistics to be collected*) are collected.
- (2) The Commissioner must publish a yearly report setting out those statistics.
- (3) The Secretary of State may, by regulation, vary the contents of Schedule (*Statistics to be collected*).”

**Rebecca Paul**

**80**

Rachael Maskell  
Andrew Rosindell

Clause 2, page 2, line 4, leave out “and” and insert—

“(aa) As a result of that illness or disease the person is experiencing (or will likely experience) severe pain and discomfort that cannot be reasonably relieved to the person’s satisfaction through palliative care, and”

**Member's explanatory statement**

This amendment requires that, in order to qualify, the terminal illness causes (or is likely to cause) severe pain and discomfort that cannot reasonably be relieved through palliative care.

---

**Dr Ben Spencer**

**18**

Clause 2, page 2, line 6, leave out from “expected” to end

**Member's explanatory statement**

This amendment would remove the six-month time limit for a person to be eligible for an assisted death.

---

**Tom Gordon**

**4**

Vikki Slade  
Neil Duncan-Jordan  
Liz Jarvis  
Siân Berry  
Carla Denyer

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

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

---

**Naz Shah**

**14**

Dame Meg Hillier  
Rachael Maskell  
Melanie Ward  
Neil Coyle  
Antonia Bance

Jess Asato  
Marsha De Cordova  
Daniel Francis  
Graham Stringer  
Carla Denyer  
Mr Angus MacDonald  
Dr Allison Gardner  
David Baines  
Leigh Ingham

Sean Woodcock  
Perran Moon  
Sarah Olney  
Rebecca Paul  
Maya Ellis  
Mary Glindon  
Anna Dixon  
Andrew Rosindell

Gill Furniss  
Mary Kelly Foy  
Valerie Vaz  
Adam Jogee  
Liam Conlon  
Darren Paffey  
Sarah Smith  
Monica Harding

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

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

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<b>Naz Shah</b>			<b>38</b>
Dame Meg Hillier			
Graham Stringer			
Rebecca Paul			
Adam Jogee			
Maya Ellis			
Daniel Francis	Mary Kelly Foy	Mary Glendon	
Rachael Maskell	Darren Paffey	David Baines	
Sir Julian Smith	Leigh Ingham		

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

“(1A) A person who would not otherwise meet the requirements of subsection (1) shall not be considered to meet those requirements solely as a result of refusing standard medical treatment or taking any action intended to bring about a state of terminal illness.”

**Member's explanatory statement**

This amendment clarifies that an individual who is not already terminally ill under the definition in subsection (1) cannot qualify by refusing standard treatment or taking steps to induce a terminal condition.

---

<b>Kim Leadbeater</b>	<b>55</b>
Carla Denyer	
Rachel Hopkins	

Clause 2, page 2, line 8, leave out “, disease or medical condition” and insert “or disease”

**Member's explanatory statement**

This amendment aligns the wording of subsection (2) with the wording used in subsection (1) (which defines what it means to be “terminally ill” for the purposes of the Bill).

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<b>Rebecca Paul</b>	<b>81</b>
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Page 2, line 16, leave out Clause 3

**Daniel Francis**

24

Melanie Ward  
 Neil Coyle  
 Dame Meg Hillier  
 Antonia Bance  
 Jess Asato

Rachael Maskell  
 Sean Woodcock  
 Sojan Joseph  
 Uma Kumaran  
 Rebecca Paul  
 Dame Siobhain McDonagh  
 Kate Osamor  
 Dr Allison Gardner  
 David Baines  
 Ben Coleman

Richard Baker  
 Naz Shah  
 Sarah Olney  
 Margaret Mullane  
 Maya Ellis  
 Mr Angus MacDonald  
 Adam Jogee  
 Anna Dixon  
 Sir Julian Smith

Juliet Campbell  
 Marsha De Cordova  
 Ms Polly Billington  
 Graham Stringer  
 Mary Kelly Foy  
 Paul Waugh  
 Mary Glindon  
 Sarah Smith  
 Monica Harding

Clause 3, page 2, line 18, at end insert “except that section 1(2) of that Act shall not apply”

**Member's explanatory statement**

This amendment would disapply the presumption that a person has capacity unless the opposite is established.

**Dr Ben Spencer**

17

Rachael Maskell

Clause 3, page 2, line 18, at end insert—

- “(2) For the purposes of the assessment of a person’s capacity under this Act the information relevant to the decision as specified under section 3(1)(a) of the Mental Capacity Act 2005 must include, but is not limited to—
- (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,
  - (b) the likely pathway to and experience of death, including relevant risks of complications, following proceeding to self-administer a substance to end their own life under the provisions of this Act,
  - (c) a decision to proceed under this Act does not prevent or make unavailable any care and treatment provision that would normally be provided,
  - (d) 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,

- (e) 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,
- (f) a decision to proceed under this Act is a decision to self-administer a substance to end their own life,
- (g) the self-administration of such a substance is not a medical treatment for their terminal illness but a personal choice concerning life and death, and
- (h) relevant legal consequences from proceeding with a request for assistance to end their own life, including life insurance and categorisation of death certification."

---

**Patricia Ferguson**

13

Dame Meg Hillier  
 Rachael Maskell  
 Melanie Ward  
 Neil Coyle  
 Antonia Bance

Jess Asato  
 Liz Jarvis  
 Sir Desmond Swayne  
 Darren Paffey  
 Maya Ellis  
 Sarah Smith

John Grady  
 Tracy Gilbert  
 Dr Scott Arthur  
 Brian Mathew  
 Mary Kelly Foy  
 Carla Denyer

Daniel Francis  
 Elaine Stewart  
 Kirsteen Sullivan  
 Adam Jogee  
 Mary Glindon

Clause 4, page 2, line 22, at end insert—

- “(2A) A person may not be appointed under subsection (2) unless the appointment has the consent of the Health and Social Care Select Committee of the House of Commons.
- (2B) In this section, references to the Health and Social Care Committee shall—
- (a) if the name of that Committee is changed, be taken (subject to paragraph (b)) to be references to the Committee by its new name;
  - (b) if the functions of that Committee at the passing of this Act with respect to matters relating to the provision of assistance under this Act become functions of a different committee of the House of Commons, be taken to be references to the committee by whom the functions for the time being exercisable.”

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**Dame Meg Hillier**

2

Naz Shah  
Antonia Bance  
Jess Asato  
John Grady  
Patricia Ferguson

John Lamont  
Lillian Jones  
Ms Marie Rimmer  
Dame Harriett Baldwin  
Gill Furniss  
Rosie Duffield  
Rachael Maskell  
Daniel Francis  
Rebecca Paul  
Mr Angus MacDonald  
Sir John Hayes

Bradley Thomas  
Sir Desmond Swayne  
Mary Kelly Foy  
Wera Hobhouse  
Melanie Ward  
Tim Farron  
Lewis Cocking  
Valerie Vaz  
Maya Ellis  
Dr Allison Gardner  
Kenneth Stevenson

Simon Hoare  
Adam Jogee  
Margaret Mullane  
Derek Twigg  
Marsha De Cordova  
Juliet Campbell  
Kate Osamor  
Graham Stringer  
Liam Conlon  
Andrew Rosindell

Clause 5, page 3, line 5, leave out subsection (2)

**Member's explanatory statement**

This amendment is consequential to NC1.

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**Damian Hinds**

101

Rachael Maskell

Clause 5, page 3, line 7, after "person" insert ", unless the person has Down syndrome or a learning disability, in which case a registered medical practitioner must not initiate, suggest, or raise the matter of assisted dying with that person"

**Member's explanatory statement**

This amendment would disallow medical practitioners from initiating a conversation about assisted dying with a person who has Down Syndrome or a learning disability.

---

**Rebecca Smith**

102

Rachael Maskell

Clause 5, page 3, line 12, 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 would mean that a preliminary discussion could not be held with someone who has remediable suicide risk factors which pose a significant risk to their life.



