

# Terminally Ill Adults (End of Life) Bill

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NINTH MARSHALLED  
LIST OF AMENDMENTS  
TO BE MOVED  
IN COMMITTEE OF THE WHOLE HOUSE

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*[Amendments marked ★ are new or have been altered]*

**Amendment  
No.**

**Clause 2**

BARONESS FINLAY OF LLANDAFF  
BARONESS CAMPBELL OF SURBITON  
LORD HARPER  
LORD EMPEY

71 Clause 2, page 2, line 4, after “reversed” insert “or slowed”

BARONESS LAWLOR

72 Clause 2, page 2, line 4, after “reversed” insert “, relieved, controlled or ameliorated”

BARONESS COFFEY

73 Clause 2, page 2, line 4, after “reversed” insert “or the progress controlled or substantially slowed”

*Member's explanatory statement*

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

LORD TAYLOR OF HOLBEACH  
LORD HARPER

74 Clause 2, page 2, line 4, leave out “by treatment” and insert “, meaningfully halted, or controlled by available treatment”

***Member's explanatory statement***

*This amendment clarifies that a person is only considered terminally ill for the purposes of this Act if their illness is inevitably progressive and cannot be reversed or meaningfully arrested or controlled by treatment currently available. Illnesses that can be stabilised, halted, or effectively managed by treatment are excluded, ensuring that only genuinely terminal conditions are captured by this definition.*

BARONESS FINLAY OF LLANDAFF  
BARONESS HOLLINS

75 Clause 2, page 2, line 5, leave out paragraph (b) and insert—

“(b) the rate of progress of the disease, with treatment in line with national NICE guidelines, indicates death can be expected within six months.”

LORD GARNIER

76 Clause 2, page 2, line 5, after “in” insert “direct”

***Member's explanatory statement***

*This amendment ensures that the Bill links the death of the person to the terminal illness, rather than being “in consequence” with other possible factors.*

BARONESS FINLAY OF LLANDAFF

77 Clause 2, page 2, line 5, after “of” insert “the documented rate of progress of”

LORD HARPER

78 Clause 2, page 2, line 5, after “disease” insert “or those injuries”

***Member's explanatory statement***

*This amendment is connected to another amendment in the name of Lord Hendy to Clause 2.*

BARONESS FINLAY OF LLANDAFF  
BARONESS CAMPBELL OF SURBITON

79 Clause 2, page 2, line 5, after “disease” insert “after consideration of all potential disease modifying treatments”

BARONESS LAWLOR

80 Clause 2, page 2, line 5, leave out “can reasonably be expected within six months” and insert “has an 80 per cent likelihood of occurring within six months, according to the written opinion of two specialist (consultant level) hospital doctors, knowledgeable about and with experience of, treating patients with this progressive illness”

LORD CARLILE OF BERRIEW

81 Clause 2, page 2, line 6, leave out “reasonably”

LORD POLAK  
BARONESS GREY-THOMPSON

82 Clause 2, page 2, line 6, leave out “reasonably be expected” and insert “be highly probable and require dual specialist certification by independent consultants to be”

BARONESS MURPHY  
BARONESS NOAKES

83 [Withdrawn]

LORD POLAK  
BARONESS GREY-THOMPSON  
LORD HUNT OF KINGS HEATH

83A Clause 2, page 2, line 6, at end insert “as determined by clinical judgement in accordance with peer-reviewed palliative care standards”

***Member's explanatory statement***

*This amendment intends to ensure that the assessment that death is expected within six months is determined by clinical judgement in accordance with peer-reviewed palliative care standards, rather than general prognostic estimation.*

LORD WOLFSOON OF TREDEGAR

83B Clause 2, page 2, line 6, at end insert “despite any treatment they may be receiving”

***Member's explanatory statement***

*This amendment seeks to clarify the definition of the six month expectation of death to reflect the possibility that a patient may be receiving treatment that means their life expectancy is extended.*

LORD FROST  
LORD CARTER OF HASLEMERE

84 Clause 2, page 2, line 6, at end insert –

“(c) that illness or disease is causing unbearable suffering to the person which cannot be relieved by treatment.”

***Member's explanatory statement***

*This amendment seeks to align the Bill with safeguards in other jurisdictions that require not merely a terminal illness, but, further, that the illness cause suffering to the person in question.*

*See, for example, Victoria's Voluntary Assisted Dying Act 2017 Part 2, s. 9(1)(d)(iv) and New Zealand's End of Life Choice Act 2019, s. 5(1)(e).*

LORD MOYLAN  
BARONESS FOX OF BUCKLEY  
LORD HAMILTON OF EPSOM

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

“(1A) Prior to commencement of section 4 of this Act, and periodically thereafter as seems to them appropriate in the light of scientific and medical advice, the Secretary of State must, by regulation, set out the entire list of illnesses or diseases that count for the purposes of subsection (1).”

***Member's explanatory statement***

*This amendment would ensure that the scope of illnesses or diseases that count for the purposes of subsection (1) does not increase by “creep” but only by a deliberative act of the Secretary of State made by Statutory Instrument.*

LORD CARLILE OF BERRIEW

86 Clause 2, page 2, line 7, leave out subsection (2)

LORD FALCONER OF THOROTON  
LORD CARLILE OF BERRIEW  
BARONESS PARMINTER  
BARONESS HOLLINS

87 Clause 2, page 2, line 7, leave out subsection (2) and insert—

“(2) Where—

- (a) a person does not eat or drink, or limits their eating or drinking, because of a mental disorder, and
- (b) their not eating or drinking, or limited eating or drinking, causes them to have an illness or disease,

the person is not regarded for the purposes of this Act as terminally ill by virtue of the illness or disease.”

***Member's explanatory statement***

*This amendment clarifies the intended effect of the subsection (namely, excluding from the definition of “terminally ill” any illness or disease caused by the person not eating or drinking, where not eating or drinking occurs as a result of a mental disorder), and expressly provides that the subsection also covers cases of limited eating or drinking.*

BARONESS SCOTLAND OF ASTHAL  
BARONESS BERGER  
*As an amendment to Amendment 87*

87A In subsection (2)(a), after “drinking,” insert “either voluntarily or”

BARONESS GREY-THOMPSON

88 Clause 2, page 2, line 8, leave out “solely”

*Member's explanatory statement*

*This amendment seeks to probe (1) the interaction between the word “solely” and the provision in Clause 19(2)(b), and (2) whether this could incentivise an individual to voluntarily stop eating and drinking so as to (a) accelerate the deterioration of their illness, (b) engage the provision in Clause 19(2)(b) and therefore (c) reduce the length of the second period of reflection from 14 days to 48 hours.*

LORD POLAK  
BARONESS GREY-THOMPSON  
LORD EMPEY

89 Clause 2, page 2, line 9, at end insert “or withdrawing medication, hydration, or life-sustaining devices.”

BARONESS FINLAY OF LLANDAFF  
BARONESS CAMPBELL OF SURBITON

90 Clause 2, page 2, line 9, at end insert “nor as a result of the secondary effects of a mental illness or disability”

BARONESS FINLAY OF LLANDAFF

91 Clause 2, page 2, line 9, at end insert “, or

(b) where the refusal of nutrition is a result of mental illness.”

BARONESS DEBBONAIRE  
LORD CARLILE OF BERRIEW  
BARONESS BERGER

92 Clause 2, page 2, line 9, at end insert—

“(2A) 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 standard medical treatment being refused or withheld.”

BARONESS FRASER OF CRAIGMADDIE  
LORD CARLILE OF BERRIEW

93 Clause 2, page 2, line 10, leave out subsection (3)

LORD TAYLOR OF HOLBEACH

**94** Clause 2, page 2, line 10, leave out subsection (3) and insert –

“(3) For the purposes of subsection (1), treatment which can meaningfully halt, stabilise, or control the progression of an inevitably progressive illness or disease is to be regarded as treatment that prevents the illness or disease from being terminal and treatment which only temporarily relieves symptoms without affecting the course of the illness is not to be regarded as treatment that prevents it from being terminal.”

***Member's explanatory statement***

*This amendment clarifies that a person is only considered terminally ill for the purposes of this Act if their illness is inevitably progressive and cannot be reversed or meaningfully arrested or controlled by treatment currently available. Illnesses that can be stabilized, halted, or effectively managed by treatment are excluded, ensuring that only genuinely terminal conditions are captured by this definition.*

LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

**95** Clause 2, page 2, line 10, leave out from “only” to end of line 12 and insert “temporarily relieves the symptoms and does not delay the progression of an inevitably progressive condition is not to be regarded as treatment which can halt or reverse that condition.”

LORD GARNIER  
LORD CARLILE OF BERRIEW

**96** Clause 2, page 2, line 13, leave out subsection (4)

***Member's explanatory statement***

*This is a probing amendment to explore the effect of this subsection and what is intended by the sponsor.*

BARONESS GREY-THOMPSON

**97** Clause 2, page 2, line 14, after first “a” insert “disabled”

BARONESS GREY-THOMPSON

**98** Clause 2, page 2, line 14, leave out “with a disability or” and insert “or a person with a”

LORD HUNT OF KINGS HEATH  
BARONESS BUTLER-SLOSS  
BARONESS FOX OF BUCKLEY  
LORD ROOK

99 Clause 2, page 2, line 14, leave out “(or both)” and insert “or are a person of advanced age (or any combination of these)”

***Member's explanatory statement***

*This amendment would ensure that being elderly does not meet the definition of a terminal illness set out in subsection (1).*

LORD MOYLAN

100 Clause 2, page 2, leave out lines 16 to 18

***Member's explanatory statement***

*This is intended to probe the meaning and effect of the words proposed for deletion.*

BARONESS PARMINTER  
BARONESS DEBBONAIRE  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

101 Clause 2, page 2, line 18, at end insert –

“(5) For the avoidance of doubt, the physical effects of a mental disorder, such as an eating disorder, would not alone make a person eligible to meet the conditions in subsection (1)(a) and (1)(b).”

***Member's explanatory statement***

*This amendment seeks to prevent people with physical effects or complications, including severe malnutrition, that result from eating disorders from meeting the eligibility criteria for terminal illness under this Act.*

LORD HUNT OF KINGS HEATH  
BARONESS O'LOAN  
BARONESS FOX OF BUCKLEY  
LORD ROOK

102 Clause 2, page 2, line 18, at end insert –

“(5) For the purposes of subsection (4), dementia shall be considered to be a disability.”

***Member's explanatory statement***

*This amendment would ensure that having dementia is recognised as a disability and is hence not by itself considered a terminal illness.*

BARONESS FOX OF BUCKLEY  
BARONESS HOLLINS

103 Clause 2, page 2, line 18, at end insert –

“(5) Notwithstanding subsection (4), for the purposes of subsection (1) a person shall not be considered terminally ill if that person, as the result or cause or influence of the effects on judgment of a mental disorder, refused lifesaving treatment, which resulted in the conditions in subsection (1) being met.”

***Member's explanatory statement***

*This amendment seeks to ensure that people who have a desire to die as the result of a mental illness are not eligible to receive assistance under the Act if they (1) refuse treatment as a result of mental illness, and therefore (2) develop a terminal condition.*

BARONESS GREY-THOMPSON

104 Clause 2, page 2, line 18, at end insert –

“(5) Notwithstanding subsection (4), for the purposes of subsection (1) a person shall not be considered terminally ill where their condition is stable, manageable, or compatible with a life expectancy beyond six months.”

LORD HUNT OF KINGS HEATH  
LORD ROOK  
LORD SHINKWIN

105 Clause 2, page 2, line 18, at end insert –

“(5) For the avoidance of doubt, a person shall not be considered eligible for assistance under this Act solely by reason of being born with a congenital, genetic, or lifelong condition, including but not limited to muscular dystrophy, spinal muscular atrophy, or cystic fibrosis, where such condition has been present since birth and remains compatible with a sustained quality of life and long-term survival beyond early adulthood.”

***Member's explanatory statement***

*The amendment seeks to clarify and restrict the circumstances under which the provisions of the Act can apply and is designed to safeguard people born with the conditions set out in the amendment.*

LORD HUNT OF KINGS HEATH  
 BARONESS O'LOAN  
 BARONESS GREY-THOMPSON

106 Clause 2, page 2, line 18, at end insert –

- “(5) No person shall be deemed eligible to make a declaration for assisted dying where their disability, impairment, or terminal condition has arisen wholly or partly as a consequence of –
  - (a) medical negligence, malpractice, or omission by a healthcare professional or institution, whether in the National Health Service or in private practice, or
  - (b) treatment, procedure, or prescription subsequently found to have been delivered in error, or without fully informed consent,
 unless proceedings in subsection (6) have concluded.
- (6) For the purposes of subsection (5), no person shall be eligible to proceed until –
  - (a) any applicable investigations, civil proceedings, or complaints processes concerning the origin of that disability or condition have been concluded, and
  - (b) the person has received all forms of financial compensation, insurance payment, statutory benefit, or other remedial support to which they are entitled.
- (7) The Commissioner and the Assisted Dying Review Panel are responsible for verifying compliance with this provision before authorising any further steps in the assisted dying process.”

***Member's explanatory statement***

*The amendment would prevent assisted dying under the Bill being offered in a situation where medical negligence, malpractice, or omission or error has taken place until all investigations, compensation, and support have concluded.*

**Clause 3**

LORD HUNT OF KINGS HEATH  
 LORD ROOK

107 Clause 3, page 2, line 21, at end insert “, save that section 3(3) of the Mental Capacity Act 2005 (inability to make decisions) shall not apply to assessments of capacity under this Act.”

***Member's explanatory statement***

*As the Bill includes two extended periods for reflection, this amendment would disapply section 3(3) of the Mental Capacity Act 2005, which provides that the fact that a person is able to retain the information relevant to a decision for a short period only does not prevent them from being regarded as able to make the decision.*

LORD HUNT OF KINGS HEATH  
 BARONESS O'LOAN  
 THE LORD BISHOP OF LINCOLN  
 LORD ROOK

108 Clause 3, page 2, line 21, at end insert “, subject to subsection (2).

(2) A person shall be regarded conclusively as lacking capacity in relation to assisted dying under this Act if, at the time of the first declaration, they are –

- (a) deprived of liberty under sections 4A (restriction on deprivation of liberty) or 4B (deprivation of liberty necessary for life-sustaining treatment etc) of the Mental Capacity Act 2005,
- (b) subject to the hospital treatment regime or the guardianship regime or the community treatment regime as defined in Schedule 1A of that Act (persons ineligible to be deprived of liberty under this Act), or
- (c) the subject of a welfare order under section 16 (powers to make decisions and appoint deputies: general) of that Act.”

***Member's explanatory statement***

*This amendment ensures that a person who has been deprived of liberty under the Mental Capacity Act 2005, or is the subject of a welfare order, or is under one of the other scheduled regimes that mean they lack liberty, will not be regarded as having capacity to decide to end their own life.*

LORD ROOK

109 Clause 3, page 2, line 21, at end insert “except that section 1(2) of that Act shall not apply.”

BARONESS COFFEY

110 Clause 3, page 2, line 21, at end insert “, as if that Act has been amended by section 2 of the Mental Capacity (Amendment) Act 2019 (deprivation of liberty: authorisation of steps necessary for life-sustaining treatment or vital act).”

LORD BLENCATHRA

110A Clause 3, page 2, line 21, at end insert “subject to subsections (2) to (4).

(2) Where the person is ordinarily resident in a registered care home or nursing home, a registered medical practitioner must not certify capacity for the purposes of this Act unless –

- (a) a specialist clinical review has been completed by a physician with expertise in geriatric medicine or complex care,
- (b) an independent psychiatric capacity assessment has been carried out by a consultant psychiatrist with expertise in fluctuating or complex capacity within five working days of the specialist clinical review (subject to subsection (4)), and
- (c) the findings of the review and assessment have been considered by the registered medical practitioner.

- (3) The specialist clinical review must explicitly record whether any reversible causes of impaired or fluctuating capacity have been identified and treated, including but not limited to delirium, infection, dehydration or medication effects.
- (4) Where the independent psychiatric capacity assessment is not completed within the period in subsection (2)(b), the registered medical practitioner must record the reasons for the delay.”

***Member's explanatory statement***

*This amendment requires multidisciplinary specialist review before capacity is certified for care home residents, mandates explicit consideration and treatment of reversible causes of impaired capacity, and creates a short statutory timeframe and audit trail for those reviews.*

BARONESS LAWLOR

**110B** Clause 3, page 2, line 21, at end insert “, save that sections 3(2) and 3(3) of the Mental Capacity Act 2005 (inability to make decisions) shall not apply to assessments of capacity under this Act.”

***Member's explanatory statement***

*This amendment supplements amendment 107 by disapplying section 3(2) of the Mental Capacity Act 2005 as well as section 3(3). Section 3(2) provides that even if “simple language, visual aids or any other means” have to be used, a person can be regarded as understanding the information relevant to a decision.*

BARONESS EATON  
BARONESS O'LOAN  
BARONESS LAWLOR

**111** Clause 3, page 2, line 21, at end insert –

- “(2) Where the person is a resident of a registered care or nursing home, the attending doctor must ensure that capacity is established to a heightened evidential standard through specialist clinical assessment, having regard to the increased risk of fluctuating or impaired capacity arising from medical vulnerability and the institutional care environment.”

***Member's explanatory statement***

*This amendment recognises the increased vulnerability of care home and nursing home residents to fluctuating capacity. It requires that a heightened evidential standard be applied when establishing capacity among this cohort, and specifies that this must be demonstrated through specialist clinical assessment.*

BARONESS EATON  
BARONESS O'LOAN

**112** Clause 3, page 2, line 21, at end insert –

- “(2) Where the person is a resident of a registered care or nursing home, a specialist clinical assessment must first be carried out by a suitably qualified physician with expertise in geriatric or complex care for the purpose of determining whether fluctuating or impaired capacity may be attributable to a reversible clinical cause, including (but not limited to) delirium, dehydration, infection or the effects of medication.
- (3) Where subsection (2) applies, the assessment of capacity for the purposes of this section must be carried out by a consultant psychiatrist with expertise in the assessment of complex or fluctuating capacity, and such capacity may not be treated as established solely by an assessment conducted under the Mental Capacity Act 2005.”

