

Assisted Dying for Terminally Ill Adults Bill [HL]

[AS INTRODUCED]

CONTENTS

- 1 Assisted dying
- 2 Terminal illness
- 3 Declaration
- 4 Assistance in dying
- 5 Conscientious objection
- 6 Criminal liability
- 7 Inquests, death certification etc
- 8 Codes of practice
- 9 Monitoring
- 10 Offences
- 11 Regulations
- 12 Interpretation
- 13 Review
- 14 Extent, commencement and short title

Schedule – Form of declaration

[AS INTRODUCED]

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B I L L

TO

Allow adults who are terminally ill, subject to safeguards, to be assisted to end their own life; and for connected purposes.

BE IT ENACTED by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

1 Assisted dying

- (1) Subject to the consent of the High Court (Family Division) pursuant to subsection (2), a person who is terminally ill may request and lawfully be provided with assistance to end their own life.
- (2) Subsection (1) applies only if the High Court (Family Division), by order, confirms that it is satisfied that the person—
 - (a) has a voluntary, clear, settled and informed wish to end their own life,
 - (b) has made a declaration to that effect in accordance with section 3, and
 - (c) on the day the declaration is made—
 - (i) is aged 18 or over,
 - (ii) has capacity to make the decision to end their own life, and
 - (iii) has been ordinarily resident in England and Wales for not less than one year.

2 Terminal illness

- (1) For the purposes of this Act, a person is terminally ill if that person—
 - (a) has been diagnosed by a registered medical practitioner as having an inevitably progressive condition which cannot be reversed by treatment (“a terminal illness”), and
 - (b) as a consequence of that terminal illness, is reasonably expected to die within six months.
- (2) Treatment which only relieves the symptoms of an inevitably progressive condition temporarily is not to be regarded as treatment which can reverse that condition.
- (3) A person is not considered to be terminally ill solely by reason of—

- (a) being diagnosed with a mental illness, within the meaning of the Mental Health Act 1983, or
 - (b) having a disability, within the meaning of section 6 of the Equality Act 2010;
- unless the person is also considered to be terminally ill as defined in subsection 2(1). 5

3 Declaration

- (1) An application may be made to the High Court (Family Division) under section 1(1) only if—
 - (a) the person has made and signed a declaration that they have a voluntary, clear, settled and informed wish to end their life in the form in the Schedule in the presence of a witness (who must not be a relative or directly involved in the person’s care or treatment or likely to receive any benefit directly or indirectly from the person’s death) who signed the declaration in the person’s presence, and 10
 - (b) that declaration has been countersigned in accordance with subsection (4) by—
 - (i) a suitably qualified registered medical practitioner from whom the person has requested assistance to end their life (“the attending doctor”); and 20
 - (ii) another suitably qualified registered medical practitioner (“the independent doctor”) who is not a relative, partner or colleague in the same practice or clinical team, of the attending doctor; neither of whom may also be the witness required under paragraph (a). 25
- (2) The attending doctor (but not the independent doctor) may be, but need not be, the registered medical practitioner who diagnosed that the person is terminally ill or first informed the person of that diagnosis.
- (3) The attending doctor or the independent doctor—
 - (a) may not be a relative or partner of, nor have any personal relationship with, the person making the request, 30
 - (b) may not expect to receive any benefit, whether directly or indirectly, from the death of the person making the declaration, and
 - (c) must be able to communicate with the person making the declaration in the language of that person’s choice, if necessary via an interpreter who is not a relative of the person. 35
- (4) Before countersigning a person’s declaration, the attending doctor and the independent doctor, having separately examined the person and the person’s medical records and each acting independently of the other, must be satisfied that the person— 40
 - (a) is terminally ill,
 - (b) has the capacity to make the decision to end their own life, and

- (c) has a clear and settled intention to end their own life which has been reached voluntarily, on an informed basis and without undue influence, coercion or duress.
- (5) For the purposes of subsection (4)(c), the attending doctor and independent doctor can regard the person as having a clear and settled intention to end their own life if they are satisfied, on the basis of in-depth discussions with the person, that the person is acting on their own free will, without undue influence, coercion or duress. 5
- (6) In deciding whether to countersign a declaration under subsection (4), the attending doctor and the independent doctor must be satisfied that the person making it has been fully informed of the palliative, hospice and other care which is available to that person. 10
- (7) If the attending doctor or independent doctor has doubt as to a person's capacity to make a decision under subsection (4)(b), before deciding whether to countersign a declaration made by that person the doctor must— 15
- (a) refer the person for assessment by an appropriate specialist, and
 - (b) take account of any opinion provided by the appropriate specialist in respect of that person.
- (8) A declaration under this section is valid and takes effect on such date as the High Court (Family Division) may order. 20
- (9) A person who has made a declaration under this section may revoke it at any time and revocation need not be in writing.
- (10) For the purpose of subsection (1)(b)(ii), an attending or independent doctor is suitably qualified if that doctor holds such qualification or has such experience, including in respect of the diagnosis and management of terminal illness, as the Secretary of State may specify in regulations (which may make different provision for different purposes). 25
- (11) In this section, “appropriate specialist” means a registered practitioner (other than the attending doctor or independent doctor) who is registered in the specialty of psychiatry in the Special Register kept by the General Medical Council. 30