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<b>Rachael Maskell</b>			<b>26</b>
Sir Desmond Swayne Graham Stringer Margaret Mullane Marsha De Cordova Emma Lewell			
Daniel Francis Paul Waugh Valerie Vaz Dame Siobhain McDonagh Dr Allison Gardner Sir John Hayes	Dame Meg Hillier Kate Osamor Lillian Jones Ruth Jones Andrew Rosindell	Dr Scott Arthur Adam Jogee Sir Iain Duncan Smith Mary Glendon Ms Marie Rimmer	

Clause 5, page 3, line 20, leave out “, hospice”

**Member's explanatory statement**

This amendment leaves out reference to a hospice, since this is a setting for the provision of palliative care.

---

<b>Kim Leadbeater</b>			<b>56</b>
Rachel Hopkins			

Clause 7, page 4, line 14, at end insert—

“(2A) The coordinating doctor must give a copy of the first declaration to the Commissioner as soon as reasonably practicable after it has been made.”

**Member's explanatory statement**

This amendment requires the coordinating doctor to give a copy of the first declaration to the Commissioner.

---

<b>Kim Leadbeater</b>			<b>57</b>
Rachel Hopkins			

Clause 7, page 5, line 14, leave out “include training about” and insert “provide that the practitioner must have had training about the following”

**Member's explanatory statement**

This clarifies that the obligation under subsection (7) is to specify training about certain matters.

---

<b>Kim Leadbeater</b>			<b>58</b>
Rachel Hopkins			

Clause 7, page 5, line 18, leave out “specific and up-to-date training on”

**Member's explanatory statement**

This clarifies that the training is to be about adjustments and safeguards for autistic people and person with a learning disability (rather than training about training about such matters).

---

**Kim Leadbeater** 59  
Liz Jarvis  
Rachel Hopkins

Clause 7, page 5, line 19, at end insert—  
“(d) domestic abuse.”

**Member's explanatory statement**

This is a drafting change (moving the duty for the regulations to require the coordinating doctor to have received training on domestic abuse so that it is located with other similar duties). See also amendment 74, which defines “domestic abuse” for the purposes of the Bill.

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**Sarah Olney** 87  
Carla Denyer  
Monica Harding

Clause 9, page 6, line 2, at end insert—  
“(1A) The coordinating doctor must take all reasonable steps, including by asking the person, the Commissioner, and the relevant Chief Medical Officer, to find out whether that person has previously made a first declaration.  
  
(1B) If it appears that the person has previously made a first declaration, the coordinating doctor must obtain all relevant reports relating to that first declaration and, if no reports are available, must speak to the doctor who witnessed it unless that is not reasonably possible.”

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**Rachael Maskell** 45  
Marsha De Cordova  
Paul Waugh  
Kate Osamor  
Adam Jogee  
Valerie Vaz  
  
Sir Desmond Swayne      Lillian Jones      Sir Iain Duncan Smith  
Emma Lewell      Dame Siobhain McDonagh      Sojan Joseph  
Ruth Jones      Margaret Mullane      Maya Ellis  
Mary Glendon      Andrew Rosindell      Ms Marie Rimmer  
Sir John Hayes      Monica Harding      Kenneth Stevenson

Clause 9, page 6, line 3, leave out from “person” to end of line 16 and insert—  
“(1) On completion of the first declaration, the coordinating doctor must convene a clinical panel to carry out the first assessment.

- (1A) the “first assessment” is an assessment to determine a person’s eligibility for assistance under this Act.
- (1B) The clinical panel must consist of—
  - (a) a registered social worker,
  - (b) a registered psychiatrist,
  - (c) a palliative care consultant, registered on the GMC Specialist Register,
  - (d) a doctor who is—
    - (i) a consultant in a specialty of the patient’s diagnosis, if the coordinating doctor is a GP, or
    - (ii) a GP, if the co-ordinating doctor is a consultant, and
  - (e) the coordinating doctor.
- (1C) All registered health and social worker professionals on the clinical panel must have—
  - (a) received relevant training as determined by the Secretary of State, and
  - (b) opted in to determine that they are eligible to be on that panel.
- (1D) The Secretary of State may by regulations establish a system for registered health and social worker professionals to opt in under subsection (1B).
- (1E) For the first assessment, the clinical panel must establish—
  - (a) why the person wants to end their life through an assisted death and the alternatives they have considered,
  - (b) the person’s understanding of their disease or illness and how this can be palliated,
  - (c) whether there have been any intrinsic or extrinsic coercion which has led to the person seeking an assisted death,
  - (d) what support is available to the person and their carers for the duration of the person’s life,
  - (e) that the person—
    - (i) is terminally ill,
    - (ii) has capacity to make the decision to end their own life,
    - (iii) was aged 18 or above at the time the first declaration was made,
    - (iv) is in England and Wales,
    - (v) is an ordinary resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration,
    - (vi) is registered as a patient with a general medical practice in England or Wales,
    - (vii) has a clear, settled and informed wish to end their own life,
    - (viii) made the first declaration voluntarily and has not been subject to coercion or pressured by any other person into making it,
    - (ix) is secure in their decision, and
    - (x) is not having their decision making impacted by their mental health.

- (1F) The clinical panel must provide the person with information on the support available for the duration of their life, including future care planning.
- (1G) The members of the clinical panel must meet with the patient.
- (1H) For the purposes of subsection (1G), the person may meet the clinical panel members separately or as a group, depending on the person's wishes.
- (1I) When all assessments are complete all the members of the clinical panel must meet to discuss the patient's safety, eligibility and care plan, including referral to specialist services.
- (1J) Should the panel come to the view that the criteria set out in subsection (1E)(e) are not met, they must prepare a written statement and a member of the panel must meet the patient to discuss their findings.
- (1K) When presenting the report under subsection (1J), the member of the panel must discuss with the person—
  - (a) the options available to the person, which can include the provision of more information, and
  - (b) access to the clinical or other support they require."

---

**Dr Ben Spencer**

30

Rachael Maskell  
 Graham Stringer  
 Rebecca Paul  
 Adam Jogee  
 Anna Dixon

David Baines  
 Sir Julian Smith

Carla Denyer  
 Andrew Rosindell

Steve Darling

Clause 9, page 6, 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.

---

**Rachael Maskell**

46

Paul Waugh  
 Kate Osamor  
 Lillian Jones  
 Sir Iain Duncan Smith  
 Emma Lewell

Dame Siobhain McDonagh  
 Mary Glendon

Sojan Joseph  
 Sir John Hayes

Margaret Mullane

Clause 9, page 6, line 27, leave out from "if" to "refer" in line 28 and insert "the clinical panel is satisfied of all the matters listed in subsection (1E)(e),"

---

**Kim Leadbeater**

60

Rachel Hopkins

Clause 9, page 7, line 1, at end insert—

- “(6) Where—
- (a) a referral is made under subsection (3)(c),
  - (b) the independent doctor dies or through illness is unable or unwilling to act as the independent doctor, and
  - (c) no report under section 10 has been made by virtue of the referral, a further referral may be made under subsection (3)(c).
- (7) Where a referral is made to a registered medical practitioner by virtue of subsection (6), that practitioner becomes the independent doctor (replacing the registered medical practitioner to whom a referral was originally made) and sections 10 to 12 and (*Replacing the coordinating or independent doctor where unable or unwilling to continue to act*) apply accordingly.”

**Member's explanatory statement**

This amendment makes provision, corresponding to the provision in clause 12 about the death or illness of a doctor from whom a second opinion is sought, for a further referral to be made where, before reporting, the independent doctor dies or through illness is unable or unwilling to act.

---

**Dr Ben Spencer**

32

Rachael Maskell  
Sojan Joseph  
Andrew Rosindell

Clause 10, page 8, line 6, at end insert—

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

**Member's explanatory statement**

This amendment would require the independent doctor to have special experience in the diagnosis of mental disorder.

---

**Kim Leadbeater**

61

Rachel Hopkins

Clause 10, page 8, line 22, leave out “include training about” and insert “provide that the practitioner must have had training about the following”

**Member's explanatory statement**

This clarifies that the obligation under subsection (10) is to specify training about certain matters.