***Member's explanatory statement***

*This amendment provides that, for residents of registered care or nursing homes, capacity may only be established following (1) a specialist clinical assessment ruling out reversible causes of fluctuating or impaired capacity, and (2) a capacity determination conducted by a consultant psychiatrist with relevant expertise. It further clarifies that an MCA assessment alone is insufficient given the heightened medical and institutional vulnerability to unstable capacity in care home settings.*

LORD GOODMAN OF WYCOMBE

**113** Clause 3, page 2, line 21, at end insert –

- “(2) In the Mental Capacity Act 2005, after section 43(2), insert –
- “(2A) Notwithstanding subsection (2), the Lord Chancellor may not issue a code relating to practice in assessments of capacity to end one's own life under the Terminally Ill Adults (End of Life) Act 2025 unless –
  - (a) a draft of the code has been laid by a Minister of the Crown before both Houses of Parliament, having engaged in public consultation, and
  - (b) that draft has been approved by a resolution of each House of Parliament.””

***Member's explanatory statement***

*Sections 42 and 43 of the Mental Capacity Act 2005 allow codes of practice to be issued “for the guidance of persons assessing whether a person has capacity in relation to any matter”, but the code only has to be laid before both Houses of Parliament and is subject to negative resolution (s43). This amendment would ensure the code would be debated in Parliament.*

## BARONESS FINLAY OF LLANDAFF

**114** Clause 3, page 2, line 21, at end insert –

“(2) The person is not eligible for an assisted death if, for at least 12 months ending with the date of the first declaration, the person has been deprived of their liberty under Sections 4A or 4B of the Mental Capacity Act 2005.”

*Member's explanatory statement*

*This amendment ensures that someone who so lacks capacity in one area as to be currently or recently deprived of liberty will not be found to have capacity for the decision to seek assistance to end their own life, which is otherwise a legal possibility under the Mental Capacity Act 2005's approach to capacity.*

## BARONESS KEELEY

*As an amendment to Amendment 114*

**114A** At end insert “or had an application to be deprived of their liberty under sections 4A or 4B of the Mental Capacity Act 2005.”

*Member's explanatory statement*

*This amendment ensures that someone who so lacks capacity in one area as to be currently or recently deprived of liberty or had an application to be deprived of their liberty will not be found to have capacity for the decision to seek assistance to end their own life, which is otherwise a legal possibility under the Mental Capacity Act 2005's approach to capacity.*

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS  
VISCOUNT COLVILLE OF CULROSS  
BARONESS O'LOAN

**115** Leave out Clause 3 and insert the following new Clause –

**“Capacity to make a decision by a person to end their own life**

- (1) In this Act, a person has capacity to make a decision to end their own life if they do not lack capacity to make that decision, and references to “capacity” are to be read accordingly.
- (2) For the purposes of this Act, a person lacks capacity to make a decision to end their own life if at the material time they are unable to make that decision for themselves because of an impairment of, or a disturbance in, the functioning of the mind or brain.
- (3) It does not matter whether the impairment or disturbance referenced in subsection (2) is permanent or temporary.
- (4) A lack of capacity cannot be established merely by reference to –
  - (a) a person's age or appearance, or

- (b) a condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.
- (5) For the purposes of subsection (2), a person is unable to make a decision to end their own life for themselves if they are unable—
  - (a) to understand the information relevant to the decision,
  - (b) to retain that information,
  - (c) to use or weigh that information as part of the process of making the decision, or
  - (d) to communicate their decision (whether by talking, using sign language or any other means).
- (6) For the purposes of subsection (5), the information relevant to the decision to end their own life includes, but is not limited to the person's understanding—
  - (a) of 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 treatment,
  - (b) of 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) that a decision to proceed under this Act does not prevent or make unavailable any care and treatment provision that would normally be provided,
  - (d) that 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) that 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) that a decision to proceed under this Act is a decision to self-administer a substance to end their own life,
  - (g) that 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) of the relevant legal consequences from proceeding with a request for assistance to end their own life, including life insurance and categorisation of death certification.
- (7) For the purposes of this Act—
  - (a) there is no presumption that a person has the capacity to decide to end their own life,
  - (b) there is no duty to support a person to have capacity to decide to end their own life, and

(c) any question as to whether a person has capacity to decide to end their own life must be decided on the balance of probabilities.”

**Member's explanatory statement**

*This amendment has been suggested by CLADD (Complex Life and Death Decisions group). In the MCA 2005, the principles applying to and the test for capacity apply in a context where a decision can be taken on a 'best interests' basis for the person if they lack capacity. This amendment aims to introduce a more appropriate test for ensuring decision making ability is present for the major decision to end one's life.*

LORD CARLILE OF BERRIEW

**116** Leave out Clause 3 and insert the following new Clause—

**“Capacity of an applicant**

(1) For the purposes of this Act, an applicant has capacity if he or she—

- (a) has a clear, settled and informed intention to take his or her life,
- (b) is not suffering from—
  - (i) an impairment of, or disturbance in, the functioning of the mind or brain, or
  - (ii) a condition which might impair his or her judgment,
- (c) has not been the subject of undue influence or coercion in deciding to make an application, and
- (d) is aged 18 years or over.

(2) In considering whether an applicant has a clear, settled and informed intention to take his or her life, the Court must consider—

- (a) submissions made by the applicant,
- (b) evidence in accordance with sections 5 and 6 of the medical practitioners who submitted the medical statement in relation to a diagnosis of and prognosis for the applicant's terminal illness,
- (c) evidence in accordance with sections 5 and 6 of at least one medical practitioner who is a specialist in the assessment of a person's mental condition,
- (d) evidence about aspects of the applicant's living conditions which could bear on their intention, including the availability to them of suitable housing and effective palliative and social care,
- (e) evidence of at least one medical practitioner who is a specialist in the management of terminal illness,
- (f) evidence of persons who have known the applicant over a reasonable period of time and are familiar with his or her character and personality, and
- (g) evidence of interested parties whose intervention the Court considers likely to be of assistance in reaching a decision, including where relevant evidence relating to possible undue influence or coercion of an applicant.”

***Member's explanatory statement***

*The purpose of this amendment is to provide a courts-based structure and associated protections to ensure the capacity and safety of applicants and to provide for appropriate and proportionate access to the court for interested parties.*

BARONESS HOLLINS

117 Leave out Clause 3 and insert the following new Clause—

**“Assisted dying decision-making framework**

- (1) The Secretary of State must by regulations establish a framework for the assessment and determination of decision-making capacity for the purposes of requesting assistance to end one's life under this Act.
- (2) For the avoidance of doubt, references in this Act to a person “having capacity” are to be read in accordance with this framework and not in accordance with the Mental Capacity Act 2005.
- (3) Regulations under subsection (1) must—
  - (a) set out an evidence-based methodology for determining whether an applicant has capacity to make a request under this Act;
  - (b) require that any assessment of capacity be conducted by a practitioner psychologist—
    - (i) who holds specialist registration as a clinical psychologist with the Health and Care Professions Council,
    - (ii) who is entered on the British Psychological Society's Specialist Register of Clinical Neuropsychologists (SRCN), and
    - (iii) who is entered in the Assisted Dying Specialist Register maintained by the Health and Care Professions Council for the purposes of this Act;
  - (c) require (where appropriate) the use of validated, standardised instruments capable of detecting subtle or partial impairments in cognition, reasoning, or decision-making capacity;
  - (d) include safeguards designed to detect and exclude decision-making that is impaired by the effects of the applicant's terminal illness, including any effects of medication or physiological deterioration;
  - (e) provide for the development and use of a validated, evidence-based capacity assessment framework specifically designed for individuals with learning disabilities, autistic spectrum disorders, or sensory or communication needs, to ensure equitable and accurate assessment for the purposes of accessing assistance to end one's life under this Act;
  - (f) provide for the framework to be kept under continued review and revised in the light of emerging evidence.
- (4) The Secretary of State must commission and publish an independent evaluation of the operation of the framework—
  - (a) within 12 months of the day on which this Act is passed, and

(b) at intervals of no more than three years thereafter.”

**After Clause 3**

LORD HUNT OF KINGS HEATH  
LORD FARMER  
BARONESS GREY-THOMPSON

**118** After Clause 3, insert the following new Clause—

**“Risk of financial abuse**

- (1) A person shall not be considered eligible for assistance under this Act unless the Voluntary Assisted Dying Commissioner is satisfied that—
  - (a) no person who is a close relative of the applicant has been convicted of, or is currently under investigation for, a financial crime, including fraud, theft, money-laundering, or tax evasion; and
  - (b) the applicant’s financial circumstances and those of their immediate family have been independently reviewed for indicators of coercion or financial pressure.
- (2) For the purposes of subsection (1), “close relative” means a spouse, civil partner, parent, sibling, child, or any person ordinarily resident with the applicant.”

*Member's explanatory statement*

*The amendment introduces an independent financial review and background check on close relatives before eligibility can proceed. It aims to blocks eligibility where there is known financial abuse risk.*

LORD FARMER  
*As an amendment to Amendment 118*

**118A** In subsection (1), after paragraph (b) insert—

- “(c) they have inspected the will and found that no beneficiary has been convicted of, or is currently under investigation for, a financial crime, including fraud, theft, money-laundering, or tax evasion.”

LORD FARMER  
*As an amendment to Amendment 118*

**118B** In subsection (2), leave out “any person ordinarily resident with” and insert “friend of”

BARONESS GREY-THOMPSON  
BARONESS HOLLINS

**119** After Clause 3, insert the following new Clause—

**“Mental capacity assessment for persons with learning disabilities**

- (1) A person known to have a learning disability must undergo a mental capacity assessment before being deemed eligible for assistance under this Act.
- (2) The person conducting the assessment must not be employed by the National Health Service, an Integrated Care Board, local authority, or any publicly-funded health or care provider, whether private or non-profit.
- (3) The assessor must be registered with a relevant professional regulator and possess qualifications and training prescribed in law for assessing capacity in persons with learning disabilities.
- (4) A person conducting a capacity assessment under this section must—
  - (a) have at least ten years' experience of assessing persons with learning disabilities in diverse environments,
  - (b) have experience of decision-making concerning withdrawal or withholding of treatment at end of life, and
  - (c) hold accredited training for capacity assessment in people with learning disabilities.
- (5) The Secretary of State must issue regulations specifying how the criteria in the Mental Capacity Act 2005 apply in determining whether a person with a learning disability has capacity to consent to assisted dying under this Act.”

BARONESS BERRIDGE  
BARONESS MONCKTON OF DALLINGTON FOREST

**119A** After Clause 3, insert the following new Clause—

**“Eligibility of adults with an education, health and care plan**

- (1) The provisions of this Act do not apply to adults who are in receipt of an Education, Health and Care Plan (ECHP), except in cases set out by regulations made by the Secretary of State.
- (2) In subsection (1), an “Education, Health and Care Plan” is a plan created by a local authority which identifies an individual's educational, health and social needs and sets out additional support to meet those needs.
- (3) The Secretary of State must, by regulations, specify the conditions necessary for an adult, who is in receipt of an ECHP, to receive the provisions afforded by this Act.
- (4) These regulations must include all necessary safeguards to support adults with an ECHP who express a wish to access assisted dying services, including—
  - (a) additional capacity assessments,

- (b) assessments of possible dishonesty, coercion or pressure,
- (c) referrals to specialist medical practitioners,
- (d) the involvement of the independent advocate, and
- (e) the involvement of a Local Authority Designated Officer (LADO) to support the delivery of statutory local authority services which may improve their quality of life.”

#### **Before Clause 4**

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
LORD HARRIES OF PENTREGARTH  
BARONESS O'LOAN

120 Before Clause 4, insert the following new Clause—

#### **“Application for assistance with suicide order**

- (1) A person (“the applicant”) who has a terminal illness (see section 2) may apply to the Family Division of the High Court (“the Court”) for an assistance with suicide order for the purpose of enabling the applicant to be given assistance in ending his or her life.
- (2) The President of the Court may direct that the application may be heard and directions given by a judge of the Family Division or by a circuit judge who is a designated family judge.
- (3) The applicant must—
  - (a) have capacity for the purposes of this Act (see section 3),
  - (b) have been ordinarily resident in England and Wales for not less than three years immediately prior to the date of the declaration required by subsection (4) of this section, and
  - (c) not have had a request for such an order rejected within the period of six months before the date of that declaration.
- (4) An application to the Court must be—
  - (a) accompanied by a declaration in the form prescribed in sections 8 and 9 (the “first declaration”),
  - (b) accompanied by a statement (“the medical statement”) made by two registered medical practitioners confirming that the applicant has a terminal illness and is more likely than not to live for no more than six months, and
  - (c) in accordance with any Rules of Court prescribed for an application for an assistance with suicide order.
- (5) A medical practitioner signing the medical statement must—
  - (a) have at least three years’ experience in the diagnosis of and prognosis for the terminal illness from which the applicant suffers,
  - (b) not be a relative of the applicant, and

- (c) not know or believe it likely that he or she is to benefit, directly or indirectly, from the death of the applicant.
- (6) One of the medical practitioners signing the medical statement must—
  - (a) be the medical practitioner with whom the applicant has been registered for the provision of medical care for at least six months, and
  - (b) have met with the applicant in his or her capacity as the applicant's medical practitioner on at least three occasions.
- (7) The statements and declaration referred to in this section must be prepared following the preliminary discussions required by section 5, and in accordance with the requirements of sections 6 and 7.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carlile of Berriew seek to establish a court-based system for the approval and scrutiny of applications for assisted suicide, and to provide for suitable court procedures and the appointment of independent persons to ensure that relevant court orders are carried out in compliance with this Act.*

BARONESS COFFEY

*As an amendment to Amendment 120*

**120A** After subsection (7), at end insert—

- “(8) Funding for this application may not be received by legal aid or any other funding provided by the taxpayer, except for state pension and other welfare benefits.”

**Clause 4**

LORD FROST  
 BARONESS FOX OF BUCKLEY  
 BARONESS LAWLOR  
 LORD HARPER

**121** Clause 4, page 2, line 24, leave out “Voluntary Assisted Dying Commissioner” and insert “Commissioner for the Provision of Medical Help to Commit Suicide”

***Member's explanatory statement***

BARONESS CASS

**122** Clause 4, page 2, line 24, at end insert “and a Voluntary Assisted Dying Director”

***Member's explanatory statement***

*This amendment and other amendments in the name of Baroness Cass seek to separate the role of Voluntary Assisted Dying Director and Voluntary Assisted Dying Commissioner, and are intended to address the existing position of the Voluntary Assisted Dying Commissioner in the bill which is responsible for the monitoring and assurance of the Act, whilst also having a role in its operational delivery.*

BARONESS CASS

123 Clause 4, page 2, line 25, leave out “is” and insert “and Director are”

LORD GARNIER

124 Clause 4, page 2, line 25, leave out “the Prime Minister” and insert “His Majesty, on the recommendation of the Lord Chancellor”

***Member's explanatory statement***

*This amendment transfers the formal power to appoint the Voluntary Assisted Dying Commissioner from the Prime Minister to His Majesty, based on the recommendation of the Lord Chancellor.*

BARONESS GREY-THOMPSON

125 Clause 4, page 2, line 25, at end insert “under the public appointments process”

LORD UDNY-LISTER

126 Clause 4, page 2, line 25, at end insert –

- “(2A) Before making an appointment under subsection (2), the Prime Minister must lay before Parliament a statement which –
  - (a) explains why the candidate is considered appropriate for the role, having regard to their qualifications, experience, and ability to perform the functions set out in subsection (4),
  - (b) confirms that the Prime Minister is satisfied, after reasonable inquiries, that the candidate is neutral on the matter of state provision of assistance to an adult to end their own life as set out in this Act, and
  - (c) confirms that the Prime Minister is satisfied, after reasonable inquiries, that the candidate has no prior connection to any organisation that campaigns for state provision of assistance to an adult to end their own life.
- (2B) For the purposes of subsection (2A)(b), “neutral” means that the candidate has not publicly expressed a position in support of or opposition to assisted dying in the ten years preceding the appointment.
- (2C) For the purposes of subsection (2A)(c), “prior connection” includes membership of, employment by, financial contributions to, or public advocacy on behalf of such an organisation in the ten years preceding the appointment.”

***Member's explanatory statement***

*This amendment would mean that the appointment of the Commissioner must be accompanied by a public statement by the Prime Minister attesting to the suitability, independence, and neutrality on state provision of assistance to end the life of those that are terminally ill.*

## LORD BEITH

127 Clause 4, page 2, line 25, at end insert –

- “(2A) A person may not be appointed under subsection (2) unless the Health and Social Care Select Committee of the House of Commons (“the Committee”) has published a report stating that it is content for the appointment to be made.
- “(2B) The person proposed to be appointed under subsection (2) may only be appointed if they make themselves available for questioning by the Committee in a public meeting before the Committee publishes any such report.
- “(2C) 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 are exercisable.”

*Member's explanatory statement*

*This amendment would make the Prime Minister's choice for Commissioner subject to scrutiny and approval by the House of Commons' Health and Social Care Select Committee.*

BARONESS FOSTER OF AGHADRUMSEE  
LORD WEIR OF BALLYHOLME

128 Clause 4, page 2, line 25, at end insert –

- “(2A) The Commissioner shall have the following duties –
  - (a) ensure compliance with all statutory safeguards, including medical assessments, waiting periods, and referral requirements;
  - (b) identify and mitigate risks to vulnerable persons, including those vulnerable to coercion, pressure, or undue influence;
  - (c) investigate suspected breaches of this Act, including improper conduct by medical practitioners;
  - (d) refer matters to the appropriate authorities for enforcement or disciplinary action where necessary;
  - (e) require practitioners to report adverse events or irregularities in accordance with statutory obligations.”