4 Assistance in dying

- (1) The attending doctor of a person who has made a valid declaration and obtained the consent of the High Court may prescribe medicines for that person to enable that person to end their own life. 35
- (2) Any medicines prescribed under subsection (1) may only be delivered to the person for whom they are prescribed—
- (a) by the attending doctor, or
 - (b) by— 40
 - (i) another registered medical practitioner, or
 - (ii) a registered nursewho has been authorised to do so by the attending doctor,

- (c) after the assisting health professional has confirmed that the person has not revoked and does not wish to revoke their declaration, and
- (d) after a period of not less than 14 days has elapsed since the day on which consent under section 1 is given by the High Court.
- (3) If the attending doctor and the independent doctor agree that a person's death from terminal illness is reasonably expected to occur within one month of the day on which consent under section 1 is given by the High Court, the period specified in subsection (2)(d) is reduced to six days. 5
- (4) In respect of a medicine which has been prescribed for a person under subsection (1), an assisting health professional may – 10
- (a) prepare that medicine for self-administration by that person,
- (b) prepare a medical device which will enable that person to self-administer the medicine, and
- (c) assist that person to ingest or otherwise self-administer the medicine, but the decision to self-administer the medicine and the final act of doing so must be taken by the person for whom the medicine has been prescribed. 15
- (5) Subsection (4) does not authorise an assisting health professional to administer a medicine to another person with the intention of causing that person's death.
- (6) The assisting health professional must remain with the person until the person has – 20
- (a) self-administered the medicine and died, or
- (b) decided not to self-administer the medicine,
- and for the purpose of this subsection the assisting health professional is to be regarded as remaining with the person if the assisting health professional is in close proximity to, but not necessarily in the same room as, the person. 25
- (7) The Secretary of State may by regulations specify –
- (a) the medicines which may be prescribed under this section,
- (b) the form and manner in which such prescriptions are to be issued, and 30
- (c) the manner and conditions under which such medicines are to be dispensed, stored, transported, used and destroyed.
- (8) Regulations under subsection (7)(c) must provide that an assisting health professional –
- (a) must only deliver any medicines prescribed under this section to the person for whom they have been prescribed immediately before their intended use, and 35
- (b) in the event that the person decides not to self-administer the medicine, must immediately remove it from that person and, as soon as reasonably practicable, return it to the pharmacy from which it was dispensed. 40
- (9) Regulations under subsection (7) may –
- (a) make different provision for different purposes; and

- (b) include consequential, incidental, supplementary or transitional provisions.
- (10) Regulations under this section must not be made unless a draft of the statutory instrument containing them has been laid before Parliament and approved by a resolution of each House of Parliament. 5
- (11) In this section, “assisting health professional” means the attending doctor or a person authorised by the attending doctor in accordance with subsection (2)(b).
- 5 Conscientious objection**
- A person is not under any duty (whether by contract or arising from any statutory or other legal requirement) to participate in anything authorised by this Act to which that person has a conscientious objection. 10
- 6 Criminal liability**
- (1) A person who provides any assistance in accordance with this Act is not guilty of an offence. 15
- (2) A person who is in breach of the requirements of this Act, save for acts or omissions in good faith and without negligence, will be guilty of a criminal offence and will be liable, on conviction on indictment, to imprisonment for a term not exceeding 14 years.
- (3) In the Suicide Act 1961, after section 2B (course of conduct), insert – 20
- “2C Assisted dying**
- Sections 2, 2A and 2B do not apply to any person in respect of the provision of assistance to another person in accordance with the Assisted Dying for Terminally Ill Adults Act 2024.”
- 7 Inquests, death certification etc** 25
- (1) A person is not to be regarded as having died in circumstances to which section 1(2)(a) or (b) of the Coroners and Justice Act 2009 (duty to investigate certain deaths) applies only because the person died as a consequence of the provision of assistance in accordance with this Act.
- (2) In the Births and Deaths Registration Act 1953, after section 39A (regulations made by the Minister: further provisions), insert – 30
- “39B Regulations: assisted dying**
- (1) The Secretary of State may make regulations –
- (a) providing for any provision of this Act relating to the registration of deaths to apply in respect of deaths which arise 35
- from the provision of assistance in accordance with the Assisted Dying for Terminally Ill Adults Act 2024 with such modifications as may be prescribed in respect of –