---

**Kim Leadbeater**

62

Liz Jarvis  
Carla Denyer  
Rachel Hopkins

Clause 10, page 8, line 25, at end insert—

“(c) domestic abuse.”

**Member's explanatory statement**

This is a drafting change.

---

**Sarah Bool**

51

Adam Jogee

Clause 11, page 9, line 10, at end insert—

“(v) whether, according to any reasonable body of medical or scientific opinion, there are risks of complications (including pain), and what those complications are, from the substance to be ingested;”

**Member's explanatory statement**

This amendment requires doctors to inform persons seeking assisted dying of any reasonable medical and scientific opinion according to which the lethal drugs have a risk of complication and what those complications are.

---

**Jess Asato**

33

Rachael Maskell  
Daniel Francis  
Dame Meg Hillier  
Rebecca Paul  
Adam Jogee

Maya Ellis  
David Baines  
Kenneth Stevenson

Mary Kelly Foy  
Josh Fenton-Glynn

Anna Dixon  
Sir Julian Smith

Clause 11, page 9, line 24, at end insert—

“(fa) ask the person whether they have discussed the request with their next of kin and other persons they are close to and, where they have not done so, discuss their reasons for not doing so.”

**Member's explanatory statement**

This amendment would require the assessing doctors to ask the person whether they have discussed their request for an assisted death with family and friends, and to discuss their reasons if not, in order to decide whether to advise that they should do so under subsection (g).

---

**Anna Dixon** 22

Jess Asato  
Tom Morrison  
Sarah Olney  
Marsha De Cordova  
Rachael Maskell

Daniel Francis  
Dame Meg Hillier  
Patricia Ferguson  
Liam Conlon  
Dr Allison Gardner  
Sir Julian Smith  
Kenneth Stevenson

Dr Scott Arthur  
Valerie Vaz  
Rebecca Paul  
Mary Glindon  
David Baines  
Ms Polly Billington

Margaret Mullane  
Maya Ellis  
Adam Jogee  
Torcuil Crichton  
Dr Ben Spencer  
Paul Waugh

Clause 11, page 9, line 28, leave out from “must” to end of line 33 and insert “consult such other health and social care professionals with qualifications in, or experience of, a matter relevant to the person being assessed, including but not limited to clinical, psychological and social matters.”

**Member's explanatory statement**

This amendment would require the assessing doctor to consult other health professions and other persons as the assessing doctor sees fit on clinical, psychological and social matters relevant to the person.

---

**Kim Leadbeater** 63

Liz Jarvis  
Carla Denyer  
Rachel Hopkins

Clause 11, page 9, line 44, leave out “, disease or condition” and insert “or disease”

**Member's explanatory statement**

This amendment aligns the wording used here with the wording used in Clause 2(1) (which defines what it means to be “terminally ill” for the purposes of the Bill).

---

**Kim Leadbeater** 64

Rachel Hopkins

Clause 12, page 10, line 40, leave out “section 10 and 11” and insert “sections 10, 11 and (*Replacing the coordinating or independent doctor where unable or unwilling to continue to act*)”

**Member's explanatory statement**

This amendment is consequential on NC11.

---

**Kim Leadbeater**

65

Rachel Hopkins

Clause 12, page 11, line 3, at end insert "*and section (Replacing the coordinating or independent doctor where unable or unwilling to continue to act)(6)(a)(ii)*"

**Member's explanatory statement**

This amendment is consequential on NC11.

---

**Sir Jeremy Wright**

47

Rebecca Paul  
Maya Ellis  
Mary Kelly Foy  
Sir Julian Smith  
Leigh Ingham

Clause 14, page 11, line 33, at end insert—

- “(2A) The Commissioner must give notice of the referral to any persons who are likely to have an interest in being notified by virtue of being persons properly interested in the welfare of the person to whom the referral relates, and other persons they are close to.
- (2B) Those persons may either become parties to the proceedings before the panel or may give evidence to the panel without becoming parties, at the Panel’s discretion.
- (2C) The Commissioner must issue a practice direction relating to the matters in subsection (2A) and (2B).”

---

**Sir Jeremy Wright**

48

Rebecca Paul  
Maya Ellis  
Mary Kelly Foy  
David Baines  
Sir Julian Smith  
Leigh Ingham

Clause 14, page 11, line 33, at end insert—

- “(2A) The Commissioner must give notice of the referral to the designated authority and make them a party to the proceedings.



- (2B) The designated authority must send a representative or advocate to the panel who will be tasked to make all reasonable arguments to the panel for why a certificate of eligibility should not be granted.
- (2C) The designated authority shall be one of the following as chosen by the Secretary of State in regulations—
  - (a) the Official Solicitor,
  - (b) the King's Proctor,
  - (c) the Attorney General, or
  - (d) any other body so designated by the Secretary of State."

---

**Dr Ben Spencer**

31

Rachael Maskell  
 Graham Stringer  
 Rebecca Paul  
 Anna Dixon  
 Carla Denyer  
 Sir Julian Smith

Clause 15, page 12, line 17, at end insert—

"(da) that the person has relevant and available palliative care options,"

**Member's explanatory statement**

This amendment, which is linked to Amendment 30 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.

---

**Sojan Joseph**

5

Rachael Maskell  
 Daniel Francis  
 Adam Jogee  
 Maya Ellis  
 Mary Kelly Foy  
 Mary Glindon

Clause 15, page 12, line 29, at end insert—

"(j) that there are no psychological, social or environmental factors influencing the person to make the decision."

**Member's explanatory statement**

This amendment ensures that the panel must be satisfied that no psychological, social or environmental factors are influencing the decision of a person to seek assisted dying.

---

**Catherine Atkinson**

6

Dame Meg Hillier  
 Rachael Maskell  
 Melanie Ward  
 Neil Coyle  
 Antonia Bance

Jess Asato  
 Adam Jogee  
 Mary Glindon  
 Sarah Smith

Daniel Francis  
 Maya Ellis  
 Dr Allison Gardner  
 David Baines

Rebecca Paul  
 Mary Kelly Foy  
 Anna Dixon  
 Dr Ben Spencer

Clause 15, page 12, line 33, leave out “may” and insert “must”

**Member's explanatory statement**

This amendment would require the panel to question the coordinating doctor or the independent doctor.

---

**Catherine Atkinson**

7

Dame Meg Hillier  
 Rachael Maskell  
 Melanie Ward  
 Neil Coyle  
 Antonia Bance

Jess Asato  
 Maya Ellis  
 Dr Allison Gardner  
 David Baines

Daniel Francis  
 Mary Kelly Foy  
 Anna Dixon

Adam Jogee  
 Mary Glindon  
 Sarah Smith

Clause 15, page 12, line 35, leave out “may” and insert “must”

**Member's explanatory statement**

This amendment would require the panel to question the person seeking an assisted death.

---

**Jess Asato**

10

Dame Meg Hillier  
 Rachael Maskell  
 Melanie Ward  
 Neil Coyle  
 Antonia Bance

Daniel Francis  
 Maya Ellis  
 Anna Dixon  
 Josh Fenton-Glynn

Rebecca Paul  
 Mary Kelly Foy  
 Sarah Smith  
 Carla Denyer

Adam Jogee  
 Dr Allison Gardner  
 David Baines  
 Kenneth Stevenson

Clause 15, page 12, line 36, at end insert—

“(ba) must ask the person whether they have discussed the request with their next of kin and other persons they are close to and, where they have not done so, discuss their reasons for not doing so;”

**Member's explanatory statement**

This amendment would require the Voluntary Assisted Dying Panel to ask the person whether they have discussed their request for an assisted death with family and friends, and to discuss their reasons if not, in order to determine whether to grant a certificate of eligibility.