*Member's explanatory statement*

*Clause 4 only describes the Commissioner's 'principal functions' and not the duties of the Commissioner. This amendment seeks to (1) probe the exact duties of the Commissioner, and (2) propose a series of duties to ensure effective oversight.*

LORD WEIR OF BALLYHOLME

129 Clause 4, page 2, line 26, leave out subsection (3)

***Member's explanatory statement***

*The amendment removes the requirement that the Voluntary Assisted Dying Commissioner be a serving or former member of the senior judiciary as they do not exercise a judicial function.*

BARONESS CASS

130 Clause 4, page 2, line 26, after “appointed” insert “as Director”

BARONESS CASS

131 Clause 4, page 2, line 29, at end insert –

“but for the avoidance of doubt, the Director in discharging any functions under this Act is not discharging a judicial function.”

BARONESS CASS

132 Clause 4, page 2, line 29, at end insert –

“(3A) The Commissioner’s principal functions are the monitoring of the operation of this Act and reporting annually on it (see section 49).”

BARONESS CASS

133 Clause 4, page 2, line 30, leave out “Commissioner’s” and insert “Director’s”

LORD MOYLAN

134 Clause 4, page 2, line 30, leave out “principal” and insert “sole”

***Member's explanatory statement***

*This would bring the definition of the Commissioner’s functions into closer alignment with the powers given to him or her in Schedule 1, paragraph 2 and would prevent any “creep”.*

LORD FROST

135 Clause 4, page 2, line 31, at end insert –

“(aa) ensuring all documents are present, complete and of sufficient standard to be referred to an Assisted Dying Review Panel;”

***Member's explanatory statement***

*This amendment would allow the Commissioner real oversight in cases where the paperwork is faulty or raises concerns.*

LORD BIRT  
LORD PANNICK

136 Clause 4, page 2, line 32, leave out paragraph (b)

LORD CARLILE OF BERRIEW

137 Clause 4, page 2, line 32, leave out paragraphs (b) to (d)

LORD FROST  
BARONESS FOX OF BUCKLEY  
BARONESS LAWLOR  
LORD HARPER

138 Clause 4, page 2, line 32, leave out “Assisted Dying Review Panels” and insert “Panels for the Provision of Medical Help to Commit Suicide”

***Member's explanatory statement***

*This is part of a long series of identical or near-identical amendments which Lord Frost would seek to table at Report Stage should this amendment find favour. The intention is to provide clarity on the nature of the services provided by this Bill and to avoid euphemism. This is the first occasion in the Bill text at which the reference to the “Assisted Dying Review Panels” occurs.*

BARONESS FINLAY OF LLANDAFF

139 Clause 4, page 2, line 38, after “it” insert “to Parliament”

LORD MOYLAN

140 Clause 4, page 2, line 39, at end insert –

“(f) setting charges payable for the service by those seeking assistance.”

***Member's explanatory statement***

*This amendment would provide a means whereby assistance would not be a charge on the public purse.*

LORD BIRT  
LORD PANNICK

**141** Clause 4, page 2, line 39, at end insert –

- “(f) to provide independent regulatory oversight of the Assisted Dying Help Service, consider complaints about its operations or any individuals providing services through it, and report annually on the effectiveness of its operations and any such complaints (see section *(Assisted Dying Help Service)*.”

LORD MURRAY OF BLIDWORTH

**142** Clause 4, page 2, line 39, at end insert –

- “(f) providing guidance regarding the practice and procedure of Assisted Dying Review Panels (see Schedule 2).”

***Member's explanatory statement***

*This amendment and two others in the name of Lord Murray of Blidworth addresses an issue raised by Select Committee witnesses namely that the Commissioner is not under an obligation to give guidance to the panel on procedure, which could mean it is entirely at each panel's discretion how they work. These amendments make the provision of guidance mandatory, following consultation.*

BARONESS FINLAY OF LLANDAFF

**143** Clause 4, page 2, line 39, at end insert –

- “(f) ensuring the licensed assisted dying service records and analyses the death process, including substances used and complications;
- (g) retaining all source documentation for a minimum of ten years;
- (h) supporting retrospective and prospective research on all aspects of assisted dying;
- (i) recording, collating and analysing all data and reporting in detail at least annually on the anonymised information to monitor the operation of this Act and reporting annually on it to Parliament (see section 49).

(4A) No member of the office of the Commissioner can be employed by, have financial or commercial relationships with, or act in a voluntary capacity for, any agency providing assisted death.”

LORD EVANS OF RAINOW

**144** Clause 4, page 2, line 39, at end insert –

- “(f) commissioning clinical audits of assisted dying records and processes (see section *(Clinical audits)*).”

***Member's explanatory statement***

*The Commissioner must commission auditors to conduct clinical audits of assisted dying records and processes. This is one of two linked amendments in the name of Lord Evans of Rainow.*

## BARONESS FREEMAN OF STEVENTON

**144A** Clause 4, page 2, line 39, at end insert –

- “(f) ensuring the provision of personalised information to assist medical practitioners’ discussions with eligible patients is adequately resourced, easily available, and regularly updated (see sections 5(5)(a) to (c) and 12(2)(c)).”

***Member's explanatory statement***

*This amendment seeks to ensure the Assisted Dying Commission is responsible for ensuring the provision of balanced and personalised information about (1) a patient’s prognosis and (2) their options (and risks and benefits of these), as required by clauses 5 and 12. It seeks to ensure that the provision of such information is (a) adequately resourced, (b) easily available, and (c) kept up to date.*

## BARONESS MACLEAN OF REDDITCH

**145** Clause 4, page 2, line 39, at end insert –

- “(4A) The Cabinet Office must maintain one or more registers of the interests of –
  - (a) the Commissioner,
  - (b) the Deputy Commissioner,
  - (c) any appointed panel members, and
  - (d) staff employed to support the Commissioner’s functions.
- (4B) The Cabinet Office must publish the registers maintained under subsection (4A) or make arrangements to ensure that members of the public have access to them on request.
- (4C) The Cabinet Office must make arrangements to ensure –
  - (a) that a person mentioned in subsection (4A) declares any conflict or potential conflict of interest in relation to decisions made in the exercise of functions under this Act,
  - (b) that such declarations are made as soon as practicable and, in any event, within 28 days of becoming aware of the conflict or potential conflict, and
  - (c) that any such declaration is recorded in the registers maintained under subsection (4A).
- (4D) The Commissioner must make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure they do not, and do not appear to, affect the integrity of decision-making processes.
- (4E) The Secretary of State must publish guidance on the discharge of functions under this section.

(4F) The Commissioner and Deputy Commissioner must have regard to such guidance.”

BARONESS EATON  
BARONESS O'LOAN

**146** Clause 4, page 2, line 39, at end insert—

- “(4A) In exercising functions under this section, the Commissioner must monitor and identify emerging patterns of risk relating to the operation of assisted dying in respect of residents of, and practice within, registered care or nursing homes, recognising such settings as a distinct safeguarding category, and must take reasonable and proportionate steps to prevent or mitigate such risk.
- “(4B) Where the Commissioner considers that such risk indicates a systemic failure or regulatory deficiency, the Commissioner must notify the Secretary of State for Health and Social Care, who must take such steps as the Secretary of State considers reasonable to secure remedial action by the appropriate regulatory body.”

***Member's explanatory statement***

*This amendment imposes a duty on the Commissioner not only to monitor and identify emerging risk in the operation of assisted dying in registered care or nursing homes, but also to take reasonable and proportionate steps to prevent or mitigate such risk. It further provides that where such risk appears systemic, the Commissioner must notify the Secretary of State for Health and Social Care so that appropriate remedial action can be taken.*

LORD MORROW

**146A** Clause 4, page 2, line 39, at end insert—

- “(4A) In carrying out their functions, the Commissioner must have particular regard to the importance of the right to life as reflected in Article 2 of the European Convention on Human Rights.”

BARONESS CASS

**147** Clause 4, page 3, line 2, at end insert, “and

- (b) “the Director” means the Voluntary Assisted Dying Director.”

BARONESS CASS

**148** Clause 4, page 3, line 3, at end insert “and the Director”

BARONESS COFFEY

*Baroness Coffey gives notice of her intention to oppose the Question that Clause 4 stand part of the Bill.*

## Clause 5

BARONESS GREY-THOMPSON

**149** Clause 5, page 3, line 5, at end insert –

“(A1) No registered medical practitioner may raise the subject of provision of assistance –

- (a) within 48 hours of a terminal diagnosis;
- (b) until a multi-agency assessment to identify the patient’s current support needs since diagnosis has occurred;
- (c) unless the necessary steps have been taken to meet the needs of the individual and both the assessment of and support for this is fully funded.”

BARONESS FOX OF BUCKLEY  
BARONESS HOLLINS  
BARONESS O’LOAN

**150** Clause 5, page 3, line 6, leave out from “practitioner” to end of line 10 and insert “shall raise or discuss the subject of the provision of assistance in accordance with this Act with a person who has not indicated to that or another registered medical practitioner that they wish to seek assistance to end their own life.”

***Member's explanatory statement***

*The amendment prevents a registered medical practitioner from discussing the provision of assistance under the Act unless that matter is first raised by that person.*

LORD GOODMAN OF WYCOMBE  
LORD CARLILE OF BERRIEW  
BARONESS FOX OF BUCKLEY  
BARONESS HOLLINS

**151** Clause 5, page 3, line 6, leave out “is under any duty to” and insert “may”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Goodman, seeks to prohibit medical professionals from raising assisted dying as an option unless explicitly requested by the person.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW  
BARONESS FOX OF BUCKLEY

**152** Clause 5, page 3, line 6, leave out “is under any duty to” and insert “or other health professional may”

***Member's explanatory statement***

*This amendment prohibits a registered medical practitioner or other health professional from raising the subject of assistance with any person.*

LORD FROST  
BARONESS FOX OF BUCKLEY  
BARONESS LAWLOR  
LORD HARPER

153 Clause 5, page 3, line 7, leave out “assistance” and insert “medical help to commit suicide by provision of lethal drugs”

*Member's explanatory statement*

*This is part of a long series of identical or near-identical amendments which Lord Frost would seek to table at Report Stage should this amendment find favour. The intention is to provide clarity on the nature of the services provided by this Bill and to avoid euphemism. This is the first occasion in the Bill text at which the reference to “assistance” occurs.*

LORD ROOK

154 Clause 5, page 3, line 7, at end insert—

“(1A) 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 the subject.”

BARONESS KEELEY

155 Clause 5, page 3, line 7, at end insert—

“(1A) A registered medical practitioner may not raise the subject of nor initiate a discussion on the provision of assistance under this Act with a person whose medical records indicate that they have previously cancelled a first or second declaration.”

*Member's explanatory statement*

*This amendment ensures that where a person has previously cancelled the process of obtaining assistance, and therefore has thought about it as an option and on consideration rejected it, can freely discuss their terminal illness with their medical practitioner without being pressed to reconsider assistance to end their life.*

LORD GOODMAN OF WYCOMBE  
LORD MOYLAN  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

156 Clause 5, page 3, line 8, leave out subsection (2)

*Member's explanatory statement*

*This amendment, connected to another in the name of Lord Goodman, seeks to prohibit medical professionals from raising assisted dying as an option unless explicitly requested by the person.*

## LORD AHMAD OF WIMBLEDON

157 Clause 5, page 3, line 8, after “But” insert “, subject to subsection (2A),”

***Member's explanatory statement***

*This amendment and another in the name of Lord Ahmad of Wimbledon seeks to ensure that a doctor may not raise assisted suicide with a patient who has “opted-out”.*

## LORD EVANS OF RAINOW

158 Clause 5, page 3, line 8, after “practitioner” insert “who has known the person for a minimum of six months”

***Member's explanatory statement***

*The Bill appears to permit any doctor to raise ending a patient's life, even if they have no prior relationship with the patient. This amendment specifies that a preliminary discussion can only take place with a registered medical practitioner who has known the patient for a minimum of six months.*

## BARONESS FINLAY OF LLANDAFF

159 Clause 5, page 3, line 10, leave out “discuss the matter with a person” and insert “respond to a person's request to discuss natural dying with specialist palliative care support or an assisted death.”

(2A) The requirement that a patient is informed of all options in relation to their condition is disapplied for consideration of potential eligibility for an assisted death.”

***Member's explanatory statement***

*This ensures that patients who are potentially at risk of dying during their current illness are not routinely offered assisted death by treating clinicians.*

BARONESS LAWLOR  
BARONESS FOX OF BUCKLEY

160 Clause 5, page 3, line 10, leave out “the matter” and insert “ending a person's life”

***Member's explanatory statement***

*This amendment replaces “the matter” with “ending a person's life” to avoid euphemisms.*

## BARONESS STEDMAN-SCOTT

161 Clause 5, page 3, line 10, leave out “a person” and insert “a patient in their care”

***Member's explanatory statement***

*This amendment seeks to probe whether it is appropriate for registered medical practitioners to be given blanket legal protection to raise ending any person's life or whether it should be restricted to those patients in their care.*

LORD SHINKWIN  
LORD FARMER

**162** Clause 5, page 3, line 10, at end insert “, unless the person has Down's 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.”

LORD EVANS OF RAINOW  
LORD HAMILTON OF EPSOM

**163** Clause 5, page 3, line 10, at end insert –

“(2A) 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 who is not terminally ill.”

***Member's explanatory statement***

*Raising assistance to end a patient's life should only be with terminally ill people. This clause should not give rise to a presumption towards 'normalising' discussions of ending patients' lives and doctors doing so as a part of routine care.*

LORD AHMAD OF WIMBLEDON

**164** Clause 5, page 3, line 10, at end insert –

“(2A) If a person has informed their general practitioner that they do not wish to discuss the subject of the provision of assistance in accordance with this Act that fact must be added to their medical records, and a registered medical practitioner must not discuss it with them.”

***Member's explanatory statement***

*This amendment and another in the name of Lord Ahmad of Wimbledon seeks to ensure that a doctor may not raise assisted suicide with a patient who has “opted-out”.*

BARONESS COFFEY

**165** Clause 5, page 3, line 11, leave out “or Wales”

LORD MOYLAN  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

166 Clause 5, page 3, line 11, after “Wales” insert “who has been diagnosed with a terminal illness”

***Member's explanatory statement***

*This would ensure that a “preliminary discussion” as defined in the Bill could only be conducted with a person who had a terminal illness.*

BARONESS FRASER OF CRAIGMADDIE

167 Clause 5, page 3, line 12, leave out “seek assistance to”

BARONESS GREY-THOMPSON

168 Clause 5, page 3, line 15, at end insert “, at which an independent advocate must be present.”

BARONESS MEYER

169 Clause 5, page 3, line 15, at end insert –

“(3A) Before a preliminary discussion on assisted dying can take place, the registered medical practitioner must ensure that a patient has undergone a psychological assessment to identify any suicidal ideation, and if applicable been offered a relevant course of treatment to address the ideation.”

***Member's explanatory statement***

*This amendment requires that any preliminary discussion be preceded by a psychological assessment to identify any suicidal ideation.*

LORD FALCONER OF THOROTON  
LORD CARLILE OF BERRIEW  
LORD GODDARD OF STOCKPORT

170 Clause 5, page 3, line 17, leave out from “must” to end of line 18 and insert “take all reasonable steps to ensure that there is effective communication between the practitioner and the person (including, where appropriate, using an interpreter).”

***Member's explanatory statement***

*This amendment clarifies the effect of subsection (4).*

BARONESS NICHOLSON OF WINTERBOURNE

**171** Clause 5, page 3, line 17, after “adjustments for” insert “hearing or visual impairments and”

BARONESS NICHOLSON OF WINTERBOURNE

**171A** Clause 5, page 3, line 18, after “language” insert “, cultural, religious, sex-based,”

***Member's explanatory statement***

*This amendment, connected with another in the name of Baroness Nicholson of Winterbourne, relates to women who might (1) face coercion to seek assistance under the Act, or (2) be less able to resist coercion, because of cultural or religious factors. It seeks to mandate the provision of an advocate who will assist women in these circumstances.*

BARONESS GREY-THOMPSON

**172** Clause 5, page 3, line 18, at end insert “and BSL Level 6, or Makaton or equivalent languages”

BARONESS NICHOLSON OF WINTERBOURNE

**173** Clause 5, page 3, line 18, at end insert “, amanuenses or braille”

BARONESS BERRIDGE

**174** Clause 5, page 3, line 18, at end insert –

“(4A) Any interpreter provided under subsection (4) must be aged 18 year or over.”

BARONESS NICHOLSON OF WINTERBOURNE

**174A** Clause 5, page 3, line 18, at end insert –

“(4A) Where the barriers in subsection (4) are caused by any religious, cultural or sex-based factors, or a combination of these, the provision of adjustments under that subsection must include the use of an advocate, as described in subsection (4B).

(4B) The advocate is a person –

- (a) with experience or training in safeguarding related to the cultural or religious group of, and
- (b) who is of the same sex as, the person seeking assistance under the Act.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Baroness Nicholson of Winterbourne, relates to women who might (1) face coercion to seek assistance under the Act, or (2) be less able to resist coercion, because of cultural or religious factors. It seeks to mandate the provision of an advocate who will assist women in these circumstances.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW  
BARONESS FOX OF BUCKLEY

175 Clause 5, page 3, line 21, at end insert—

“(aa) where the prognosis is based on a median life expectancy, the distribution of the data underlying the prognosis;”

***Member's explanatory statement***

*This amendment requires the registered medical practitioner to discuss the underlying data on survival from which the median prognosis has been calculated*

BARONESS GREY-THOMPSON

176 Clause 5, page 3, line 22, at end insert—

“(ba) their wishes in the event of complications arising in connection with the self-administration of an approved substance under section 25;”

BARONESS FINLAY OF LLANDAFF

177 Clause 5, page 3, line 24, leave out from “support” to the end of line 26

LORD CARTER OF HASLEMERE  
LORD FARMER

178 Clause 5, page 3, line 24, leave out from “support,” to end of line 26 and insert “and must refer them to a registered medical practitioner who specialises in such care for the purpose of a full assessment.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

## BARONESS LAWLOR

**178A** Clause 5, page 3, line 24, leave out from “support,” to end of line 26 and insert “and must refer them to a consultant physician in palliative medicine for the purpose of a full assessment and care plan.”