- (i) the information which is to be provided concerning such deaths,
 - (ii) the form and manner in which the cause of such deaths is to be certified, and
 - (iii) the form and manner in which such deaths are to be registered, and 5
 - (b) containing such incidental, supplemental and transitional provisions as the Secretary of State considers appropriate.
 - (2) Any regulations made under subsection (1)(a)(ii) must provide for the cause of death to be recorded as “assisted death”. 10
 - (3) The power of the Secretary of State to make regulations under this section is exercisable by statutory instrument.
 - (4) A statutory instrument containing regulations made under this section by the Secretary of State may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.” 15
 - (3) The Registrar General must, at least once each year, prepare and lay before Parliament a report providing a statistical analysis of deaths which have arisen from the provision of assistance in accordance with this Act.
- 8 Codes of practice** 20
- (1) The Secretary of State may issue one or more codes of practice in connection with—
 - (a) the assessment of whether a person has a clear and settled intention to end their own life, including—
 - (i) assessing whether the person has capacity to make such a decision; 25
 - (ii) recognising and taking account of the effects of depression or other psychological disorders that may impair a person’s decision-making;
 - (iii) the information which is made available on treatment and end of life care options available to them and on the consequences of deciding to end their own life, 30
 - (b) the counselling and guidance which should be made available to a person who wishes to end their own life,
 - (c) the arrangements for delivering medicines to the person for whom they have been prescribed under section 4, and the assistance which such a person may be given to ingest or self-administer them, and 35
 - (d) such other matters relating to the operation of this Act as the Secretary of State thinks fit.
 - (2) Before issuing a code under this section the Secretary of State must consult such persons as the Secretary of State thinks appropriate. 40
 - (3) A code issued under subsection (1) does not come into operation until the Secretary of State by order so provides.

- (4) An order bringing a code into operation may not be made unless a draft of the order has been laid before, and approved by a resolution of, both Houses of Parliament.
- (5) When a draft order is laid, the code to which it relates must also be laid.
- (6) A person performing any function under this Act must have regard to any relevant provision of a code and failure to do so does not of itself render a person liable to any criminal or civil proceedings but may be taken into account in any proceedings. 5

9 Monitoring

- (1) The relevant Chief Medical Officer must— 10
 - (a) monitor the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it,
 - (b) inspect and report to the relevant 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 15
 - (c) submit an annual report to the relevant national authority on the operation of the Act.
- (2) The Chief Medical Officer’s report must include the numbers of requests under this Act that are rejected by an attending doctor, an independent doctor or the High Court and the reasons for their rejection. 20
- (3) The Chief Medical Officers may combine their annual reports for the same year in a single document (“a combined report”) in such manner as they consider appropriate.
- (4) The relevant national authority must publish each annual report or combined report it receives under this section and— 25
 - (a) the Secretary of State must lay a copy of each report before Parliament, and
 - (b) the Welsh Ministers must lay a copy of each report before Senedd Cymru.
- (5) In this section— 30

“relevant Chief Medical Officer” means—

 - (a) in England, the Chief Medical Officer to the Department of Health, and
 - (b) in Wales, the Chief Medical Officer to the Welsh Government;

“relevant national authority” means— 35

 - (a) in England, the Secretary of State, and
 - (b) in Wales, the Welsh Ministers.

10 Offences

- (1) A person commits an offence if the person— 40
 - (a) makes or knowingly uses a false instrument which purports to be a declaration made under section 3 by another person, or