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<b>Catherine Atkinson</b>			<b>8</b>
Dame Meg Hillier Rachael Maskell Melanie Ward Neil Coyle Antonia Bance			
Jess Asato Adam Jogee Mary Kelly Foy Sarah Smith	Daniel Francis Maya Ellis Mary Glindon David Baines	Rebecca Paul John Grady Anna Dixon	

Clause 15, page 12, line 38, at end insert—

- “(ca) must consider hearing from and questioning—
- (i) persons properly interested in the welfare of the person to whom the referral relates, and other persons they are close to; and
  - (ii) any other person who has provided treatment or care for the person to whom the referral relates in relation to that person’s terminal illness;”

**Member's explanatory statement**

This amendment would require the panel to consider hearing from those with an interest in the welfare of the person and those who have provided treatment to them.

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<b>Jess Asato</b>			<b>11</b>
Dame Meg Hillier Melanie Ward Neil Coyle Antonia Bance Daniel Francis			
Adam Jogee Mary Glindon Sarah Smith Carla Denyer	Maya Ellis Dr Allison Gardner David Baines	Mary Kelly Foy Anna Dixon Josh Fenton-Glynn	

Clause 15, page 13, line 4, leave out subsection (6) and insert—

- “(6) If the panel is of the opinion that there are exceptional circumstances which justify not hearing from the person, then the duties under subsections (4)(b) and (4)(ba) do not apply.”

**Member's explanatory statement**

This amendment is connected to Amendment 10.

---

**Juliet Campbell**

23

Melanie Ward  
 Neil Coyle  
 Dame Meg Hillier  
 Antonia Bance  
 Jess Asato

Rachael Maskell  
 Adam Jogee  
 Dr Allison Gardner

Daniel Francis  
 Maya Ellis  
 Sarah Smith

Rebecca Paul  
 Mary Kelly Foy  
 David Baines

Clause 15, page 13, line 14, at end insert—

“(ca) where the person to whom the referral relates is under the age of 25, their next of kin;”

---

**Sir Jeremy Wright**

49

Rebecca Paul  
 Maya Ellis  
 Mary Kelly Foy  
 Sir Julian Smith  
 Leigh Ingham

Clause 16, page 13, line 23, leave out subsections (1) to (4) and insert—

- “(1) The person applying for assisted dying, any parties to the proceedings, or the registered medical practitioners who are treating them may apply to the Commissioner for the Panel’s decision to be reconsidered.
- (2) Anyone with evidence, which was not before the Panel, showing that a certificate of eligibility should not have been issued may apply to the Commissioner for the Panel’s decision to be reconsidered.
- (3) The Commission must consider, without a hearing, whether an application under subsection (1) or subsection (2) raises an arguable case that the Panel’s decision was—
  - (a) wrong, or
  - (b) unjust because of a serious procedural or other irregularity in the proceedings.
- (4) Upon receiving an application under subsection (2) the Commissioner must—
  - (a) if satisfied that there is an arguable case that either of the criteria in subsection (3) are met, refer as soon as reasonably practicable the person’s case to a different Assisted Dying Review Panel for a determination of whether either of the criteria in subsection (3) are met,
  - (b) in any other case, dismiss the application.
- (5) If the new Assisted Dying Review Panel concludes that the either criterion under subsection (3) is met, they must consider the person’s eligibility for a certificate of eligibility application afresh.

- (6) The new Assisted Dying Review panel may consider whether either of the subsection (3) criteria are met and the fresh application under subsection (5) together.
- (7) An assisted death must not take place for a person whose application for assisted dying is subject to the process under subsections (1) to (6) until the conclusion of that process."

---

**Kim Leadbeater**

66

Rachel Hopkins

Clause 23, page 19, line 21, leave out "subsection (3)" and insert "subsection (2)"

**Member's explanatory statement**

This is a drafting change.

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**Kim Leadbeater**

67

Liz Jarvis  
Rachel Hopkins

Clause 23, page 19, line 32, at end insert—

- "(6A) An approved substance may be provided to a person under subsection (2) by—
- (a) preparing a device which will enable that person to self-administer the substance, and
  - (b) providing that person with the device.

In the case of an approved substance so provided, the reference in subsection (3) to the approved substance is to be read as a reference to the device."

**Member's explanatory statement**

This amendment clarifies how the clause works in cases where an approved substance is provided by preparing a device and providing a person with the device.

---

**Kim Leadbeater**

68

Rachel Hopkins

Clause 23, page 19, line 36, leave out paragraph (b)

**Member's explanatory statement**

This amendment is consequential on amendment 67.

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**Dr Caroline Johnson**

96

Rachael Maskell  
Andrew Rosindell

Clause 25, page 21, line 5, at end insert—

“(1A) A drug or other substance may only be approved under this Act if the Secretary of State is reasonably of the opinion that there is a scientific consensus that this drug (or other substance) or combination of drugs (or other substances), is effective at ending someone’s life without causing pain or other significant adverse side effects.”

**Member's explanatory statement**

This amendment ensures that drugs can only be approved if the Secretary of State is reasonably of the opinion that there is a scientific consensus that the drug is effective at ending someone’s life without causing pain or other significant adverse side effects.

---

**Dr Caroline Johnson**

97

Rachael Maskell  
Dr Ben Spencer  
Andrew Rosindell

Clause 25, page 21, line 5, at end insert—

“(1A) A drug or other substance may only be approved under this Act if it has been licensed by the Medicines and Healthcare products Regulatory Agency for that purpose.”

**Member's explanatory statement**

This amendment ensures that drugs can only be approved for this purpose if the MHRA has licensed those drugs for that purpose.

---

**Dr Caroline Johnson**

98

Rachael Maskell  
Dr Ben Spencer

Clause 25, page 21, line 5, at end insert—

“(1A) Nothing in subsection (1) requires the Secretary of State to approve any drugs or other substance if they conclude that there are no appropriate drugs or other substances to approve.”

**Member's explanatory statement**

If the Secretary of State concludes that no drugs or substance is appropriate to be used, then the Secretary of State is not required by subclause 25(1) to approve any.

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<b>Rachael Maskell</b>			<b>27</b>
Sir Desmond Swayne Graham Stringer Margaret Mullane Marsha De Cordova Emma Lewell			
Daniel Francis Dr Scott Arthur Adam Jogee Lillian Jones Dame Siobhain McDonagh Mary Kelly Foy Anna Dixon	Sarah Olney Paul Waugh Valerie Vaz Sir Iain Duncan Smith Ruth Jones Mary Glindon Ms Marie Rimmer	Dame Meg Hillier Kate Osamor Sir Desmond Swayne Emma Lewell Maya Ellis Dr Allison Gardner Sir John Hayes	

Clause 25, page 21, line 7, at end insert—

- “(2A) The doses and types of lethal drugs specified in any regulations made under subsection (1) must be licensed by the Medicines and Healthcare products Regulatory Agency.
- (2B) The doses and types of lethal drugs to bring about the person’s death must be recommended by the guidelines of either—
- (a) the National Institute of Clinical Excellence, or
  - (b) the All Wales Medicines Strategy Group in Wales,
- as appropriate, prior to licensing.”

**Member's explanatory statement**

This amendment will require the doses and types of lethal drugs to be licensed by the Medicines and Healthcare products Regulatory Agency and to be recommended by either the National Institute of Clinical Excellence or the All Wales Medicines Strategy Group in Wales as appropriate prior to licensing.

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<b>Dr Caroline Johnson</b>			<b>99</b>
Jack Rankin Jim Allister Rebecca Smith Rachael Maskell Dr Ben Spencer			
Dame Karen Bradley Jess Asato	Danny Kruger Melanie Ward	Daniel Francis	

Clause 25, page 21, line 7, at end insert—

- “(2A) The Secretary of State may not lay a draft statutory instrument containing (whether alone or with other provision) regulations under subsection (1) before both Houses of Parliament unless they also lay before both Houses a report setting out all relevant information on the likely time to death, complications (including pain) and likely side effect.”

**Member's explanatory statement**

This amendment requires that a report be provided to Parliament setting out the information available on the proposed drugs, including time to death, complications (including pain) and likely side effects. Such a report is required before Parliament votes to approve the drugs or substance. See consequential Amendment 100.