## BARONESS GREY-THOMPSON

**179** Clause 5, page 3, line 24, leave out “offer to” and insert “must”

LORD TAYLOR OF HOLBEACH  
LORD EMPEY

**180** Clause 5, page 3, line 26, at end insert—

- “(d) the approved substance(s) used to end life under the regulations laid down under section 37, the risks associated with the substance(s) (including complication and failure rates), and any possible contraindications in the patient’s specific case.”

***Member's explanatory statement***

*This amendment seeks to ensure that the patient is aware of the realities and risks of using approved substances to end their life early in the process, so it can inform their decision on whether to go ahead with the process.*

BARONESS GREY-THOMPSON  
BARONESS O'LOAN

**181** Clause 5, page 3, line 29, at end insert—

- “(5A) The preliminary discussion must include the registered medical practitioner asking a person to confirm the reason for wishing to seek assistance to end their own life in accordance with this Act, and to confirm that they are not doing so under any coercion.”

BARONESS GREY-THOMPSON  
LORD FARMER  
BARONESS O'LOAN

**182** Clause 5, page 3, line 29, at end insert—

- “(5A) Where a terminally ill adult is involved in a preliminary discussion, they must, if they so request—
  - (a) have their palliative and end of life care needs assessed by an appropriate health or social care professional, and
  - (b) be provided with palliative and end of life care in line with their assessed needs to the extent necessary to enable them to decide whether such care would affect their wish to be provided with assistance to end their life.

- (5B) The Secretary of State must, by regulations, make further provision in relation to the provision of palliative and end of life care in England for persons who are involved in a preliminary discussion to the extent necessary to enable such persons to establish whether such care would affect their wish to be provided with assistance to end their life.
- (5C) The Welsh Ministers must, by regulations, make further provision in relation to the provision of palliative and end of life care in Wales for persons who are involved in a preliminary discussion to the extent necessary to enable such persons to establish whether such care would affect their wish to be provided with assistance to end their life.”

LORD CURRY OF KIRKCHARLE

*As an amendment to Amendment 182*

183 In subsection (5A) leave out “if they so request” and insert “unless they refuse”

LORD CURRY OF KIRKCHARLE

*As an amendment to Amendment 182*

184 In subsection (5A)(a) leave out “an appropriate heath or social care professional” and insert “appropriate health and social care professionals who have been trained in palliative care and holistic needs assessments”

BARONESS GREY-THOMPSON  
BARONESS O'LOAN

185 Clause 5, page 3, line 29, at end insert –

“(5A) A meeting with the specialist medical practitioner and the individual must take place before the next step can be entered into.”

LORD HUNT OF KING'S HEATH

186 Clause 5, page 3, line 29, at end insert –

“(5A) The Secretary of State must, by regulations, make further provision in relation to the provision of specialist palliative care and end of life care to persons who have had a preliminary discussion about seeking an assisted death to ensure that a full assessment can be given of their needs and whether such care might affect their wish to be provided with assistance to end their life.”

***Member's explanatory statement***

*This amendment is related to Lord Carter's amendment at Clause 5, page 3, line 24, and seeks to ensure that there is adequate provision to be able to provide the full assessment required in his amendment.*

BARONESS FINLAY OF LLANDAFF  
BARONESS O'LOAN

187 Clause 5, page 3, line 29, at end insert –

“(5A) If a registered medical practitioner conducts such a preliminary discussion with a person, the practitioner must ensure the person is referred for specialist palliative management and psychological support.”

BARONESS BERGER

188 Clause 5, page 3, line 29, at end insert –

“(5A) If a registered medical practitioner conducts such a preliminary discussion with a person, the practitioner must advise the person to consider discussing their wish to seek assistance to end their own life with their next of kin and other persons they are close to.”

***Member's explanatory statement***

*This amendment would require a doctor who has a preliminary discussion with a person to advise that person to consider discussing their wish to seek an assisted death with next of kin and others, so that this advice is given before the assessment process begins.*

BARONESS COFFEY

188A Clause 5, page 3, line 29, at end insert –

“(5A) Registered medical practitioners must apply the principles established in *Montgomery v Lanarkshire Health Board* (UKSC/2013/0136) when informing persons of material risks.”

***Member's explanatory statement***

*This amendment seeks to embed established consent law into the statutory scheme.*

BARONESS FRASER OF CRAIGMADDIE  
LORD CARLILE OF BERRIEW

189 Clause 5, page 3, line 30, leave out subsection (6) and insert –

“(6) The Secretary of State must by regulations –

- (a) establish a register of registered medical professionals who are willing and able to conduct preliminary discussions under subsection (3);
- (b) make provision for the process by which this register is updated and publicly available.

(7) A registered medical practitioner may only conduct the preliminary discussion under subsection (3) if they are entered in the register.

(8) Registered medical professionals who are unwilling or unable to conduct preliminary discussion are not required to join the register under subsection (6).

(9) A registered medical practitioner who is unwilling or unable to conduct the preliminary discussion mentioned under subsection (3) must refer the person to the register of medical professionals.”

BARONESS FINLAY OF LLANDAFF

190 Clause 5, page 3, line 30, leave out “conduct the” and insert “respond to a specific request from a patient to undertake a”

LORD FROST

191 Clause 5, page 3, line 33, leave out “where they can obtain information and have the” and insert “a neutral adviser, from whom they can obtain information and who can refer them for a”

***Member's explanatory statement***

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

BARONESS FINLAY OF LLANDAFF

192 Clause 5, page 3, line 33, leave out “and have the preliminary discussion” and insert “about how to make a request to a licensed assisted dying panel”

LORD SHINKWIN

193 Clause 5, page 3, line 34, at end insert –

“(7) If a registered medical practitioner or other health professional raises the subject of the provision of assistance in accordance with this Act with a person, or if a person raises the subject with a registered medical practitioner or other health professional, it must be considered a preliminary discussion and the discussion must be recorded.”

LORD SHINKWIN

194 Clause 5, page 3, line 34, at end insert –

“(7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have if they are to exercise their professional judgement under subsection (2).”

## LORD FROST

195 Clause 5, page 3, line 34, at end insert –

“(7) Upon providing advice or information to a person referred to them, a neutral adviser must report a full record of that advice or information to the Commissioner within five days, including the date on which the advice or information was received by the person seeking an assisted death.”

***Member's explanatory statement***

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

## LORD FROST

196 Clause 5, page 3, line 34, at end insert –

“(8) For the purposes of subsection (6), a neutral adviser must be an organisation or organisations designated as such by the Secretary of State by regulations, in consultation with the Commissioner.

(9) To be designated as a neutral adviser an organisation must make the following declarations to the Secretary of State –

- (a) a declaration that it has at no point advocated for assisted dying either in principle or in any particular case;
- (b) a declaration that it does not and will not employ or hold in voluntary capacity or have on its board any person who has taken part in the provision of assistance for assisted dying as provided for in this Act;
- (c) a declaration that it is not in receipt of any funding from sources advocating for assisted dying either in principle or in any particular case;
- (d) a declaration detailing all individuals who will be providing advice;
- (e) a declaration that no part of the advice given will involve any further referral to other organisations, resources or individuals;
- (f) a declaration that all advice given to people seeking an assisted death will be strictly neutral and balanced, not advocating or suggesting, overtly or by omission, a particular course of action;
- (g) a declaration of all sources of funding received by the organisation, which shall be updated every six months.”

***Member's explanatory statement***

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

## LORD FROST

197 Clause 5, page 3, line 34, at end insert –

- “(10) The Commissioner must keep an online public register of all neutral advisers.
- “(11) The register kept under subsection (10) will keep such information available in perpetuity and will identify in how many cases a neutral adviser has given advice and what proportion of those cases have resulted in an assisted death.
- “(12) The register will also keep an online, publicly accessible record of the advice and information supplied under subsection (7) and all declarations made under subsection (9).”

*Member's explanatory statement*

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

## LORD FROST

198 Clause 5, page 3, line 34, at end insert –

- “(13) At any time the Commissioner may inform the Secretary of State that a neutral adviser must be struck off the list of designated neutral advisers kept in accordance with subsection (10), and the Secretary of State must immediately strike off the neutral adviser in question.
- “(14) The Commissioner must immediately invoke this power if a neutral adviser –
  - (a) fail to report to the Commissioner within the five day period specified in subsection (7);
  - (b) fails to supply a full and complete record in accordance with subsection (7), or
  - (c) breaches any of the declarations made in accordance with subsection (8).
- “(15) The Commissioner must inform the Secretary of State within five days of any of the conditions set out in subsection (14) being met.
- “(16) Any organisation struck off in accordance with subsection (13) may not be redesignated as a neutral adviser in future.”

*Member's explanatory statement*

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

## LORD FROST

199 Clause 5, page 3, line 34, at end insert –

- “(17) The Commissioner must provide a method by which members of the public accessing the records kept under subsection (10) can report potential breaches to the Commissioner for a determination under subsection (13).
- “(18) That determination, which must include reasons for the determination reached, must be made within 28 days and subsequently included in the publicly accessible record for that neutral adviser.”

*Member's explanatory statement*

*This is one of six linked amendments in the name of Lord Frost requiring referrals for information to be to designated “neutral advisers”, ensuring provision of impartial guidance and full transparency by those providing the advice. They will be required to report all interactions to the Commissioner and there is a public reporting mechanism to ensure public trust and accountability.*

## BARONESS GREY-THOMPSON

200 Clause 5, page 3, line 34, at end insert –

- “(7) As soon as possible after the preliminary discussion, and before the initial request for assistance, an assessment must be carried out to establish the person’s additional support needs, both met and unmet, arising since their diagnosis of terminal illness, in order to provide the relevant support to the patient during the initial discussion.”

## BARONESS MACLEAN OF REDDITCH

200A Clause 5, page 3, line 34, at end insert –

- “(7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to conduct the preliminary discussion in subsection (3).
- “(8) The regulations must provide that the practitioner must have had training about the following –
  - (a) assessing capacity;
  - (b) assessing whether a person has been coerced or pressured by any other person;
  - (c) reasonable adjustments and safeguards for autistic people and people with a learning disability;
  - (d) domestic abuse.

Subject to that, the regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

- “(9) Regulations under subsection (7) must specify that training in respect of domestic abuse, including coercive control and financial abuse, is mandatory.

(10) The conduct of preliminary discussions under subsection (3) by a medical practitioner lacking the qualifications and experience prescribed under subsection (7) must be treated as misconduct for the purposes of section 35C(2)(a) of the Medical Act 1983, and the registrar of the General Medical Council may accordingly refer the matter to the Investigation Committee under section 35C(4) of the Medical Act 1983.”

***Member's explanatory statement***

*This amendment, recognising the unique context of the preliminary discussions, protects the public by requiring registered medical practitioners who engage in them have appropriate training and experience (as is required for the coordinating doctor and independent doctor). It also ensures that the failure to comply with these regulations is appropriately treated as misconduct and subject to existing disciplinary procedures.*

BARONESS HOLLINS

*Baroness Hollins gives notice of her intention to oppose the Question that Clause 5 stand part of the Bill.*

**After Clause 5**

LORD WEIR OF BALLYHOLME

**200B** After Clause 5, insert the following new Clause—

**“Care professionals: not permitted to raise assistance**

No individual who is engaged in patient care may raise, suggest, encourage or initiate consideration of the subject of the provision of assistance under this Act with a person.”

**Clause 6**

BARONESS BERRIDGE

**200C** Clause 6, page 3, line 36, leave out “registered medical practitioner or other health professional” and insert “person, whether online or otherwise”

BARONESS FINLAY OF LLANDAFF

**201** Clause 6, page 3, line 36, leave out “raise” and insert “initiate discussion of”

BARONESS GOUDIE  
BARONESS FOX OF BUCKLEY

**202** Clause 6, page 3, line 36, after “raise” insert “or discuss”

***Member's explanatory statement***

*This would ensure that the registered medical practitioner is prohibited from discussing assisted dying with a child aged under 18, and not only from raising it with them.*

BARONESS HOLLINS

203 Clause 6, page 3, line 38, leave out “18” and insert “25”

***Member's explanatory statement***

*This amendment prevents any health professional from raising assisted dying with anyone under the age of 25.*

BARONESS LAWLOR

204 Clause 6, page 3, line 38, leave out “18” and insert “21”

BARONESS MONCKTON OF DALLINGTON FOREST  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN  
THE LORD BISHOP OF LINCOLN

205 Clause 6, page 3, line 38, at end insert “, or

(b) with a person who has a learning disability or autism unless a family member is present.”

***Member's explanatory statement***

*This amendment seeks to ensure that a health professional cannot raise assisted dying with a person who has a learning disability or autism unless a family member is present.*

BARONESS GREY-THOMPSON  
*As an amendment to Amendment 205*

206 Leave out “is” and insert “and independent person are”

BARONESS GREY-THOMPSON  
*As an amendment to Amendment 205*

207 After “member” insert “guardian, or independent person”

BARONESS GOUDIE  
BARONESS FOX OF BUCKLEY

208 Clause 6, page 3, line 38, at end insert –

“(2) This prohibition applies irrespective of whether the discussion is initiated by the person under the age of 18.”

***Member's explanatory statement***

*This would ensure that the registered medical practitioner is prohibited from discussing assisted dying with a child aged under 18 even where that child raises it.*

BARONESS GOUDIE  
BARONESS FOX OF BUCKLEY  
BARONESS KEELEY

209 Clause 6, page 3, line 38, at end insert –

“(2) No adult with a duty of care or responsibility for a person under the age of 18, including but not limited to guardians, social workers, educators, or carers, shall raise the subject of assisted dying with such a person.”

***Member's explanatory statement***

*This would ensure that the prohibition on raising assisted dying with a child aged under 18 extends to others with a duty of care to that child.*

LORD ROOK  
LORD MURRAY OF BLIDWORTH  
LORD MCCOLL OF DULWICH

210 Clause 6, page 3, line 38, at end insert –

“(2) Any healthcare professional found to have breached this section shall be reported to the General Medical Council (GMC) for investigation and potential disciplinary action, which may include suspension or revocation of their professional registration.”

***Member's explanatory statement***

*This amendment sets out what should happen if a medical practitioner or healthcare professional breaches the restriction in Clause 6.*

LORD ROOK  
LORD MURRAY OF BLIDWORTH

211 Clause 6, page 3, line 38, at end insert –

“(2) If a person under the age of 18 raises the subject of the provision of assistance under this Act, the medical practitioner must refuse to discuss the subject and shall inform the person that such assistance is not available to individuals under the age of 18.

- (3) The medical practitioner shall document the interaction, including the refusal to discuss the subject, in the person's medical records as soon as is reasonably practicable.
- (4) The medical practitioner may refer the individual to a qualified mental health professional for a comprehensive mental health assessment and support."

***Member's explanatory statement***

*This amendment sets out what should happen if someone under 18 asks for assistance to end their life.*

LORD MOYLAN

*Lord Moylan gives notice of his intention to oppose the Question that Clause 6 stand part of the Bill.*

***Member's explanatory statement***

*This is consequential on the amendment to Clause 5(1) in Lord Moylan's name, which renders it redundant.*

**Clause 7**

BARONESS GREY-THOMPSON

**212** Clause 7, page 4, line 5, leave out "as soon as practicable" and insert "within 7 days"

LORD ROOK  
LORD MURRAY OF BLIDWORTH

**213** Clause 7, page 4, line 6, at end insert "and give the written record to the Commissioner"

***Member's explanatory statement***

*This amendment would require that a record of the preliminary discussion must be provided to the Commissioner in order to support the Commissioner's role monitoring the operation of the Act, including compliance with its provisions as well as investigating and reporting on matters connected with the operation of the Act.*

BARONESS GREY-THOMPSON

**214** Clause 7, page 4, line 6, at end insert "and these records must include –

- (a) who raised the subject of provision of assistance;
- (b) the reason for raising the subject of provision of assistance;
- (c) the patient's response to raising the subject of provision of assistance;
- (d) the presence or absence of an independent person during the preliminary discussion;
- (e) whether a multi-agency assessment has taken place, including any areas of necessary support and what support was given to the patient;

- (f) any previous preliminary discussions, including the outcome and reason for not continuing to the next stage;
- (g) whether the person had any communication access or support needs and how those were met with reference to NHS guidelines on communication needs.”

BARONESS GREY-THOMPSON

**214A** Clause 7, page 4, line 6, at end insert—

- “(2A) The preliminary discussion under subsection (1) must be attended by an additional medical practitioner as witness to record the discussion or write minutes and notes of the discussion including the individual’s mental state and demeanour.”

BARONESS GREY-THOMPSON

**215** Clause 7, page 4, line 8, leave out “as soon as practicable” and insert “within 7 days”

LORD ROOK  
LORD MURRAY OF BLIDWORTH

**216** Clause 7, page 4, line 10, after “practice” insert “and the Commissioner”

***Member's explanatory statement***

*This amendment would require that a record of the preliminary discussion must be provided to the Commissioner in order to support the Commissioner’s role monitoring the operation of the Act, including compliance with its provisions as well as investigating and reporting on matters connected with the operation of the Act.*

BARONESS GREY-THOMPSON

**217** Clause 7, page 4, line 10, after “practice” insert “and after seven days must follow up with the person’s GP practice to ensure the information has been received and recorded”

***Member's explanatory statement***

*This amendment would ensure that all reasonable checks were taken to make sure the person’s medical records were updated and recorded and that the information has been received.*

BARONESS GREY-THOMPSON

**218** Clause 7, page 4, line 11, leave out “as soon as practicable” and insert “within 24 hours”

## BARONESS KEELEY

219 Clause 7, page 4, line 12, at end insert –

- “(4) The registered medical practitioner with the person’s GP practice must disclose to the medical practitioner conducting the preliminary discussion any information in their possession that may affect the individual’s eligibility for assisted dying and such information must be taken into account by the co-ordinating doctor in their assessment under section 10.
- “(5) Where a registered medical practitioner with the person’s GP practice has reasonable grounds to believe that an individual does not meet the eligibility for provision of assistance in accordance with this Act, they shall formally notify the Commissioner.”