- (b) wilfully conceals or destroys a declaration made under section 3 by another person.
- (2) A person (A) commits an offence if, in relation to another person (B) who is seeking to make or has made a declaration under section 3, A knowingly or recklessly provides a medical or other professional opinion in respect of B which is false or misleading in a material particular. 5
- (3) A person commits an offence if the person, dishonestly or by coercion, induces another person to make, or revoke, a request for assistance to die.
- (4) A person commits an offence if the person, dishonestly or by coercion, induces another person to self-administer life-ending medication. 10
- (5) A person guilty of an offence under subsections (1), (3) and (4) which was committed with the intention of causing the death of another person is liable, on conviction on indictment, to imprisonment for life or a fine or both.
- (6) Unless subsection (5) applies, a person convicted of an offence under this section is liable— 15
- (a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
- (b) on conviction on indictment, to imprisonment for a period not exceeding five years or a fine or both.
- 11 Regulations** 20
- (1) Regulations made by the Secretary of State under this Act are to be made by statutory instrument.
- (2) Except as otherwise provided, a statutory instrument containing regulations under this Act is subject to annulment in pursuance of a resolution of either House of Parliament. 25
- 12 Interpretation**
- In this Act—
- “attending doctor” has the meaning given in section 3;
- “capacity” is to be construed in accordance with the Mental Capacity Act 2005; 30
- “independent doctor” has the meaning given in section 3;
- “relative”, in relation to any person, means—
- (a) the spouse or civil partner of that person,
- (b) any lineal ancestor, lineal descendant, sibling, aunt, uncle or cousin of that person or the person’s spouse or civil partner, 35
or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),
- and for the purposes of deducing any such relationship a spouse or civil partner includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex, and 40

“terminal illness” has the meaning given in section 2(1)(a).

13 Review

- (1) At any time during the period of 12 months beginning on the day five years after the provisions in this Act come into force, the Secretary of State must—
 - (a) undertake a review of the operation of this Act, 5
 - (b) prepare a report on that review, and
 - (c) as soon as reasonably practicable, publish and lay the report before Parliament.
- (2) The report must, in particular, set out—
 - (a) the extent to which the Act has been successful in supporting terminally ill adults in being lawfully provided with assistance to end their own lives, 10
 - (b) any concerns with the operation of the Act which have been raised, and
 - (c) the Secretary of State’s response to any such concerns, including any recommendations for changes to guidance or in relation to changes to any enactment, including this Act. 15

14 Extent, commencement and short title

- (1) This Act extends to England and Wales only.
- (2) The following come into force on the day on which this Act is passed— 20
 - (a) sections 4 and 7 so far as they confer a power to make regulations;
 - (b) section 8 so far as it confers a power to issue codes of practice or orders;
 - (c) sections 11 and 12; and
 - (d) this section. 25
- (3) Subject to subsection (2), the provisions of this Act come into force two years after the day on which it is passed.
- (4) This Act may be cited as the Assisted Dying for Terminally Ill Adults Act 2024.

SCHEDULE

Section 3

FORM OF DECLARATION

Declaration: Assisted Dying for Terminally Ill Adults Act 2024

Name of Declarant:

Date of Birth:

Address:

5

I have [condition], a terminal condition from which I am expected to die within six months of the date of this declaration.

The Attending Doctor and Independent Doctor identified below have each fully informed me about that diagnosis and prognosis and the treatments available to me, including pain control and palliative care.

10

Having considered all this information, I have a clear and settled intention to end my own life and, in order to assist me to do so, I have asked my attending doctor to prescribe medicines for me for that purpose.

I make this declaration voluntarily and in the full knowledge of its significance.

15

I understand that I may revoke this declaration at any time.

Signature:

Date:

Witness

Name of witness:

Address:

20

This declaration was signed by [name of declarant] in my presence and signed by me in [his/her] presence.

Signature:

Date:

Countersignature: Attending Doctor

I confirm that [name], who at the date of this declaration is [age] years of age and has been ordinarily resident in England and Wales for [time]:

25

(1) is terminally ill and that the diagnosis and prognosis set out above is correct;

(2) has the capacity to make the decision to end their own life; and

(3) has a clear and settled intention to do so, which has been reached on an informed basis, without coercion or duress, and having been informed of the palliative, hospice and other care which is available to [him/her].

Signature:

Date:

5

Name and Address of Attending Doctor:

Countersignature: Independent Doctor

I confirm that [name], who at the date of this declaration is [age] years of age and has been ordinarily resident in England and Wales for [time]:

(1) is terminally ill and that the diagnosis and prognosis set out above is correct;

10

(2) has the capacity to make the decision to end their own life; and

(3) has a clear and settled intention to do so, which has been reached on an informed basis, without coercion or duress, and having been informed of the palliative, hospice and other care which is available to [him/her].

15

Signature:

Date:

Name and Address of Independent Doctor:

Assisted Dying for Terminally Ill Adults Bill [HL]

[AS INTRODUCED]

A

B I L L

TO

Allow adults who are terminally ill, subject to safeguards, to be assisted to end their own life; and for connected purposes.

Lord Falconer of Thoroton

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