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**Kim Leadbeater**

69

Liz Jarvis  
Rachel Hopkins

Clause 25, page 21, line 8, leave out subsection (3) and insert—

- “(3) See section (*Regulation of approved substances and devices for self-administration*) for powers to make provision about—
- (a) approved substances, and
  - (b) devices for use or used in connection with the self-administration of approved substances.”

**Member's explanatory statement**

This is consequential on NC13.

---

**Kim Leadbeater**

91

Liz Jarvis  
Rachel Hopkins

Clause 26, page 21, line 22, leave out paragraph (a) and insert—

- “(a) the person’s full name, date of birth, sex, ethnicity, and last permanent address;
- (aa) whether, immediately before death, the person had a disability within the meaning of section 6 of the Equality Act 2010 (other than a disability consisting of the illness or disease which caused the person to be terminally ill within the meaning of this Act);”

**Member's explanatory statement**

This amendment expands the duty as regards regulations about final statements so as to provide that certain additional information is included in final statements.

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**Kim Leadbeater**

52

Rachel Hopkins

Page 22, line 28, leave out Clause 28

**Member's explanatory statement**

This amendment is consequential on NC10.



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<b>Florence Eshalomi</b>			16
Dame Meg Hillier			
Rachael Maskell			
Melanie Ward			
Neil Coyle			
Antonia Bance			
Jess Asato	Daniel Francis	Sarah Olney	
Graham Stringer	Rebecca Paul	Maya Ellis	
Mary Kelly Foy	Mr Angus MacDonald	Calum Miller	
Mary Glendon	Dr Allison Gardner	Anna Dixon	
Sarah Smith	Dr Ben Spencer	Leigh Ingham	
Kenneth Stevenson			

Clause 28, page 22, line 35, insert—

“(3) There is no obligation on any care home or hospice regulated by the Care Quality Commission or the Care Inspectorate Wales to permit the provision of assistance under this Act on their premises.”

**Member's explanatory statement**

This amendment prevents there being any obligation on a care home or hospice which is regulated in England or Wales to permit the provision of assistance under the Act on their premises.

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<b>Kim Leadbeater</b>	53
Rachel Hopkins	

Page 25, line 24, leave out Clause 34

**Member's explanatory statement**

This amendment is consequential on NC13.

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<b>Kim Leadbeater</b>	54
Rachel Hopkins	

Page 25, line 34, leave out Clause 35

**Member's explanatory statement**

This amendment is consequential on NC15.

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<b>Dr Ben Spencer</b>	19
Rachael Maskell	
Graham Stringer	
Sojan Joseph	
Sir Iain Duncan Smith	

Clause 36, page 27, line 17, an end insert—

- “(ba) how the provisions of this Act relate to the operation of—
- (i) the Government’s strategy on suicide prevention,
  - (ii) the duties on clinicians and others to secure the right to life, including of those at risk of suicide, under paragraphs 1 and 2 of Article 2 (Right to Life) set out in Schedule 1 of the Human Rights Act 1998,
  - (iii) the Mental Health Act 1983,
  - (iv) deprivation of liberty safeguards as set out in Schedule A1 to the Mental Capacity Act 2005, and
  - (v) liberty protection safeguards as set out in Schedule AA1 to the Mental Capacity Act 2005.”

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**Kim Leadbeater**

70

Liz Jarvis  
Rachel Hopkins

Clause 36, page 27, line 20, at end insert—

- “(ca) ensuring effective communication in connection with persons seeking assistance under this Act to end their own lives, including the use of interpreters;”

**Member's explanatory statement**

This amendment provides that a code of practice must be issued covering ensuring effective communication in connection with persons seeking assistance under the Bill.

---

**Kim Leadbeater**

71

Rachel Hopkins

Clause 36, page 27, line 35, leave out subsection (3)

**Member's explanatory statement**

This amendment is consequential on amendment 70.

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**Dr Ben Spencer**

20

Rachael Maskell

Clause 36, page 28, line 5, leave out subsection (8) and insert—

- “(8) If it appears to a court or tribunal conducting any criminal or civil proceedings that—
- (a) a provision of a code, or
  - (b) a failure to comply with a code,

is relevant to a question arising in the proceedings, the provision or failure must be taken into account in deciding the question.”

**Kim Leadbeater** 89  
Rachel Hopkins

Page 28, line 7, leave out Clause 37

**Member's explanatory statement**

This amendment is consequential on NC20.

**Valerie Vaz** 34  
Rachael Maskell  
Adam Jogee  
Mary Glindon  
Dr Allison Gardner

Clause 37, page 28, line 14, at end insert—

- “(ii) persons from Black, Asian and Minority Ethnic communities and advocate groups representing those communities, and
- (iii) representatives of the healthcare sector, including persons who work in hospices.”

**Dame Siobhain McDonagh** 12  
Dame Meg Hillier  
Rachael Maskell  
Melanie Ward  
Neil Coyle  
Antonia Bance

Jess Asato	Daniel Francis	Graham Stringer
Adam Jogee	Jim Allister	Graham Stuart
Saqib Bhatti	Sir Iain Duncan Smith	Sean Woodcock
Damian Hinds	Dr Scott Arthur	Danny Kruger
Rebecca Smith	Gregory Stafford	Dame Harriett Baldwin
Maya Ellis	Liam Conlon	Mary Kelly Foy
Rebecca Paul	Jack Rankin	Mary Glindon
Darren Paffey	Dr Allison Gardner	Anna Dixon
Sarah Smith	Dr Ben Spencer	Sir Julian Smith
Leigh Ingham	Kenneth Stevenson	Marsha De Cordova

Clause 38, page 28, line 36, leave out subsections (4) and (5) and insert—

- “(4A) Regulations under subsection (1) may not amend, modify or repeal section 1 of the National Health Service Act 2006.”

**Member's explanatory statement**

This amendment would prevent section 1 of the National Health Service Act 2006, which sets out the purposes of the NHS, from being amended by regulations. Its effect would be to require changes to be made by an Act of Parliament instead.

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**Tom Tugendhat**

105

☆ Clause 38, page 29, line 4, leave out subsection (6)

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**Blair McDougall**

15

Dame Meg Hillier  
 Rachael Maskell  
 Melanie Ward  
 Neil Coyle  
 Antonia Bance

Jess Asato  
 Jim Allister  
 Sir Iain Duncan Smith  
 Rebecca Smith  
 Katie Lam  
 Jack Rankin  
 Anna Dixon  
 Dr Ben Spencer

Daniel Francis  
 Graham Stuart  
 Damian Hinds  
 Gregory Stafford  
 Maya Ellis  
 Darren Paffey  
 Sarah Smith

Adam Jogee  
 Saqib Bhatti  
 Danny Kruger  
 Dame Harriett Baldwin  
 Mary Kelly Foy  
 Dr Allison Gardner  
 Carla Denyer

Clause 38, page 29, line 5, at end insert—

“(6A) Regulations under this section must provide that, where a body other than a public authority provides voluntary assisted dying services under subsection (1), that body must publish an annual statement that includes information on the following—

- (a) the number of persons to whom the body has provided a preliminary discussion under section 5(3);
- (b) the number of to persons whom the body has assessed under section 9(1);
- (c) the number of persons whom the body has assessed under section 10(1);
- (d) the number of persons to whom assistance has been provided under section 23(2);
- (e) the cost and revenue associated with providing such assistance; and
- (f) any other matter that the Secretary of State may specify.”

**Member's explanatory statement**

This amendment would require private providers of the services permitted under the Act to publish annual statements of the numbers of people to whom they have provided those services. It would also require them to disclose their associated costs and revenue.

---

**Kim Leadbeater**

92

Rachel Hopkins

Clause 39, page 29, line 13, leave out from “Wales” to end of line 14

**Member's explanatory statement**

This amendment and amendment 93 ensure that the power under subsection (3) also covers provision securing that arrangements are made for the provision of services, so far as such provision is outside the legislative competence of the Senedd.