*Member's explanatory statement*

*This amendment seeks to strengthen the safeguards for patients by mandating input from the patient's regular GP. This reduces risks of critical information being overlooked and it partially addresses the risks arising from the assessing doctors, having no prior relationship or knowledge of the patient.*

BARONESS FOSTER OF AGHADRUMSEE  
LORD WEIR OF BALLYHOLME  
BARONESS O'LOAN

220 Clause 7, page 4, line 12, at end insert –

- “(4) Where concerns about an individual’s capacity or potential undue influence arise, the General Practice may consult with individuals properly interested in the patient’s welfare.
- “(5) For the purposes of subsection (4), “individuals properly interested in the patient’s welfare” includes (but is not limited to) those who may hold vital information to detect coercion, such as the patient’s spouse, partner, sibling, or child, and relevant professional bodies or agencies with access to safeguarding information, including local authority or police records.”

*Member's explanatory statement*

*This amendment provides a mechanism to allow GPs to consult with those who have a close interest in the applicant’s welfare when there are concerns about safeguarding, capacity and undue influence.*

BARONESS HOLLINS

*Baroness Hollins gives notice of her intention to oppose the Question that Clause 7 stand part of the Bill.*

**After Clause 7**

BARONESS HOLLINS  
BARONESS FRASER OF CRAIGMADDIE  
LORD HUNT OF KINGS HEATH  
LORD FARMER

**221** After Clause 7, insert the following new Clause—

**“Multidisciplinary palliative care assessment**

- (1) A registered medical practitioner who diagnoses a person as terminally ill, who has requested assistance to end their lives for the purposes of this Act must, within 72 hours of making that diagnosis—
  - (a) refer that person for a multidisciplinary specialist palliative care assessment,
  - (b) refer that person for a specialist psychological assessment, including a formulation of psychological and social factors relevant to the request, to be shared with the Assisted Dying Review Panel,
  - (c) refer that person for a care needs assessment, and
  - (d) notify the relevant authority and request consideration for fast-track funding for NHS continuing health care.
- (2) A person referred under subsection (1) is entitled to have those assessments carried out within seven days of the receipt of the referral.
- (3) In order to enable an informed decision to request assistance to end their life, the person must be offered access to the relevant palliative or care services, to the extent necessary to enable them to determine whether such care would affect their decision, within 48 hours of the assessment being completed.
- (4) For the purposes of this section, “fast track funding” means access to NHS funded continuing health care to meet urgent care and support associated with terminal illness.
- (5) A person is not eligible to access the provisions of this Act relating to assistance to end their own life until the assessments under subsection (2) have been completed and any identified palliative and care needs under subsection (3) have been considered and, where appropriate, offered and provided.”

***Member's explanatory statement***

*This amendment seeks to ensure that a person asking for assistance to end their life through the provisions of this Bill, understands their prognosis and the help that is available, prior to applying to make a first legal declaration.*

## BARONESS HOLLINS

222 After Clause 7, insert the following new Clause—

**“Specialist services providing psychological and bereavement support**

The Secretary of State must establish—

- (a) services providing specialist psychological assessment and support for persons requesting or considering an assisted death under this Act, and for their families, and
- (b) bereavement support services offering psychological support before an assisted death to all persons concerned.”

***Member's explanatory statement***

*This amendment requires the establishment of specialist psychological and bereavement services to support persons seeking assisted dying and their families.*

LORD BIRT  
LORD PANNICK

223 After Clause 7, insert the following new Clause—

**“Initiation of the minimum timeline for the assisted dying process**

- (1) The day on which a person has a preliminary discussion under section 5, or first contacts the Assisted Dying Help Service (see section (*Assisted Dying Help Service*)), is to be recorded as Day 1 of the first phase of the assisted dying process.
- (2) Timelines for the assisted dying process under this Act comprise United Kingdom calendar days, with no exceptions for weekend days or bank holidays.
- (3) On Day 2, the person must be assigned a Personal Navigator by the Assisted Dying Help Service (see section (*Assisted Dying Help Service*)).
- (4) If the person has not held a preliminary discussion under section 5, the Personal Navigator must arrange for such a preliminary discussion to be held on Day 3 (or a later day of the person's choosing) with a medical practitioner licensed for that purpose by the Assisted Dying Help Service, who can provide advice on the assisted dying process and on alternative courses of action, including the provision of palliative care and hospice care.
- (5) If the person wishes to proceed with requesting assistance under the Act, the Personal Navigator must arrange for the person to meet in person with a coordinating doctor on Day 4 (or a later day of the person's choosing), in order to receive an assessment and advice from that doctor, and if the person wishes, to make the first declaration on that day.”

LORD MACKINLAY OF RICHBOROUGH  
 BARONESS HOLLINS  
 LORD HARPER  
 LORD BLENCAATHRA

*As an amendment to Amendment 223*

**223A** In subsection (1) leave out “has a preliminary discussion under section 5, or”

***Member's explanatory statement***

*As written Amendment 223 would allow a doctor to raise ending the patient's life and then mandate the provision of a Personal Navigator whose duty is to ensure rapid progression of the application.*

LORD MACKINLAY OF RICHBOROUGH  
 BARONESS HOLLINS  
 LORD HARPER  
 LORD BLENCAATHRA

*As an amendment to Amendment 223*

**223B** In subsection (2) after “Act” insert “and the provision of assessment for palliative, hospice or other care as conditions for accessing assisted dying under this Act”

LORD MACKINLAY OF RICHBOROUGH  
 LORD HARPER  
 LORD BLENCAATHRA

*As an amendment to Amendment 223*

**223C** In subsection (5) leave out from “Act,” to the end of the subsection and insert “and be referred to a registered medical practitioner who specialises in palliative, hospice or other care as set out in section 5, the Personal Navigator must arrange –

- (a) for the person to meet in person with either a co-ordinating doctor on Day 4 (or a later day of the person's choosing), in order to receive an assessment and advice from that doctor,
- (b) if the person wishes, for them to make the first declaration on that day, and
- (c) for the person to meet with the registered medical practitioner who specialises in palliative, hospice or other care.”

***Member's explanatory statement***

*This amendment would ensure that a personal navigator would help to secure access to both the assisted dying process and the referral to a doctor who specialises in palliative, hospice or other care options and support for those accessing the assisted dying process, bringing this amendment into line with Clause 5.*

**Clause 8**

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**224** Clause 8, page 4, line 16, leave out from “must” to end of line 17 and insert “, when aged 18 or over –

- (a) have a preliminary discussion with a registered medical practitioner, and
- (b) after having had such a discussion, make a declaration that they wish to be provided with such assistance (a “first declaration”).”

***Member's explanatory statement***

*This amendment provides that a person must have a preliminary discussion with a practitioner when aged 18 or over before making a first declaration.*

BARONESS HOLLINS  
LORD FARMER

*As an amendment to Amendment 224*

**225** Leave out “18” and insert “25”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Hollins amend that in the name of Lord Falconer of Thoroton to raise the age when a declaration can take place to 25 rather than 18 and to require a multidisciplinary assessment.*

BARONESS HOLLINS  
LORD FARMER

*As an amendment to Amendment 224*

**226** Leave out paragraph (a) and insert –

- “(a) have a multidisciplinary specialist palliative care assessment, and”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Hollins amend that in the name of Lord Falconer of Thoroton to raise the age when a declaration can take place to 25 rather than 18 and to require a multidisciplinary specialist palliative care assessment.*

BARONESS HOLLINS

*As an amendment to Amendment 224*

**227** In paragraph (b), leave out “a discussion” and insert “an assessment”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Hollins amend that in the name of Lord Falconer of Thoroton to raise the age when a declaration can take place to 25 rather than 18 and to require a multidisciplinary assessment.*

LORD GOODMAN OF WYCOMBE  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN  
LORD FARMER

**228** Clause 8, page 4, line 17, at end insert –

“(1A) A person is only eligible to make a declaration under subsection (1) if they have completed a psychiatric or psychological evaluation no more than one month before making the declaration which states that they are not suffering from depression, anxiety or cognitive impairments.”

***Member's explanatory statement***

*This amendment seeks to ensure that the person must undertake a psychiatric or psychological evaluation before making the first declaration.*

LORD GOODMAN OF WYCOMBE  
LORD CARLILE OF BERRIEW

**229** Clause 8, page 4, line 17, at end insert –

“(1A) A person is only eligible to make a declaration under subsection (1) if they have attended a private interview with a trained professional no more than one month before making the declaration and that professional has stated in a report that they are satisfied that the person is making their declaration in the absence of any external pressure.

(1B) For the purposes of subsection (1A), a “trained professional” is a qualified social worker or a trained independent advocate.”

***Member's explanatory statement***

*This amendment seeks to ensure that, before making the first declaration, the person has met with a social worker who will assess whether they are subject to any coercion or pressure.*

LORD GOODMAN OF WYCOMBE  
LORD CARLILE OF BERRIEW

**230** Clause 8, page 4, line 17, at end insert –

“(1A) A person is only eligible to make a declaration under subsection (1) if they have completed a standardised legal and medical competency test no more than one month before making the declaration to assess their cognitive function and decision-making capacity.”

**Member's explanatory statement**

*This amendment seeks to ensure that a person cannot make a first declaration until their capacity has been assessed with a standardised legal and medical competency test.*

BARONESS FINLAY OF LLANDAFF

**231** Clause 8, page 4, line 17 at end insert—

“(1A) All existing health and social care services must continue to provide all necessary care and support for a person who makes a declaration to end their life in accordance with this Act under subsection (1).”

BARONESS FINLAY OF LLANDAFF

**232** Clause 8, page 4, line 17, at end insert—

“(1A) A person who wants to make a declaration must be put in touch with their local assisted dying panel (see section (Assisted dying panel)).”

BARONESS FINLAY OF LLANDAFF

**233** Clause 8, page 4, line 21, leave out from “by” to end of line 24 and insert “two members of the licensed assisted dying panel, following documented discussion with the person recording their reasons for and understanding of the request for an assisted death.”

BARONESS CASS  
LORD SANDHURST

**234** Clause 8, page 4, line 22, leave out “doctor” and insert “professional”

LORD MOYLAN  
BARONESS O'LOAN  
THE LORD BISHOP OF LINCOLN  
BARONESS HOLLINS

**235** Clause 8, page 4, line 24, at end insert—

“(2A) A first declaration made, or purported to be made, by a person who—

- (a) has—
  - (i) a learning disability,
  - (ii) a mental disorder under section 1 of the Mental Health Act 1983, or
    - (iii) autism
- (b) may experience substantial difficulty in understanding the processes or information relevant to those processes or communicating their views, wishes or feelings, or

(c) meets criteria that the Secretary of State may specify by regulation, is void and has no effect under this Act or otherwise.”

***Member's explanatory statement***

*This excludes those with the conditions specified or otherwise determined by the Secretary of State from access to assisted suicide.*

LORD MOYLAN  
 LORD CARLILE OF BERRIEW  
 BARONESS O'LOAN  
 LORD FARMER

**236** Clause 8, page 4, line 24, at end insert –

“(2A) Neither the coordinating doctor nor the other person under subsection (2)(c)(ii) may at the time of taking receipt of the first declaration be employed by or contracted to the National Health Service, an NHS Trust or any body or agency holding itself out to be a part of the NHS.

(2B) If, after receiving the first declaration and while the patient is still alive, the co-ordinating doctor does become so employed or contracted, they must cease forthwith to be the coordinating doctor for that patient.”

***Member's explanatory statement***

*This is one of a number of steps that, taken together, would ensure a complete separation between assistance to end one's life and the National Health Service.*

BARONESS GREY-THOMPSON

**237** Clause 8, page 4, line 24, at end insert –

“(2A) A first declaration must include the person's reason for requesting assistance to die.”

BARONESS EATON  
 BARONESS O'LOAN

**238** Clause 8, page 4, line 24, at end insert –

“(2A) Where the person is a resident of a registered care or nursing home –

- the first declaration under this section must be verified by a continuity witness, being a person who is not a member of staff, but has had regular and sustained contact with the resident for not less than six months immediately preceding the declaration, and who is able to attest to the resident's voluntariness and stability of intention, and
- unless expressly vetoed by the resident, the attending doctor must take reasonable steps to consult a close family member or, where no such person is reasonably available, another individual with a long-standing personal

relationship with the resident (not a member of staff), for the purpose of confirming that the decision appears to be voluntary and uncoerced.”

***Member's explanatory statement***

*This amendment provides that, for residents of registered care or nursing homes, the first declaration of intent to end life must be verified by a continuity witness – someone with regular and sustained contact who can attest to voluntariness – and that, unless vetoed by the resident, a close family member or other long-standing associate should be consulted. It establishes a relational safeguard against isolation, coercion, or manipulation within institutional settings.*

LORD HAMILTON OF EPSOM

**238A** Clause 8, page 4, line 24, at end insert –

- “(2A) Both the coordinating doctor and the other person under subsection (2)(c)(ii) must at the time of taking receipt of the first declaration be employed by or contracted to the National Health Service.
- “(2B) If, after receiving the first declaration and while the patient is still alive, the co-ordinating doctor ceases to be so employed or contracted, they must cease forthwith to be the coordinating doctor for that patient.”

LORD BLENCATHRA

**238B** Clause 8, page 4, line 24, at end insert –

- “(2A) The first declaration must include a signed acknowledgement that the person has been informed of and understands the known risks, uncertainties and possible complications associated with the approved substance.”

***Member's explanatory statement***

*This amendment seeks to ensure that the patient explicitly acknowledges any risk associated with the lethal drugs. It mirrors practice in other jurisdictions, where written acknowledgements are standard.*

BARONESS FINLAY OF LLANDAFF

**239** Clause 8, page 4, line 25, leave out “coordinating doctor” and insert “panel”

BARONESS CASS  
LORD SANDHURST

**240** Clause 8, page 4, line 25, leave out “doctor” and insert “professional”

BARONESS GREY-THOMPSON

**241** Clause 8, page 4, line 26, leave out “as soon as reasonably practicable” and insert “within 7 days”

LORD TAYLOR OF HOLBEACH

**242** Clause 8, page 4, line 26, at end insert –

“(3A) Before a person may make a first declaration under this section, a consultant psychiatrist who is independent of the person’s care must certify in writing that the person –

- (a) has capacity to make the decision under this Act, and
- (b) is not suffering from any mental disorder likely to impair judgement or influence that decision.”

*Member's explanatory statement*

*This amendment would insert a new subsection into Clause 8 to require an independent psychiatrist assessment before a person makes a first declaration, ensuring that no mental disorder or impaired judgement is influencing the decision to seek assisted dying.*

BARONESS GREY-THOMPSON

**243** Clause 8, page 4, line 32, at end insert –

- “(iv) proof of ID and the person’s National Insurance number;
- (v) whether the person signing the declaration is disabled under the Equality Act 2010;
- (vi) the person’s employment status;”

BARONESS GREY-THOMPSON

**244** Clause 8, page 4, line 32, at end insert –

- “(iv) whether the person has previously applied for assistance under the terms of this Act and, if so, how many times they have applied.”

BARONESS FINLAY OF LLANDAFF

**245** Clause 8, page 4, line 32, at end insert –

- “(iv) contact details of services currently involved in providing clinical and social care to the person;”

BARONESS LAWLOR

**246** Clause 8, page 4, line 35, at end insert –

- “(ia) the applicant understands fully the physiological effects of the lethal drugs used for assisted suicide and their possible complications;”

BARONESS FINLAY OF LLANDAFF

247 Clause 8, page 4, line 37, leave out “a registered medical practitioner” and insert “two panel members independently on at least two occasions”

LORD MOYLAN

248 Clause 8, page 4, line 37, after “practitioner” insert “within the preceding 90 days”

*Member's explanatory statement*

*This is to probe why the Bill makes no provision for a maximum time period between the preliminary discussion and the first declaration.*

BARONESS BERGER

249 Clause 8, page 4, line 37, leave out “18” and insert “25”

BARONESS LAWLOR

250 Clause 8, page 4, line 37, leave out “18” and insert “21”

LORD HUNT OF KINGS HEATH  
LORD CARLILE OF BERRIEW

251 Clause 8, page 4, line 40, at end insert –

“(iia) a declaration that they have been offered a referral to a registered medical practitioner who specialises in appropriate palliative, hospice or other care, including symptom management and psychological support, for the purpose of further discussion, and that they either did or did not accept that offer;”

*Member's explanatory statement*

*This amendment would ensure that the person seeking assistance informs the assessing doctor that they were offered the referral to a palliative care specialist set out in section 5(5)(c), and whether or not they accepted.*

LORD CARTER OF HASLEMERE  
LORD FARMER

252 Clause 8, page 4, line 40, at end insert –

“(iia) and that they have been referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment;”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

BARONESS FINLAY OF LLANDAFF

**253** Clause 8, page 5, line 2, leave out “by medical practitioners” and insert “an assisted dying panel”

BARONESS FINLAY OF LLANDAFF

**254** Clause 8, page 5, line 3, leave out “first”

BARONESS FINLAY OF LLANDAFF

**255** Clause 8, page 5, line 4, after “pressured” insert “in any way”

LORD WEIR OF BALLYHOLME

**255A** Clause 8, page 5, line 5, at end insert—

- “(iva) a declaration confirming that the person has had the opportunity to consult an independent legal adviser regarding the first declaration, and that they have received advice regarding—
  - (A) their legal rights and obligations under this Act;
  - (B) the implications for wills, financial arrangements and benefits;
  - (C) any legal consequences for themselves or third parties;
  - (D) availability of alternatives, including palliative and social care options.”

LORD WEIR OF BALLYHOLME

**255B** Clause 8, page 5, line 5, at end insert—

- “(iva) a declaration confirming that the person has been offered the opportunity to involve family members, carers, or other support networks in the assessment and declaration process, where safe and desired, and that any involvement is documented in writing.”

BARONESS FINLAY OF LLANDAFF

**256** Clause 8, page 5, line 7, leave out “first”

BARONESS BERGER  
LORD FARMER

257 Clause 8, page 5, line 10, leave out “18” and insert “25”

BARONESS LAWLOR

258 Clause 8, page 5, line 10, leave out “18” and insert “21”

BARONESS COFFEY

258A Clause 8, page 5, line 11, leave out “ordinarily resident” and insert “domiciled”

*Member's explanatory statement*

*This amendment tightens the requirement for the person seeking to take their own life with assistance to be living in this country to be domiciled, not just ordinarily resident.*

LORD LANSLEY

258B Clause 8, page 5, line 11, leave out from “in” to “and” in line 12 and insert “the United Kingdom, meaning that they are living in the United Kingdom lawfully, voluntarily and for a settled and continuing purpose”

BARONESS COFFEY

259 Clause 8, page 5, line 11, leave out “and Wales”

BARONESS COFFEY

260 Clause 8, page 5, line 13, leave out “or Wales”

BARONESS RITCHIE OF DOWNPATRICK  
LORD FARMER  
BARONESS O'LOAN

261 Clause 8, page 5, line 13, at end insert –

“(5A) Where a terminally ill adult makes a first declaration, they must, if they so request –

- (a) have their palliative and end of life care needs assessed by an appropriate health or social care professional, and
- (b) be provided with palliative and end of life care in line with their assessed needs to the extent necessary to enable them to decide whether such care would affect their wish to be provided with assistance to end their life.

(5B) The Secretary of State must, by regulations, make further provision in relation to the provision of palliative and end of life care in England for persons who have made a first declaration to the extent necessary to enable such persons to establish whether such care would affect their wish to be provided with assistance to end their life.

(5C) The Welsh Ministers must, by regulations, make further provision in relation to the provision of palliative and end of life care in Wales for persons who have made a first declaration to the extent necessary to enable such persons to establish whether such care would affect their wish to be provided with assistance to end their life.”

BARONESS GREY-THOMPSON  
BARONESS O'LOAN

*As an amendment to Amendment 261*

**262** In subsection (5A)(a), after “their” insert “specialist”

BARONESS GREY-THOMPSON  
BARONESS O'LOAN

*As an amendment to Amendment 261*

**263** In subsection (5A)(b), after first “with” insert “specialist”

LORD HUNT OF KINGS HEATH  
*As an amendment to Amendment 261*

**264** After subsection (5C) insert –

“(5D) The Secretary of State must, by regulations, make further provision in relation to the provision of specialist palliative and end of life care to persons who have made a first declaration to ensure that an assessment can be given of their needs and whether such care might affect their wish to be provided with assistance to end their life.”

***Member's explanatory statement***

*The amendment to Baroness Ritchie's amendment seeks to ensure that there is adequate provision to be able to provide the assessment required in her amendment.*

BARONESS HOLLINS  
 LORD FARMER  
 BARONESS FINLAY OF LLANDAFF  
 BARONESS O'LOAN

**265** Clause 8, page 5, line 13, at end insert—

“(5A) A person is not eligible to make a first declaration to access provisions of this Act relating to assistance to end their own life unless that person has undergone a multidisciplinary specialist palliative care assessment that includes—

- (a) a psychological assessment, and
- (b) a care needs assessment,

and has been approved for funding under the Social Security (Special Rules for End of Life) Act 2022.”

***Member's explanatory statement***

*This amendment adds further eligibility requirements before a person may make a first declaration.*

BARONESS LAWLOR

**265A** Clause 8, page 5, line 13, at end insert—

“(5A) A first declaration under this section must be accompanied by an explanatory letter from the person’s general practitioner setting out—

- (a) their assessment of the medical condition of the person, and whether and how it has developed over the previous two years,
- (b) details of treatment that has been given, and
- (c) their assessment of the person’s state of mind, and whether and how it has changed over the previous two years.

(5B) A general practitioner under subsection (5A) must have had a minimum of two years’ professional acquaintance with the person through at least six face-to-face medical appointments in a two-year period.”

***Member's explanatory statement***

*This amendment, and others in the name of Baroness Lawlor, seeks to ensure that there is an input into the process from at least one GP who has known the person seeking an assisted death in a professional medical capacity for at least 2 years and has seen them a number of times.*

LORD HARPER

**265B** Clause 8, page 5, line 13, at end insert—

“(5A) A person who has served in His Majesty’s Armed Forces and has a terminal illness, disease or injury which has, on the balance of probabilities, been caused by that service, is only eligible to make a first declaration to access provisions of this Act relating to assistance to end their own life if they have been offered practical access to all technically possible medical treatment for the illness, disease or injury.”

**Member's explanatory statement**

*This amendment seeks to ensure that a current or past member of HM Armed Forces, who has a terminal illness, disease or injury likely to have been caused by their service cannot use the provisions in this Bill to end their life if they do not have access to any technically possible treatment even if not usually available in their locality. This reflects the duty of care owed to former members of the Armed Forces injured in the line of duty.*

BARONESS FINLAY OF LLANDAFF

**266** Clause 8, page 5, line 14, leave out subsection (6) and insert –

“(6) All members of the assisted dying panel must –

- (a) meet the requirements specified in regulations under subsection (7),
- (b) have indicated to the person making the declaration that they are able and willing to carry out the functions under this Act in relation to the person,
- (c) not be a relative or friend of the person making the declaration, and
- (d) not be –
  - (i) a beneficiary under a will of the person, nor
  - (ii) otherwise benefit financially or in any other material way from the death of the person.”

BARONESS CASS

**267** Clause 8, page 5, line 14, leave out ““the coordinating doctor” means a registered medical practitioner”” and insert ““the coordinating professional” means a professional””

**Member's explanatory statement**

*This amendment and subsequent consequential amendments in the name of Baroness Cass seeks to reflect the policy of the Bill that multidisciplinary consideration should be embedded throughout the process and allows for professionals of two different disciplines, at least one of which should be a doctor, to undertake the assessments*

BARONESS FINLAY OF LLANDAFF  
 BARONESS O'LOAN  
 BARONESS BUTLER-SLOSS  
 BARONESS FOX OF BUCKLEY

**268** Clause 8, page 5, line 14, at end insert –

- “(za) who has explicitly opted to become a “coordinating doctor”,”

**Member's explanatory statement**

*This is to make the “opt-in” for doctors explicit on the face of the Bill – to make clear that there is no expectation on doctors to participate and it is only those who positively choose to do so who would have the training and participate.*

BARONESS GREY-THOMPSON

269 Clause 8, page 5, line 20, after “person” insert “or a connected individual”

BARONESS FRASER OF CRAIGMADDIE  
LORD FARMER

270 Clause 8, page 5, line 24, at end insert –

“(6A) Before declaring they are willing and able to carry out the functions of this Act under subsection (6)(b), the coordinating doctor must consult with a doctor who has known the patient in a clinical capacity for at least 12 months and has access to their full primary care record.”

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS  
LORD PATEL

271 Clause 8, page 5, line 24, at end insert –

“(6A) The coordinating doctor must be currently licensed to practice by the General Medical Council and listed on the register of validated providers and assessors of assisted deaths.”

***Member's explanatory statement***

*This, and a related amendment to clause 11, is to ensure that the doctors are currently licensed to practice and subject to revalidation and annual appraisal. A doctor retired from clinical practice but retaining GMC registration cannot act in the roles of coordinating or independent doctor.*

BARONESS GREY-THOMPSON

272 Clause 8, page 5, line 24, at end insert –

“(6A) No registered medical professional may become the coordinating doctor or the independent doctor under this Act if they have experienced a suicide in their family in the previous 12 months.

(6B) For the purposes of this section, “family” includes –

- (a) parents,
- (b) children,
- (c) siblings, and
- (d) spouses.”

BARONESS FINLAY OF LLANDAFF

273 Clause 8, page 5, line 26, leave out from “that” to end of line 27 and insert “panel members must have”

BARONESS CASS  
LORD SANDHURST

274 Clause 8, page 5, line 26, leave out “registered medical practitioner” and insert “professional”

BARONESS CASS  
LORD SANDHURST

275 Clause 8, page 5, line 27, leave out “doctor” and insert “professional”

BARONESS FINLAY OF LLANDAFF

276 Clause 8, page 5, line 28, leave out “the practitioner must have” and insert “each panel member has”

BARONESS CASS  
LORD SANDHURST

277 Clause 8, page 5, line 28, leave out “practitioner” and insert “professional”

BARONESS FINLAY OF LLANDAFF

278 Clause 8, page 5, line 29, leave out “about” and insert “and been assessed for their competencies in”

*Member's explanatory statement*

*The impact assessment allows only for short, possibly online, training without assessing competencies as a result of that training.*

BARONESS FINLAY OF LLANDAFF

279 Clause 8, page 5, line 30, after “capacity” insert “and decision making ability”

BARONESS FINLAY OF LLANDAFF

280 Clause 8, page 5, line 35, leave out “abuse” and insert “and all other types of abuse and undue influence”

LORD HUNT OF KINGS HEATH  
LORD FARMER

281 Clause 8, page 5, line 35, at end insert –  
“(e) financial abuse.”

***Member's explanatory statement***

*The amendment seeks to ensure that in the list of matters that the practitioner must have had training, financial abuse must be included.*

BARONESS GREY-THOMPSON

282 Clause 8, page 5, line 35, at end insert –

- “(e) understanding the needs of disabled people, disability equality, oppression and internalisation of negative societal attitudes contrary to the person’s own best interests or wishes;
- “(f) the effect of terminal illness relating to the brain on decision making capabilities and the possible deterioration of such abilities.”

BARONESS GREY-THOMPSON

283 Clause 8, page 5, line 35, at end insert –

- “(e) drug use which could impede an individual’s capacity;
- “(f) spotting signs of homelessness.”

***Member's explanatory statement***

*This amendment would provide further safeguarding to at-risk groups including those who have experienced drug abuse or homelessness. The added additional training requirements of the medical professional would ensure other groups at risk of coercion are protected. A person’s capacity or consent could be impaired as a result of drug use.*

LORD WEIR OF BALLYHOLME

283A Clause 8, page 5, line 35, at end insert –

- “(e) equality, diversity, and inclusion, with a social model of disability perspective.”

BARONESS FINLAY OF LLANDAFF

BARONESS BUTLER-SLOSS

LORD PATEL

284 Clause 8, page 5, line 35, at end insert –

- “(8A) The regulations must also provide that the practitioner must have passed a competency-based assessment after their training.”

BARONESS BROWNING  
LORD FARMER  
LORD GOODMAN OF WYCOMBE

285 Clause 8, page 5, line 35, at end insert –

“(8A) The regulations must provide that the practitioner must demonstrate a recognised training standard in relation to autistic people and people with a learning disability.”

LORD MOYLAN  
LORD CARLILE OF BERRIEW

286 Clause 8, page 5, line 36, leave out subsection (9)

***Member's explanatory statement***

*This amendment seeks to ensure that subsequent provision on the training of coordinating doctors cannot be issued unilaterally by a person specified in an initial regulation. Instead, subsequent provision on training must be made by regulations and would therefore be subject to continuing parliamentary scrutiny.*

LORD BIRT  
LORD PANNICK

287 Clause 8, page 5, line 36, leave out from “regulations” to the end of line 38 and insert “must provide that the required training, qualifications or experience is determined by the Assisted Dying Help Service and that the registered medical practitioner must be licensed for that purpose by that Service.”

BARONESS COFFEY

*As an amendment to Amendment 287*

287A Leave out “Assisted Dying Help Service” and insert “General Medical Council”

***Member's explanatory statement***

*This amendment to Amendment 287 would ensure that the existing regulatory body undertakes all the roles including licensing, rather a new specialist service.*

BARONESS COFFEY

*As an amendment to Amendment 287*

287B Leave out “that Service” and insert “the General Medical Council”

***Member's explanatory statement***

*This amendment to Amendment 287 would ensure that the existing regulatory body undertakes all the roles including licensing, rather a new specialist service.*

BARONESS GREY-THOMPSON

288 Clause 8, page 5, line 37, after “experience” insert “, including ruling out an individual based on personal or professional conflict of interests,”

***Member's explanatory statement***

*This amendment would ensure further scrutiny is given around a doctor's professional and personal history and to strengthen the regulations.*

BARONESS FINLAY OF LLANDAFF

289 Clause 8, page 5, line 37, leave out from “be” to end of line 38 and insert ”specified in the regulations by the Secretary of State following consultation with professionals who support victims of abuse or coercion or those with suicidal ideation.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

290 Clause 8, page 5, line 39, leave out subsection (10)

***Member's explanatory statement***

*This amendment omits provision that duplicates the effect of subsection (8)(d) (note “domestic abuse” is defined by Clause 56(2) to include controlling or coercive behaviour and economic abuse).*

LORD EVANS OF RAINOW

291 Clause 8, page 5, line 42, at end insert –

“(12) No individual, in any capacity, may witness more than two first declarations within a 12 month period, including any lapsed declarations.”

***Member's explanatory statement***

*A probing amendment to establish whether it is the sponsor's intent that “witness” schemes should be permitted by groups like Dignity in Dying and what the rules around these should be.*

**Clause 9**

BARONESS FINLAY OF LLANDAFF

292 [Withdrawn]

LORD EVANS OF RAINOW  
LORD GOODMAN OF WYCOMBE

293 Clause 9, page 6, line 4, after “identity,” insert “one of which must be a UK passport,”

**Member's explanatory statement**

*This amendment probes whether it is the sponsor's intent that this regime be open to those that are not British citizens.*

BARONESS FINLAY OF LLANDAFF

*This amendment replaces Amendment 292 and corrects its position on the Marshalled List*

**293A** Clause 9, page 6, line 4, leave out from first “the” to end of line 5 and insert “panel members”

BARONESS FINLAY OF LLANDAFF

**294** Clause 9, page 6, line 8, leave out “coordinating doctor” and insert “panel members”

BARONESS FINLAY OF LLANDAFF

**295** Clause 9, page 6, line 11, leave out from beginning to “satisfied” and insert “they are”

BARONESS FINLAY OF LLANDAFF

**296** Clause 9, page 6, line 12 leave out “registered medical practitioner” and insert “panel member”

BARONESS FINLAY OF LLANDAFF

**297** Clause 9, page 6, line 14, leave out “the coordinating doctor has” and insert “they have”

LORD JOPLING  
LORD HAMILTON OF EPSOM

**298** Clause 9, page 6, line 15, at end insert –

“(c) they have not witnessed a declaration more than twice in the previous four years.”

LORD GOODMAN OF WYCOMBE  
LORD CARLILE OF BERRIEW

**299** Clause 9, page 6, line 15, at end insert –

“(6) The witness mentioned in section 8(2)(c)(ii) must append a criminal record disclosure and declaration of financial interests to the declaration.”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the witness or proxy always supplies a criminal record disclosure and declaration of financial interests when undertaking this role.*

**After Clause 9**

BARONESS GREY-THOMPSON  
LORD FARMER

300 After Clause 9, insert the following new Clause—

**“Advocate for disabled people**

- (1) Where the person making a first declaration under section 8 is considered a disabled person under the Equality Act 2010, the coordinating doctor must refer the person to an independent advocate trained in disability rights before approving any declaration.
- (2) The independent advocate under subsection (1) must—
  - (a) ensure that the applicant gives informed consent and is free from pressure,
  - (b) confirm that the applicant has been offered all practicable social, medical, and palliative supports which are financially supported, and
  - (c) certify that the decision has not been influenced by lack of support, social isolation, or financial constraint.
- (3) The outcomes of the process in subsection (2) must be recorded and deposited with the Commissioner prior to any decision by the Commissioner under section 16.”

LORD HARPER

300A After Clause 9, insert the following new Clause—

**“Ordinary residency requirement**

- (1) Before a person can make a first declaration, the relevant organisation providing the assisted dying service must be satisfied that the person is ordinarily resident in England and Wales and has been so resident for at least 12 months.
- (2) An assessment under subsection (1) must confirm various details of the person, including their immigration status, residence status and verification of documentation.
- (3) For the purposes of this Act, a person cannot be considered ordinarily resident in England or Wales if they—
  - (a) require leave to enter or remain in the United Kingdom but do not have it, or

- (b) have leave to enter or remain in the United Kingdom for a limited period (unless that leave was granted by virtue of residence scheme immigration rules)."

***Member's explanatory statement***

*This amendment recognises that assessing whether a person satisfies the residency requirements is an administrative and not clinical function and therefore seeks to shift responsibility from the medical professional to the providing body. It responds to written evidence from the Medical Defence Union. The amendment also more closely aligns the definition of "ordinary residency" with that used for NHS overseas charging purposes under section 39 of the Immigration Act 2014.*

**Clause 10**

LORD BIRT  
LORD PANNICK

301 Clause 10, page 6, line 18, after "person" insert "and, if the person so wishes, on the day on which the first declaration was made,"

***Member's explanatory statement***

*This would mean the person could require that the first assessment was carried out on Day 4.*

EARL HOWE

301A Clause 10, page 6, line 18, after "person" insert "who is in England and Wales"

***Member's explanatory statement***

*This amendment and another in the name of the Earl Howe would remove the requirement that the coordinating doctor come to an opinion as to whether the person is in England and Wales.*

LORD EVANS OF RAINOW

302 Clause 10, page 6, line 18, at end insert—

- "(1A) Before the first assessment the coordinating doctor must ask the patient—
  - (a) if they have further considered the alternative treatment options raised in the preliminary discussion, outlined in section 5(5)(b) to (c), and
  - (b) if they have informed any next of kin or other persons they are close to of their decision to begin this process."