**Tom Tugendhat** 106

☆ Clause 39, page 29, line 16, leave out subsection (2)(a)

**Tom Tugendhat** 107

☆ Clause 39, page 29, line 22, leave out subsection (4)(a)

**Kim Leadbeater** 93  
Rachel Hopkins

Clause 39, page 29, line 27, at end insert—

“(b) a reference to provision about voluntary assisted dying services includes in particular provision securing that arrangements are made for the provision of such services.”

**Member's explanatory statement**

See the statement for Amendment 92.

**Andrew Pakes** 29  
Dame Meg Hillier  
Antonia Bance  
Jess Asato  
Melanie Ward  
Rachael Maskell  
  
Daniel Francis                      Adam Jogee                      Maya Ellis  
Mary Kelly Foy                      Dr Allison Gardner                      Anna Dixon

Clause 40, page 30, line 5, at end insert—

- “(5) Any notification to the Commissioner made pursuant to regulations under this section must be forwarded by the Commissioner to the relevant Chief Medical Officer.
- (6) The relevant Chief Medical Officer may exercise any power granted to the Commissioner under subsection (2).
- (7) In this section “relevant Chief Medical Officer” has the meaning given by section 37(5).”

**Munira Wilson**

21

Paulette Hamilton  
 Jess Asato  
 Tim Farron  
 Rachael Maskell  
 Tom Morrison

Jess Brown-Fuller  
 Sarah Olney  
 Rebecca Paul  
 Adam Jogee  
 Daniel Francis  
 Dr Allison Gardner  
 Dr Ben Spencer  
 Andrew Rosindell

Mr Lee Dillon  
 Graham Stringer  
 Zöe Franklin  
 Susan Murray  
 Alice Macdonald  
 Anna Dixon  
 Nick Timothy  
 Victoria Collins

Ian Roome  
 Vikki Slade  
 Calum Miller  
 Carla Denyer  
 Mr Angus MacDonald  
 Liz Jarvis  
 Marie Goldman  
 Monica Harding

Clause 43, page 31, line 15, at end insert—

- “(4) For the first reporting period referred to under subsection (2) (a) the report must set out an assessment of the state of health services to persons with palliative and end of life care needs and the implications of this Act on those services.
- (5) The report under subsection (4) must, in particular, include an assessment of the availability, quality and distribution of appropriate health services to persons with palliative and end of life care needs, including—
- (a) pain and symptom management;
  - (b) psychological support for those persons and their families;
  - (c) information about palliative care and how to access it.”

**Member's explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to prepare and publish an assessment of the availability, quality and distribution of palliative and end of life care services as part of the first report on implementation of the Act (to be undertaken within 1 year of the Act being passed). This would mirror the assessment already required as part of the 5 year review of the act.

**Andrew Pakes**

28

Dame Meg Hillier  
 Antonia Bance  
 Jess Asato  
 Melanie Ward  
 Rachael Maskell

Daniel Francis  
 Mary Kelly Foy  
 Anna Dixon

Adam Jogee  
 Mary Glindon

Maya Ellis  
 Dr Allison Gardner

Page 31, line 32, leave out Clause 45

**Member's explanatory statement**

This amendment is linked to NC4.

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<b>Valerie Vaz</b>	<b>35</b>
Rachael Maskell	
Adam Jogee	
Mary Glendon	
Dr Allison Gardner	
Carla Denyer	

Clause 45, page 32, line 20, after “characteristics” insert “, including persons representing Black, Asian and Minority Ethnic communities,”

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<b>Valerie Vaz</b>	<b>36</b>
Rachael Maskell	
Adam Jogee	
Mary Glendon	
Dr Allison Gardner	
Carla Denyer	

Clause 46, page 33, line 11, after “disabilities” insert “, and  
(ii) persons from Black, Asian and Minority Ethnic communities”

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<b>Kim Leadbeater</b>	<b>90</b>
Rachel Hopkins	

Page 33, line 18, leave out Clause 47

**Member's explanatory statement**  
This amendment is consequential on NC21.

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<b>Liz Saville Roberts</b>	<b>39</b>
Clause 47, page 33, line 19, after “provided” insert “in Wales”	
<b>Member's explanatory statement</b>	
This amendment specifies that this section applies only to services provided in Wales.	

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<b>Liz Saville Roberts</b>	<b>40</b>
Clause 47, page 33, line 24, at end insert—	
“(2A) Any entity providing a service or fulfilling a function under this Act must take all reasonable steps to ensure the particular health professionals providing a service or fulfilling a function under sections 5, 9, 10, 12, 15, and 23 have fluent proficiency in the Welsh language, if the services are to be provided to a person in Welsh under subsection (1).	

- (2B) For the purposes of subsection (2A), “fluent” includes speaking fluent Welsh in order to enable conversations with the person in Welsh.
- (2C) The Commissioner must take all reasonable steps to ensure members of Assisted Dying Panels will, if the person to whom the referral relates has asked for services to be provided in Welsh, when hearing from or questioning that person under section 15(4)(b), do so in Welsh.”

**Mr Paul Kohler**

103

Tom Tugendhat  
Sarah Olney  
Rebecca Smith  
Graham Stuart  
David Mundell

Jack Rankin  
Dame Harriett Baldwin  
Daniel Francis  
Calum Miller

Dame Karen Bradley  
Sir Julian Smith  
Jess Asato

Nick Timothy  
Simon Hoare  
Melanie Ward

Clause 50, page 34, line 24, leave out from “under” to end of line 29 and insert “any provision of this Act unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament.”

**Member's explanatory statement**

This amendment would require all statutory instruments in the Act, except commencement orders, to be made by the draft affirmative procedure. It is linked with Amendment 104 which creates the power for the Secretary of State to use the made affirmative procedure in cases of emergency.

**Kim Leadbeater**

72

Liz Jarvis  
Rachel Hopkins

Clause 50, page 34, line 24, after “10(9)”, insert “(*Regulation of approved substances and devices for self-administration*)”

**Member's explanatory statement**

This amendment provides that regulations under NC13 are subject to the draft affirmative procedure.

**Saqib Bhatti**

50

Clause 50, page 34, line 24, after “10(9),” insert “(*Doctor independence*)”

**Member's explanatory statement**

This amendment makes regulations under NC7 [*Doctor independence*] subject to the affirmative procedure.



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**Dr Caroline Johnson** 100

Clause 50, page 34, line 24, after “10(9),” insert “25(1)”

**Member's explanatory statement**

This amendment makes regulations under clause 25(1) subject to the draft affirmative procedure. It is consequential on Amendment 99.

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**Kim Leadbeater** 73

Clause 50, page 34, line 25, leave out “or 39” and insert “39, or (*Prohibition on advertising*)”

**Member's explanatory statement**

This amendment provides that regulations under NC14 are subject to the draft affirmative procedure.

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**Sarah Olney** 88  
Danny Kruger  
Daniel Francis  
Jess Asato

Clause 50, page 34, line 25, after “39” insert “or (Collection of statistics)”

**Member's explanatory statement**

This amendment provides that the changes to NS2 should be made by affirmative regulations, and is consequential to NS2.

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**Mr Paul Kohler** 104  
Tom Tugendhat  
Sarah Olney  
Rebecca Smith  
Graham Stuart  
David Mundell  
Jack Rankin  
Dame Harriett Baldwin  
Jess Asato  
Dame Karen Bradley  
Simon Hoare  
Calum Miller  
Nick Timothy  
Daniel Francis

Clause 50, page 34, line 32, at end insert—

“(5A) If they reasonably consider it urgent and necessary for the protection of others, the Secretary of State or the Welsh Ministers may dispense with the requirement to lay a draft statutory instrument.”

**Member's explanatory statement**

This amendment is linked with Amendment 103. It creates the power for the Secretary of State to use the made affirmative procedure in cases of emergency (this means that it would come into effect straight away but there would be a vote afterwards).

---

**Kim Leadbeater**

74

Liz Jarvis  
Rachel Hopkins

Clause 52, page 35, line 20, at end insert—

““domestic abuse” has the meaning given by section 1 of the Domestic Abuse Act 2021 (and accordingly includes behaviour that is controlling or coercive or that constitutes economic abuse);”

**Member's explanatory statement**

This amendment defines “domestic abuse” for the purposes of the Bill.