***Member's explanatory statement***

*To help ensure the patient is aware of and considering non-lethal options for the treatment of their terminal illness, and to ascertain to what extent the patient has informed family and friends of their decision.*

LORD GARNIER

303 Clause 10, page 6, line 20, after "person" insert "beyond reasonable doubt"

***Member's explanatory statement***

*This is to ensure a high bar of certainty in the assessment process.*

BARONESS BERGER

304 Clause 10, page 6, line 23, leave out “18” and insert “25”

BARONESS LAWLOR

305 Clause 10, page 6, line 23, leave out “18” and insert “21”

EARL HOWE  
LORD LANSLEY

305A Clause 10, page 6, line 24, leave out paragraph (d)

***Member's explanatory statement***

*This amendment and another in the name of the Earl Howe would remove the requirement that the coordinating doctor come to an opinion as to whether the person is in England and Wales.*

BARONESS COFFEY

306 Clause 10, page 6, line 24, leave out “and Wales”

LORD HARPER

306A Clause 10, page 6, line 25, leave out paragraph (e)

***Member's explanatory statement***

*This amendment is connected to another in the name of Lord Harper related to residency requirements.*

BARONESS COFFEY

306B Clause 10, page 6, line 25, leave out “ordinarily resident” and insert “domiciled”

***Member's explanatory statement***

*This amendment tightens the requirement for the person seeking to take their own life with assistance to be living in this country to be domiciled, not just ordinarily resident.*

LORD LANSLEY

306C Clause 10, page 6, line 25, leave out from “in” to end of line 26 and insert “the United Kingdom”

BARONESS COFFEY

307 Clause 10, page 6, line 25, leave out “and Wales”

BARONESS GREY-THOMPSON  
BARONESS GRAY OF TOTTENHAM

308 Clause 10, page 6, line 26, at end insert “and not been homeless, living in supported accommodation or living in temporary accommodation in the last 12 months,”

***Member's explanatory statement***

*This amendment would add further protection for those who have been or are homeless or in insecure and temporary accommodation. This includes those living in supported or temporary accommodation and sheltered accommodation or those who have been living in insecure accommodation. These individuals may still have an address and registration with a general practice, so this gives further protections for homeless people to be excluded from this Act.*

BARONESS GREY-THOMPSON

309 Clause 10, page 6, line 26, at end insert “and is a resident with citizenship or indefinite leave to remain for at least 12 months ending with the date of the first declaration,”

***Member's explanatory statement***

*This would protect asylum seekers, immigrants without indefinite leave to remain and anyone in the asylum system and exclude them from the Act.*

LORD BEITH

309A Clause 10, page 6, line 27, after “England” insert “, Scotland”

***Member's explanatory statement***

*This amendment is consequential on Lord Beith's amendment 17.*

BARONESS COFFEY

310 Clause 10, page 6, line 28, leave out “or Wales”

BARONESS GREY-THOMPSON

311 Clause 10, page 6, line 28, at end insert –

“(fa) has shown proof of ID,”

BARONESS COFFEY

312 Clause 10, page 6, line 29, after first “and” insert “demonstrably”

***Member's explanatory statement***

*This amendment and others in my name requires the individual to demonstrate and the two independent doctors to ascertain whether, in their opinion, the person has a “demonstrably” informed wish to end their own life.*

BARONESS BERGER  
LORD CARLILE OF BERRIEW  
LORD HAMILTON OF EPSOM  
LORD EMPEY

313 Clause 10, page 6, line 29, after “life” insert “because of their terminal illness”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Berger would mean that someone is only eligible for assistance in ending their own life under this Act if their clear, settled and informed wish to end their life is because of their terminal illness and not for any other reason.*

BARONESS COFFEY

314 Clause 10, page 6, line 29, at end insert—

“(ga) is acting for the primary purpose of avoiding physical pain, and”

***Member's explanatory statement***

*This amendment (and consequential amendments) seeks to ensure that the primary motivation of the patient is to avoid physical pain.*

BARONESS COFFEY

315 Clause 10, page 6, line 29, at end insert—

“(ga) is acting for their own sake rather than for the benefit of others, and”

***Member's explanatory statement***

*This amendment (and the consequential amendments) requires that a person requesting assistance must be acting for their own sake, not the benefit of others.*

LORD CARTER OF HASLEMERE  
BARONESS FOX OF BUCKLEY

316 Clause 10, page 6, line 31, at end insert—

“(i) has been referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

LORD CARTER OF HASLEMERE  
BARONESS FOX OF BUCKLEY  
LORD FARMER

317 Clause 10, page 6, line 31, at end insert—

- “(i) is not acting out of a temporary feeling of fear, panic, or anxiety in relation to their diagnosis and prognosis.”

***Member's explanatory statement***

*Suicidal ideation for terminally ill patients peaks during a short window after both diagnosis and prognosis. This amendment and three others in the name of Lord Carter of Haslemere seek to eliminate the undue influence of what may be, however understandable, ultimately, a temporary, emotional reaction.*

BARONESS GREY-THOMPSON

318 Clause 10, page 6, line 31, at end insert—

- “(i) has been offered and informed about available social care, assistive technology, home adaptations, and disability support services, and
- “(j) has not made their request primarily because of a lack of or the withdrawal of any of the supporting measures in sub-paragraph (i).”

BARONESS LAWLOR

319 Clause 10, page 6, line 31, at end insert—

- “(i) understands fully the physiological effects of the lethal drugs used for assisted suicide and their possible complications.”

LORD TAYLOR OF HOLBEACH

320 Clause 10, page 6, line 31, at end insert—

- “(i) has not been found ineligible to receive assistance under the Act in the preceding six months.”

***Member's explanatory statement***

*This amendment seeks to prevent doctor shopping to find a physician willing to certify someone for an assisted death.*

LORD BLENCATHRA

**320ZA** Clause 10, page 6, line 31, at end insert –

- “(i) is not motivated in their wish to die by non-medical factors such as loneliness, poverty or lack of services.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Blencathra, seeks to prevent non-medical factors from determining a patient's wish to end their life.*

LORD WOLFSOON OF TREDEGAR

**320A** Clause 10, page 6, line 31, at end insert –

- “(2A) The first assessment must be undertaken in person, except in circumstances where this is not reasonably practicable when it may be conducted by a live video and audio link.”

***Member's explanatory statement***

*This amendment would ensure there is a presumption that the first assessment be carried out in person unless this is not reasonably practicable.*

LORD BLENCATHRA

**320B** Clause 10, page 6, line 31, at end insert –

- “(2A) The first assessment must take place in person, unless this is not possible due to medical reasons.
- “(2B) If the first assessment does not take place in person, the coordinating doctor must set out the reasons why the assessment did not take place in person.”

***Member's explanatory statement***

*This amendment seeks to ensure that the first assessment is conducted face-to-face.*

LORD BIRT  
LORD PANNICK

**321** Clause 10, page 6, line 34, after “subsection (4)” insert “and must, if the person so wishes, be made on the day after the day on which the first assessment was carried out, or on a later day specified by the person”

***Member's explanatory statement***

*This would mean the person could require that the report was made on Day 5.*

BARONESS GREY-THOMPSON

**322** Clause 10, page 6, line 36, at end insert “and, according to the person’s needs and wishes, provide to them a translation of the report or a version in an accessible format,”

***Member's explanatory statement***

*This amendment would ensure any written record of the first assessment by the coordinating doctor is to be made in the accessible or language format requested by the person to ensure they are able to give full and informed consent. This would include their chosen language and accessible translation including easy read, braille and other accessibility requirements.*

BARONESS GREY-THOMPSON

**322A** Clause 10, page 6, line 36, at end insert “in the format of their choice,”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**323** Clause 10, page 6, line 39, at end insert –

“(iia) the Commissioner, and”

***Member's explanatory statement***

*This amendment requires the coordinating doctor to give a copy of the report about the first assessment to the Voluntary Assisted Dying Commissioner.*

LORD MOYLAN

**324** Clause 10, page 7, line 1, after “satisfied” insert “beyond a reasonable doubt”

***Member's explanatory statement***

*This is to probe the meaning of “satisfied”.*

LORD MOYLAN

**325** Clause 10, page 7, line 4, at end insert –

“(3A) A co-ordinating doctor may not refer more than five patients to the same independent doctor in any calendar year.”

***Member's explanatory statement***

*This is to contribute to the maintenance of proper professional distance between co-ordinating and independent doctors.*

LORD EVANS OF RAINOW

326 Clause 10, page 7, line 4, at end insert –

“(3A) The coordinating doctor must not act as the coordinating doctor for any more than three patients in any calendar year.”

***Member's explanatory statement***

*This is to prevent doctor shopping.*

BARONESS STEDMAN-SCOTT

327 Clause 10, page 7, line 7, at end insert –

“(za) contain a statement that the coordinating doctor has met physically with the person for the purpose of the assessment;”

***Member's explanatory statement***

*The coordinating doctor's report must include a statement that the doctor has met the patient in person, as opposed to online or over the phone, etc.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

328 Clause 10, page 7, line 9, after “satisfied” insert “beyond a reasonable doubt”

***Member's explanatory statement***

*This is to probe the meaning of “satisfied”.*

BARONESS GREY-THOMPSON

329 Clause 10, page 7, line 9, leave out “(h)” and insert “(j)”

BARONESS LAWLOR

330 Clause 10, page 7, line 10, leave out “(as the case may be)”

***Member's explanatory statement***

*This amendment would remove a phrase which does not appear to add anything to the Bill, and perhaps has the inadvertent consequence of implying that it would be by default irregular to deny a request.*

BARONESS KEELEY

331 Clause 10, page 7, line 18, at end insert –

“(ca) contain a statement on –

- (i) the location of the nearest relevant and available palliative care service to the person seeking assistance,
- (ii) the distance to it from the person's home location, and
- (iii) whether the person knew about the palliative care service."

***Member's explanatory statement***

*The coordinating doctor's report must include a statement about the availability of palliative care to the person.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**332** Clause 10, page 7, line 22, leave out "through illness"

***Member's explanatory statement***

*This amendment would mean that the provision in clause 10(6) and (7) about making a further referral to an independent doctor applies in any case in which the independent doctor is unable or unwilling to continue to act (and not only in cases where the inability or unwillingness results from illness).*

LORD HARPER

**332ZA** Clause 10, page 7, line 22, after "illness" insert "or for the reasons in section 10(8)"

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Harper, seek to probe the reasons why a doctor may be unable or unwilling to continue.*

BARONESS COFFEY

**332A** Clause 10, page 7, line 22, leave out "or unwilling"

***Member's explanatory statement***

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

LORD BLENCATHRA

**332AA** Clause 10, page 7, line 25, at end insert—

- “(6A) Where any non-medical factors such as loneliness, poverty or lack of services are significant contributors to a patient's wish to seek assistance, the assessing doctor must not finalise the assessment until remedial steps have been taken to address the contributing factors.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Blencathra, seeks to prevent non-medical factors from determining a patient's wish to end their life.*

## LORD HARPER

**332B** Clause 10, page 7, line 29, at end insert –

“(8) A practitioner who is still living may be unable or unwilling to continue for reasons including, but not limited to –

- (a) a conscientious, moral, ethical, or religious objection;
- (b) a lack of professional competence, experience, or training necessary to perform the required function;
- (c) a conflict of interest, or a perceived conflict of interest, affecting the practitioner’s ability to continue;
- (d) a change in professional circumstances affecting their capacity, including workload, availability, or scope of practice;
- (e) personal circumstances, including pregnancy, caring responsibilities, or serious illness within the family;
- (f) concerns relating to the practitioner’s own physical or mental health or wellbeing;
- (g) institutional or employment restrictions limiting their ability to participate;
- (h) a reasonable belief that further involvement may compromise the practitioner’s clinical independence or professional judgement;
- (i) observations, during the course of the practitioner’s involvement, that give rise to concerns about the patient’s eligibility, voluntariness, or safety, including but not limited to –
  - (i) indicators of impaired decision-making capacity;
  - (ii) signs of coercion, undue influence, or external pressure;
  - (iii) evidence of mental disorder that may be affecting the patient’s ability to make a voluntary and informed decision;
  - (iv) inconsistencies in the patient’s account or expressed wishes that require further assessment;
  - (v) concerns about the adequacy of information the patient has received or understood;
  - (vi) any circumstance suggesting that the request may not be free, voluntary, or enduring.

(9) Where the reason for withdrawal includes any matter listed in subsection (8) the practitioner must record that reason in the patient’s medical record and notify the coordinating practitioner and the Voluntary Assisted Dying Commissioner, so that any concerns raised may be considered and addressed.”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Harper, seek to probe the reasons why a doctor may be unable or unwilling to continue.*

**LORD CARLILE OF BERRIEW  
BARONESS FINLAY OF LLANDAFF**

*Lord Carlile of Berriew gives notice of his intention to oppose the Question that Clause 10 stand part of the Bill.*

**After Clause 10**

**BARONESS FINLAY OF LLANDAFF**

**333** Leave out Clause 10 and insert the following new Clause—

**“Assisted dying panels**

- (1) All requests for an assisted death must go directly to an assisted dying panel.
- (2) Panels must be appointed, trained, supported and monitored by the Commissioner.
- (3) Each panel must consist of—
  - (a) one legally trained individual with at least 10 years' experience who would be accountable to HM Courts and Tribunal Service in England & Wales,
  - (b) one social worker or psychologist with at least 10 years' experience that includes identifying coercion,
  - (c) one healthcare professional with at least 10 years' experience in end-of-life decisions who is a specialist in the disorder of the person concerned,
  - (d) one administrator to document the process,
  - (e) one consultant specialist doctor with expertise in the disease or disorder that has been diagnosed in the person applying for an assisted death, and
  - (f) additional members who can be co-opted if needed up to a maximum of seven panel members.
- (4) No member of a panel can be employed by, have financial or commercial relationships with, or act in a voluntary capacity for, any agency providing the assisted death.
- (5) Any member of a panel must be completely independent of the person seeking an assisted death.
- (6) The statutory duties of the panel are—
  - (a) to compassionately verify the capacity and circumstances of the request from a health, social and legal perspective, with such consultations recorded using audio-visual technology;
  - (b) to ensure there had been no safeguarding concerns regarding the applicant following confirmation from local police and local authority records;
  - (c) to issue a licence to end life and authorise the release of the approved drugs for use within one month;
  - (d) to ensure decision details are recorded;
  - (e) to give an explanation why a request is refused;
  - (f) to refer to the High Court if the request is outside their remit or members' approval is not unanimous.

(7) The practice of the panel must be to conduct hearings safely and constructively including—

- (a) travelling to the person’s preferred care setting;
- (b) hearing cases urgently.”

BARONESS FINLAY OF LLANDAFF

**334** After Clause 10, insert the following new Clause—

**“Assessment by the assisted dying panel**

- (1) On receiving a person’s declaration, the assisted dying panel must request reports from the person’s key healthcare professional.
- (2) These requests must consist of the person’s current medical or social circumstances and their current treatment and support.
- (3) The reports must exclude any comments about eligibility or assessment about the person’s capacity for the assistance request.
- (4) The panel must then meet with the person requesting assistance as soon as reasonably practicable after a first declaration is made by a person and reports are received.
- (5) The hearing must be held in the person’s preferred care setting and detailed minutes must be recorded for transcribing or be taken by the administrator.
- (6) This assessment must ascertain if the person—
  - (a) has made a first declaration under section 8 and a second declaration under section 19;
  - (b) is the same person who signed the declarations;
  - (c) is terminally ill including—
    - (i) their diagnosis and prognosis;
    - (ii) any treatment available and the likely effect of it;
    - (iii) any available specialist palliative care, symptom management and psychological support;
  - (d) was aged 18 or over at the time the first declaration was made;
  - (e) is in England and Wales;
  - (f) is ordinarily resident in England and Wales and has been so resident for at least 12 months ending with the date of the first declaration;
  - (g) is registered as a patient with a general medical practice in England or Wales;
  - (h) has the capacity to make the decision to end their own life by making clear they have a clear, settled and informed wish to end their own life, that includes an understanding they will die, and that they have made arrangements for their funeral and will;
  - (i) has made the declaration voluntarily and has not been coerced or pressured by any other person into making it, and that they have made their decision with sufficient advice about what support is available;

- (j) has informed those close to the person of their choice to end their life;
- (k) requires the substances or mixtures to bring about death to be ingested by the oral, nasogastric or gastrostomy route;
- (l) has made clear their wishes in the event of complications arising in connection with the self-administration of any approved drugs;
- (m) has experienced the involvement of a specialist palliative care team and, if not, whether this was because of availability, unsatisfactory care or patient choice.

(7) If the panel need more information they must adjourn and obtain further details and this may include further reports or specialist advice from a specialist relevant to the person's diagnosis or circumstances.

(8) When the panel has all the information they need there are three possible outcomes—

- (a) the person is eligible;
- (b) the person is not eligible;
- (c) the panel is undecided.

(9) If the person is eligible the panel must—

- (a) issue a provisional licence for assisted death and inform the designated pharmacy;
- (b) arrange to reassess the person when the person fulfils the criteria for fast-track continuing care funding;
- (c) identify the navigator for assisted dying who will liaise with the assisted dying service;
- (d) ensure the decision details are recorded and sent to the person, their key healthcare professional and the navigator for assisted dying;
- (e) when the person fulfils the criteria of fast-track continuing care funding, authorise the release of the approved drugs from a designated pharmacy, for use within one month.

(10) If the person is not eligible the panel will—

- (a) send a report to the person explaining why they are not eligible;
- (b) make clear they can reapply if circumstances change;
- (c) explain the appeals process.

(11) If the panel is undecided, they have the option of obtaining more information or referring the case to the High Court and during this time the person must be kept fully informed of the process.

(12) The person's health or social care professional cannot participate in any part of the assessment for a person's request of an assisted death, but when requested by the Assisted Dying Panel they must—

- (a) provide access to the full clinical record they hold;
- (b) provide an additional report if requested on the person's current social circumstances and support, and any evidence of fluctuating mental capacity and of domestic conflict;

(13) Any report provided under subsection (10) must exclude statements of potential eligibility or assessment about the person's capacity for the assistance request."