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**Kim Leadbeater**

75

Liz Jarvis  
Rachel Hopkins

Clause 52, page 35, line 31, at end insert—

““learning disability” has the meaning given by section 1(4) of the Mental Health Act 1983;”

**Member's explanatory statement**

This amendment defines “learning disability” for the purposes of the Bill.

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**Kim Leadbeater**

76

Rachel Hopkins

Clause 53, page 36, line 12, at beginning insert “Subject as follows,”

**Member's explanatory statement**

This amendment is consequential on amendment 77.

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**Kim Leadbeater**

77

Rachel Hopkins

Clause 53, page 36, line 12, at end insert “only.

- (2) Sections (*Regulation of approved substances and devices for self-administration*), (*Prohibition on advertising*), 50 and 52, this section, and sections 54 and 55 extend to England and Wales, Scotland and Northern Ireland.
- (3) Section (*No obligation to provide assistance etc*)(8) and Schedule (*Protection from detriment*) extend to England and Wales and Scotland.”

**Member's explanatory statement**

This amendment provides for NC13 (regulation of approved substances etc) and NC14 (prohibition on advertising), and the general provisions of the Bill, to extend to each part of the United Kingdom; and for NC10 (no obligation to provide assistance etc) and NS1 (protection from detriment) to extend to England and Wales and Scotland.

<b>Adam Jogee</b>			42
David Smith Leigh Ingham Stuart Andrew Dr Allison Gardner Alison Taylor			
Paul Holmes Lillian Jones Graham Stuart Ms Polly Billington Valerie Vaz Grahame Morris Mike Wood Dawn Butler Marsha De Cordova Yasmin Qureshi Chris McDonald Rebecca Smith Dan Aldridge Naz Shah Florence Eshalomi David Mundell Daniel Francis Dr Al Pinkerton Uma Kumaran Rachael Maskell	Dr Scott Arthur Sean Woodcock Saqib Bhatti Melanie Ward Anna Dixon Kate Osamor Laurence Turner Tom Tugendhat Sojan Joseph Andrew Rosindell Darren Paffey Gregory Stafford Nick Timothy Katrina Murray Rosie Duffield Katie Lam Mary Kelly Foy Kirsteen Sullivan Mary Glindon Dr Ben Spencer	Dame Meg Hillier Jim Allister Sir Iain Duncan Smith Rachel Gilmour Danny Kruger Mr James Frith Patricia Ferguson Antonia Bance David Baines Paulette Hamilton Damian Hinds Dame Harriett Baldwin Juliet Campbell Dame Siobhain McDonagh Kenneth Stevenson Maya Ellis Jack Rankin Richard Baker Callum Anderson Monica Harding	

Clause 54, page 36, line 16, leave out subsections (2) to (5) and insert—

“(2) In relation to England, the provisions of this Act not brought into force by subsection (1) come into force on such day or days as the Secretary of State may by regulations appoint.”

**Member's explanatory statement**

This amendment will mean that, except as provided by subsection (1), provisions of the Bill will only commence in England when the Secretary of State makes a commencement order, and not automatically.

<b>Valerie Vaz</b>			37
Rachael Maskell Mary Glindon Dr Allison Gardner			

Clause 54, page 36, line 21, leave out subsection (4) and insert—

- “(4) Regulations under this section cannot be made unless the Secretary of State has previously—
- (a) made a statement to the effect that in their view the provisions of the Act are compatible with the Convention rights; or
  - (b) made a statement to the effect that although they are unable to make a statement under subsection (4)(a), the Government nevertheless wishes to proceed with commencing provisions of the Act.
- (4A) The statement required by subsection (4) must be laid before both Houses of Parliament.
- (4B) A statement under subsection (4)(b) must include the steps the Government plans to take to resolve any incompatibility.”

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**Tom Gordon**

**3**

Vikki Slade  
 Neil Duncan-Jordan  
 Siân Berry  
 Pippa Heylings  
 Carla Denyer  
 Liz Jarvis

Clause 54, page 36, line 22, leave out “four” and insert “three”

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**Kim Leadbeater**

**94**

Rachel Hopkins

Clause 54, page 36, line 25, leave out “Wales” and insert “sections 39(1) and (2) and (*Provision about the Welsh language*)(2) and (3) which come into force on such day as the Welsh Ministers may by regulations appoint.”

**Member's explanatory statement**

This amendment provides that the Welsh Ministers have power to commence clauses 39(1) and (2) and NC21(2) and (3), and that other provisions of the Bill come into force in accordance with subsections (1) to (4) of this clause.

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**Kim Leadbeater**

**95**

Rachel Hopkins

Clause 54, page 36, line 26, leave out subsection (6)

**Member's explanatory statement**

This amendment is consequential on Amendment 94.

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Kim Leadbeater

NS1

Liz Jarvis  
Carla Denyer  
Rachel Hopkins

To move the following Schedule—

**"SCHEDULE**

Section (*No obligation to provide assistance etc*)

**PROTECTION FROM DETRIMENT**

- 1 The Employment Rights Act 1996 is amended as follows.
- 2 After section 43M insert—
 

**"43N Provision of assistance under Terminally Ill Adults (End of Life) Act 2025**

  - (1) A worker has the right not to be subjected to any detriment by any act, or any deliberate failure to act, by the worker's employer done on the ground that the worker has—
    - (a) exercised (or proposed to exercise) a right conferred on the worker under section (*No obligation to provide assistance etc*) of the Terminally Ill Adults (End of Life) Act 2025 (no obligation to provide assistance etc), or
    - (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act.
  - (2) Subsection (1) does not apply where—
    - (a) the worker is an employee, and
    - (b) the detriment in question amounts to dismissal within the meaning of Part 10.
  - (3) For the purposes of this section, and of sections 48 and 49 so far as relating to this section, "worker" and "employer" have the extended meaning given by section 43K."
- 3 (1) Section 48 (complaints to employment tribunals) is amended as follows.
  - (2) After subsection (1) insert—
 

"(1WA) A worker may present a complaint to an employment tribunal that the worker has been subjected to a detriment in contravention of section 43N(1)."
  - (3) In subsection (2), after "(1)" insert ", (1WA)".
- 4 (1) Section 49 (remedies) is amended as follows.
  - (2) In subsection (1), after "section 48(1)" insert ", (1WA)".
  - (3) In subsection (2), after "subsections" insert "(5YA),".

(4) After subsection (5) insert—

“(5YA) Where—

- (a) the complaint is made under section 48(1WA),
- (b) the detriment to which the worker is subjected is the termination of the worker’s contract, and
- (c) that contract is not a contract of employment,

any compensation must not exceed the compensation that would be payable under Chapter 2 of Part 10 if the worker had been an employee and had been dismissed for a reason specified in section 98C.”

5 After section 98B insert—

**“98C Provision of assistance under Terminally Ill Adults (End of Life) Act 2025**

An employee who is dismissed is to be regarded for the purposes of this Part as unfairly dismissed if the reason (or if more than one, the principal reason) for the dismissal is that the employee—

- (a) exercised (or proposed to exercise) a right conferred on the employee under section (*No obligation to provide assistance etc*) of the Terminally Ill Adults (End of Life) Act 2025 (no obligation to provide assistance etc), or
- (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act.”

6 In section 105 (redundancy), after subsection (2A) insert—

“(2B) This subsection applies if the reason (or, if more than one, the principal reason) for which the employee was selected for dismissal was one of those specified in section 98C.”

7 In section 108 (qualifying period of employment), in subsection (3), after paragraph (aa) insert—

“(ab) section 98C applies,”.

8 In section 205 (remedy for infringement of certain rights), after subsection (1) insert—

“(1XA) In relation to the right conferred by section 43N(1), the reference in subsection (1) to an employee has effect as a reference to a worker.”

9 In section 230 (definitions of employees, workers etc) in subsection (6)—

- (a) after “43K” insert “, 43N(3)”;
- (b) after “Part IVA” insert “, section 43N”.

**Member's explanatory statement**

This new Schedule amends the Employment Rights Act 1996 so as to provide remedies for persons subjected to detriment for exercising or proposing a right conferred by NC10 or for participating in the provision of assistance in accordance with, or performing any other function under, the Bill.

Sarah Olney

NS2

Graham Stuart  
Saqib Bhatti  
Sir Iain Duncan Smith  
Damian Hinds  
Danny Kruger

Rebecca Smith  
Tim Farron  
Rachael Maskell  
Andrew Rosindell  
Monica Harding

Gregory Stafford  
Katie Lam  
Carla Denyer  
Daniel Francis

Dame Harriett Baldwin  
Jack Rankin  
Dame Karen Bradley  
Jess Asato

To move the following Schedule—

“SCHEDULE

STATISTICS TO BE COLLECTED

*Characteristics*

- 1 The Voluntary Assisted Dying Commissioner must collect the following information about persons requesting assisted dying—
- (a) sex,
  - (b) age,
  - (c) self-reported ethnicity,
  - (d) level of education,
  - (e) Index of Multiple Deprivation based on postcode,
  - (f) region of residence,
  - (g) marital status,
  - (h) living status (alone, with others, in a care home etc),
  - (i) main condition leading to “terminal illness” fulfilment,
  - (j) other medical conditions,
  - (k) other psychiatric / mental health conditions,
  - (l) presence of physical disability, and
  - (m) presence of intellectual disability.

*Health and Care Support*

- 2 The Commissioner must collect statistics on the following information about health and care support—
- (a) whether the person was, before the request—
    - (i) under a specialist palliative care team, and
    - (ii) under a psychiatry team,
  - (b) whether following the request there has been—
    - (i) referral to specialist palliative care team, and
    - (ii) referral to psychiatry team following request.

*Information about requests*

- 3 The Commissioner must collect statistics on the following information about the requests for assistance—
- (a) the main reason for requesting assisted dying,
  - (b) any other subsidiary reason for requesting assisted dying,
  - (c) any previous requests for assisted dying from that patient,
  - (d) time between first request and subsequent request(s),
  - (e) number of times a second opinion was requested under section 10, and
  - (f) number of times the second opinion disagreed with the first.

*Information about refused requests*

- 4 The Commissioner must collect statistics following information about requests that are refused—
- (a) at what stage of the process was the request refused, and
  - (b) reasons for refusal.

*Information about the process*

- 5 The Commissioner must collect statistics on the following information about the process—
- (a) time from initial discussion to first declaration,
  - (b) time from first declaration to first doctor's assessment,
  - (c) time from first doctor's assessment to second doctor's assessment,
  - (d) time from second doctor's assessment to panel approval,
  - (e) time from panel approval to second declaration,
  - (f) time from second declaration to provision of assistance to self-administer lethal drugs,
  - (g) time from panel approval to death (whether by lethal drug or natural causes),
  - (h) duration of relationship between patient and coordinating doctor at first request, and
  - (i) use of a proxy and reason for using proxy.

*Information about clinicians and pharmacies*

- 6 The Commissioner must collect statistics on the following information about clinicians and pharmacies—
- (a) number of clinicians participating, their speciality, and number of assisted deaths each carries out per year, and
  - (b) number of participating pharmacies; number of times assisted dying drugs are dispensed.



*Information about Assisted Dying Panel processes*

- 7 The Commissioner must collect statistics on the following information about Assisted Dying Panel process—
- (a) number of applications made,
  - (b) number of applications granted and rejected,
  - (c) reasons for rejection,
  - (d) whether family members informed of proceedings,
  - (e) whether family members took part in proceedings,
  - (f) number of requests for reconsideration made,
  - (g) number of reconsideration requests granted and rejected, and
  - (h) reasons for granting requests.

*Information on approved substances*

- 8 The Commissioner must collect statistics on the following information about the approved substances—
- (a) name of drug(s) used for the assisted death,
  - (b) whether intravenous or oral self-administration is used,
  - (c) presence and nature of complications following self-administration of drugs (vomiting, regurgitation, seizures, regained consciousness, other),
  - (d) time from self-administration to loss of consciousness,
  - (e) time from self-administration to death,
  - (f) whether emergency services called at any time following self-administration of drugs,
  - (g) location of death,
  - (h) health care professionals present at self-administration,
  - (i) non-professionals present at self-administration,
  - (j) health care professionals present at death,
  - (k) non-professionals present at death."

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**John Glen**

82

Rachael Maskell  
Dr Ben Spencer

Schedule 2, page 41, line 18, leave out sub-paragraph (1) and insert—

“(1) The Judicial Appointments Commission must make arrangements for the appointments to a list of persons eligible to sit as members of panels.”

**Member's explanatory statement**

This amendment requires that panel members be appointed by the Judicial Appointments Commission. It is linked with Amendments 83, 84, 85 and 86.

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**John Glen**
**83**

Rachael Maskell  
Dr Ben Spencer

Schedule 2, page 41, leave out lines 23 to 26 and insert “but has not reached the age specified in section 11 (Tenure of office of judges of Senior Courts) of the Senior Courts Act 1981.”

**Member's explanatory statement**

This amendment requires that the legal member of the Panel is someone who holds high judicial office or has held high judicial office but not yet reached the mandatory retirement age. It is linked with Amendments 83, 84, 85, and 86.

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**Liz Saville Roberts**
**41**

Schedule 2, page 41, line 34, at end insert—

“(2A) In Wales, the Commissioner must take all reasonable steps to ensure each member of a panel has fluent proficiency in the Welsh language if services or functions in the Act are to be provided to an individual in Welsh under section 47(1).

(2B) For the purposes of subsection (2A), “fluent” includes speaking fluent Welsh.”

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**John Glen**
**84**

Dr Ben Spencer

Schedule 2, page 42, line 2, leave out “or deputy judge”

**Member's explanatory statement**

This amendment ensures that only High Court judges, and not deputy High Court judges, can chair the panel. It is linked with Amendments 83, 84, 85 and 86.

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**John Glen**
**85**

Dr Ben Spencer

Schedule 2, page 42, line 2, at end insert—

“(4) All judges of the High Court are automatically on the list and will remain so for the duration of their appointment to the High Court.

(5) If they have not already, all persons on the list (whether as a legal member, psychiatrist member, or social care member) must take the judicial oath.”

**Member's explanatory statement**

This amendment makes all High Court judges automatically eligible to chair panels without needing further application and it requires that the non-legal members take the judicial oath before they can sit. It is linked with Amendments 83, 84, 85 and 86.

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**Kim Leadbeater****78**Carla Denyer  
Rachel Hopkins

Schedule 2, page 42, line 26, at end insert “, or

(b) abstains from voting on such a decision.”

**Member's explanatory statement**

This amendment ensures that a panel must not grant certificate of eligibility unless all members consider that such a certificate should be granted.

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**John Glen****86**

Dr Ben Spencer

Schedule 2, page 43, line 5, at end insert—

“(3) Panels shall have the same powers, privileges and authority as the High Court.”

**Member's explanatory statement**

This amendment gives the panel the same powers as the High Court. It is linked with Amendments 83, 84, 85 and 86.

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**Kim Leadbeater****79**Carla Denyer  
Rachel Hopkins

Schedule 2, page 43, line 7, at end insert—

“(2) As soon as reasonably practicable after making a decision, a panel must give the following a document containing its reasons for the decision—

- (a) the person to whom the referral in question relates;
- (b) the coordinating doctor in relation to the person;
- (c) the Commissioner.”

**Member's explanatory statement**

This amendment requires a panel to give the persons mentioned a document containing its reasons for any decision made by the panel.

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## Withdrawn Amendments

The following amendments were withdrawn on 31 March 2025:

1

The following amendments were withdrawn on 29 April 2025:

9

The following amendments were withdrawn on 8 May 2025:

25

The following amendments were withdrawn on 12 May 2025:

43 and 44