### Clause 11

BARONESS GREY-THOMPSON

335 Clause 11, page 7, line 32, after "practicable" insert "as agreed to by the patient,"

***Member's explanatory statement***

*This would ensure that the patient is fully consulted on during the process and make sure it is a mutual decision of when to carry out the second assessment.*

LORD BIRT  
LORD PANNICK

336 Clause 11, page 7, line 33, at end insert "and, if the person so wishes, on the day after the first period for reflection has ended"

***Member's explanatory statement***

*This would mean the person could require that the second doctor's assessment was carried out on Day 12.*

BARONESS BERGER

337 Clause 11, page 7, line 38, leave out "18" and insert "25"

BARONESS LAWLOR

338 Clause 11, page 7, line 38, leave out "18" and insert "21"

BARONESS GREY-THOMPSON

339 Clause 11, page 7, line 38, at end insert—  
"(ca) has shown proof of ID,"

BARONESS COFFEY

340 Clause 11, page 7, line 39, after first "and" insert "demonstrably"

***Member's explanatory statement***

*This amendment and others in my name requires the individual to demonstrate and the two independent doctors to ascertain whether, in their opinion, the person has a "demonstrably" informed wish to end their own life.*

BARONESS BERGER  
 LORD CARLILE OF BERRIEW  
 LORD ROOK  
 BARONESS KEELEY

**341** Clause 11, page 7, line 39, after “life” insert “because of their terminal illness”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Berger would mean that someone is only eligible for assistance in ending their own life under this Act if their clear, settled and informed wish to end their life is because of their terminal illness and not for any other reason.*

BARONESS LAWLOR

**342** Clause 11, page 7, line 39, at end insert—

- “(da) understands fully the physiological effects of the lethal drugs used for assisted suicide and their possible complications, and”

BARONESS COFFEY

**343** Clause 11, page 7, line 39, at end insert—

- “(da) is acting for the primary purpose of avoiding physical pain, and”

***Member's explanatory statement***

*This amendment (and consequential amendments) seeks to ensure that the primary motivation of the patient is to avoid physical pain.*

BARONESS COFFEY

**344** Clause 11, page 7, line 39, at end insert—

- “(da) is acting for their own sake rather than for the benefit of others, and”

***Member's explanatory statement***

*This amendment (and the consequential amendments) requires that a person requesting assistance must be acting for their own sake, not the benefit of others.*

LORD CARTER OF HASLEMERE  
 BARONESS FOX OF BUCKLEY

**345** Clause 11, page 7, line 41, at end insert—

- “(f) has been referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

LORD CARTER OF HASLEMERE  
BARONESS FOX OF BUCKLEY  
LORD FARMER

**346** Clause 11, page 7, line 41, at end insert—

- “(f) is not acting out of a temporary feeling of fear, panic, or anxiety in relation to their diagnosis and prognosis.”

***Member's explanatory statement***

*Suicidal ideation for terminally ill patients peaks during a short window after both diagnosis and prognosis. This amendment and three others in the name of Lord Carter of Haslemere seek to eliminate the undue influence of what may be, however understandable, ultimately, a temporary, emotional reaction.*

BARONESS GREY-THOMPSON  
BARONESS GRAY OF TOTTENHAM

**347** Clause 11, page 7, line 41, at end insert—

- “(f) is not homeless or living in temporary or supported accommodation.”

***Member's explanatory statement***

*This amendment would give further protections for homeless people and those living in temporary or insecure accommodation to be excluded from the bill and that anyone who is in insecure accommodation who may still be registered with a GP will still be protected.*

LORD BLENCAUTHRA

**347A** Clause 11, page 7, line 41, at end insert—

- “(2A) The second assessment must take place in person, unless this is not possible due to medical reasons.
- “(2B) If the second assessment does not take place in person, the independent doctor must set out the reasons why the assessment did not take place in person.”

***Member's explanatory statement***

*This amendment seeks to ensure that the second assessment is conducted face-to-face.*

LORD HUNT OF KINGS HEATH  
BARONESS FOX OF BUCKLEY

**348** Clause 11, page 8, line 1, leave out “seven” and insert “14”

***Member's explanatory statement***

*This amendment would extend the period for reflection between the report of the first and the making of the second assessment from one to two weeks.*

LORD BIRT  
LORD PANNICK

**349** Clause 11, page 8, line 3, at end insert – “or

- (b) the period of 24 hours beginning with the hour when the coordinating doctor made the report under section 10(3), where the person –
  - (i) is in extreme pain and distress, and
  - (ii) has requested emergency assistance.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**350** Clause 11, page 8, line 5, leave out from “to” to end of line 6 and insert “section 12(4) and (7) (sharing of specialists' opinions etc).”

***Member's explanatory statement***

*This is a drafting change (consequential on subsection (4) being added to clause 12).*

LORD BIRT  
LORD PANNICK

**351** Clause 11, page 8, line 9, after “subsection (6)” insert “and must, if the person so wishes, be made on the day after the day on which the second assessment was carried out, or on a later day specified by the person”

***Member's explanatory statement***

*This would mean the person could require that the second report was made on Day 13.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**352** Clause 11, page 8, line 15, at end insert –

- “(iii) the Commissioner, and”

***Member's explanatory statement***

*This amendment requires the independent doctor to give a copy of the report about the second assessment to the Voluntary Assisted Dying Commissioner.*

LORD GOODMAN OF WYCOMBE

353 Clause 11, page 8, line 17, at end insert –

- “(c) if satisfied as to all of the matters mentioned in subsection (2)(a) to (e), refer the assessed person to a palliative care physician to carry out the third assessment.”

*Member's explanatory statement*

*This amendment, connected with another in the name of Lord Goodman, seeks to ensure that the second assessment is followed by a subsequent assessment from a palliative care physician.*

LORD WEIR OF BALLYHOLME

353A Clause 11, page 8, line 17, at end insert –

- “(c) if coercion has been detected as part of the assessment under subsection (2)(b), refer the person to the local authority's safeguarding lead for review through the existing multi-agency adult safeguarding panel before any further step is taken under this section.”

LORD BLENCATHRA

353B Clause 11, page 8, line 17, at end insert –

- “(c) if satisfied as to all of the matters mentioned in subsection (2)(a) to (e), refer the assessed person to a registered medical practitioner to carry out a psychosocial assessment.”

*Member's explanatory statement*

*This amendment, connected with another in the name of Lord Blencathra, seeks to ensure that the second assessment is followed by a subsequent psychosocial assessment, so as to ascertain a holistic view of the person's motivation.*

LORD EVANS OF RAINOW

354 Clause 11, page 8, line 17, at end insert –

- “(5A) The independent doctor must not act as the independent doctor for any more than three patients in any calendar year.”

*Member's explanatory statement*

*This amendment seeks to prevent "doctor shopping".*

LORD HARPER

354A Clause 11, page 8, line 17, at end insert –

“(5A) If the independent doctor is satisfied as to all of the matters mentioned in subsection (2), the person’s GP practice must give, as soon as practicable, a written record of the preliminary discussion to the Commissioner.”

***Member's explanatory statement***

*This amendment and the other in Lord Harper’s name to Clause 16, page 13, line 22, ensures that any significant information in the preliminary discussion is made directly available to the Commissioner and to the panel.*

BARONESS MACLEAN OF REDDITCH  
LORD GOODMAN OF WYCOMBE

355 Clause 11, page 8, line 20, at end insert –

“(za) contain a statement that the independent doctor has physically met with the person for the purpose of the assessment;”

***Member's explanatory statement***

*The independent doctor’s report must include a statement that the doctor has physically met with the person.*

BARONESS LAWLOR

356 Clause 11, page 8, line 23, leave out “(as the case may be)”

***Member's explanatory statement***

*This amendment would remove a phrase which does not appear to add anything to the Bill, and perhaps has the inadvertent consequence of implying that it would be by default irregular to deny a request.*

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

357 Clause 11, page 8, line 24, at end insert –

“(ba) contain a statement from a consultant psychiatrist, who is independent of the person’s care, certifying in writing that the person –

- (i) has capacity to make the decision under this Act, and
- (ii) is not suffering from any mental disorder likely to impair judgment or influence that decision;”

***Member's explanatory statement***

*This amendment would require the second doctor to ensure that an independent consultant psychiatrist confirms in writing that the person has decision-making capacity and is not affected*

*by any mental disorder likely to impair judgment. This strengthens the safeguard process by making a psychiatric evaluation a formal part of the second medical assessment.*

BARONESS KEELEY

358 Clause 11, page 8, line 32, at end insert—

- “(ca) contain a statement on the location and how far away the nearest relevant and available palliative care is from the person’s home location and whether the person knew about the palliative care;”

*Member's explanatory statement*

*The independent doctor’s report must include a statement about the availability of palliative care to the person.*

BARONESS FINLAY OF LLANDAFF  
BARONESS O’LOAN  
BARONESS BUTLER-SLOSS

359 Clause 11, page 8, line 35, at end insert—

- “(za) has explicitly opted to become an independent doctor for the purposes of this section;”

*Member's explanatory statement*

*This is to make the “opt-in” for doctors explicit on the face of the Bill – to make clear that there is no expectation on doctors to participate and it is only those who positively choose to do so who would have the training and participate.*

BARONESS FRASER OF CRAIGMADDIE

360 Clause 11, page 8, line 37, leave out paragraph (b) and insert—

- “(b) is a specialist in the disease or condition of the person’s terminal illness;”

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS  
LORD PATEL

361 Clause 11, page 9, line 3, at end insert—

- “(8A) The independent doctor must be currently licensed to practice by the General Medical Council and listed on the register of validated providers and assessors of assisted deaths.”

***Member's explanatory statement***

*This, and a related amendment to Clause 8, is to ensure that the doctors are currently licensed to practice and subject to revalidation and annual appraisal. A doctor retired from clinical practice but retaining GMC registration cannot act in the roles of coordinating or independent doctor.*

BARONESS GREY-THOMPSON

**362** Clause 11, page 9, line 3, at end insert—

“(8A) The registered medical practitioner must sign a declaration to confirm that they comply with the terms of subsection (8)(f).”

BARONESS GREY-THOMPSON

**362A** Clause 11, page 9, line 12, at end insert—

“(d) reasonable adjustments and safeguards for autistic people and people with a learning disability;  
(e) the needs of disabled people, disability equality and discrimination against disabled people;  
(f) the effect of terminal illness relating to the brain on decision making capabilities and the possible deterioration of such abilities.”

LORD WEIR OF BALLYHOLME

**362B** Clause 11, page 9, line 12, at end insert—

“(d) disability-competent care, accessible communication, diagnostic overshadowing, and implicit bias or ableism, with periodic recertification.”

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS  
LORD PATEL

**363** Clause 11, page 9, line 12, at end insert—

“(10A) The regulations must also provide that the practitioner must have passed a competency-based assessment after their training.”

LORD MOYLAN

**364** Clause 11, page 9, line 13, leave out subsection (11)

***Member's explanatory statement***

*This amendment seeks to ensure that subsequent provision on the training of independent doctors cannot be issued unilaterally by a person specified in an initial regulation. Instead, subsequent*

*provision on training must be made by regulations and would therefore be subject to continuing parliamentary scrutiny.*

LORD BIRT  
LORD PANNICK

365 Clause 11, page 9, line 13, leave out from “regulations” to the end of line 15 and insert “must provide that the required training, qualifications or experience is determined by the Assisted Dying Help Service and that the registered medical practitioner must be licensed for that purpose by that Service.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

366 Clause 11, page 9, line 18, leave out subsection (13)

***Member's explanatory statement***

*This amendment omits provision that duplicates the effect of subsection (10)(c) (note “domestic abuse” is defined by Clause 56(2) to include controlling or coercive behaviour and economic abuse).*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 11 stand part of the Bill.*

**After Clause 11**

LORD GOODMAN OF WYCOMBE  
LORD FARMER

367 After Clause 11, insert the following new Clause—

**“Third doctor’s assessment (palliative care physician)**

- (1) Where a referral is made under section 11(5)(c), the palliative care physician must carry out the third assessment of the person as soon as reasonably practicable after the second doctor’s assessment report has been issued.
- (2) “The third assessment” is an assessment to ascertain whether, in the opinion of the palliative care physician, the person who made the first declaration is fully informed about alternatives to alleviate suffering.
- (3) After carrying out the third assessment, the palliative care physician must—
  - (a) make a report about the assessment (which must meet the requirements of regulations under subsection (4)),
  - (b) give a copy of the report to—

- (i) the person who was assessed,
- (ii) the coordinating doctor,
- (iii) if neither the palliative care physician nor the coordinating doctor is a practitioner with the person's GP practice, a registered medical practitioner with that practice, and
- (iv) any other person specified in regulations made by the Secretary of State, and

- (c) if satisfied as to the matter mentioned in subsection (2), refer the assessed person to a psychiatrist to carry out the fourth assessment.

- (4) The Secretary of State must by regulations make provision about the content and form of the report.
- (5) The regulations must provide that the report must—
  - (a) contain a statement indicating whether the palliative care physician is satisfied as to the matter mentioned in subsection (2);
  - (b) contain an explanation of why the palliative care physician is, or (as the case may be) is not, so satisfied;
  - (c) be signed and dated by the palliative care physician.
- (6) A registered palliative care physician may carry out the functions of the third assessor under this Act only if that physician—
  - (a) meets the requirements specified in regulations under subsection (7),
  - (b) has not provided treatment or care for the person being assessed in relation to that person's terminal illness,
  - (c) is not a relative of the person being assessed,
  - (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
  - (e) does not know or believe that they—
    - (i) are a beneficiary under a will of the person, or
    - (ii) may otherwise benefit financially or in any other material way from the death of the person.
- (7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to carry out the functions of the palliative care physician.
- (8) The regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.
- (9) In subsection (6)(b) the reference to "terminal illness" means the illness or disease mentioned in section 2(1)(a)."

***Member's explanatory statement***

*This amendment, connected with another amendment in the name of Lord Goodman, seeks to require a third assessment with a palliative care physician.*

LORD GOODMAN OF WYCOMBE  
LORD FARMER

368 After Clause 11, insert the following new Clause—

**“Fourth doctor’s assessment (psychiatrist)**

- (1) Where a referral is made under section (*Third doctor’s assessment (palliative care physician)*), the psychiatrist must carry out the fourth assessment of the person as soon as reasonably practicable after the third doctor’s assessment report has been issued.
- (2) “The fourth assessment” is an assessment to ascertain whether, in the opinion of the psychiatrist, the person who made the first declaration is making a free and informed decision and is not being coerced.
- (3) After carrying out the fourth assessment, the psychiatrist must—
  - (a) make a report about the assessment (which must meet the requirements of regulations under subsection (4)),
  - (b) give a copy of the report to—
    - (i) the person who was assessed,
    - (ii) the coordinating doctor,
    - (iii) if neither the psychiatrist nor the coordinating doctor is a practitioner with the person’s GP practice, a registered medical practitioner with that practice, and
    - (iv) any other person specified in regulations made by the Secretary of State, and
  - (c) if satisfied as to the matter mentioned in subsection (2), refer the assessed person to a geriatrician to carry out the fifth assessment.
- (4) The Secretary of State must by regulations make provision about the content and form of the report.
- (5) The regulations must provide that the report must—
  - (a) contain a statement indicating whether the psychiatrist is satisfied as to the matter mentioned in subsection (2);
  - (b) contain an explanation of why the psychiatrist is, or (as the case may be) is not, so satisfied;
  - (c) be signed and dated by the psychiatrist.
- (6) A registered psychiatrist may carry out the functions of the fourth assessor under this Act only if that physician—
  - (a) meets the requirements specified in regulations under subsection (7),
  - (b) has not provided treatment or care for the person being assessed in relation to that person’s terminal illness,
  - (c) is not a relative of the person being assessed,
  - (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
  - (e) does not know or believe that they—

- (i) are a beneficiary under a will of the person, or
- (ii) may otherwise benefit financially or in any other material way from the death of the person.

(7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered psychiatrist must have in order to carry out the functions of the psychiatrist.

(8) The regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

(9) In subsection (6)(b) the reference to “terminal illness” means the illness or disease mentioned in section 2(1)(a).”

***Member's explanatory statement***

*This amendment seeks to ensure that there is a fourth assessment with a psychiatrist.*

LORD GOODMAN OF WYCOMBE

**369** After Clause 11, insert the following new Clause—

**“Fifth doctor’s assessment (geriatrician)**

- (1) Where a referral is made under subsection (3)(c) of section (*Fourth doctor’s assessment (psychiatrist)*), the geriatrician must carry out the fifth assessment of the person as soon as reasonably practicable after the fourth doctor’s assessment report has been issued.
- (2) “The fifth assessment” is an assessment to ascertain whether, in the opinion of the geriatrician, the person who made the first declaration is fully informed about alternatives to alleviate suffering.
- (3) After carrying out the fifth assessment, the geriatrician must—
  - (a) make a report about the assessment (which must meet the requirements of regulations under subsection (4)),
  - (b) give a copy of the report to—
    - (i) the person who was assessed,
    - (ii) the coordinating doctor,
    - (iii) if neither the palliative care physician nor the coordinating doctor is a practitioner with the person’s GP practice, a registered medical practitioner with that practice, and
    - (iv) any other person specified in regulations made by the Secretary of State.
- (4) The Secretary of State must by regulations make provision about the content and form of the report.
- (5) The regulations must provide that the report must—
  - (a) contain a statement indicating whether the geriatrician is satisfied as to the matter mentioned in subsection (2);

- (b) contain an explanation of why the geriatrician is, or (as the case may be) is not, so satisfied;
- (c) be signed and dated by the geriatrician physician.

(6) A registered geriatrician may carry out the functions of the fifth assessor under this Act only if that physician—

- (a) meets the requirements specified in regulations under subsection (7),
- (b) has not provided treatment or care for the person being assessed in relation to that person's terminal illness,
- (c) is not a relative of the person being assessed,
- (d) is not a partner or colleague in the same practice or clinical team as the coordinating doctor,
- (e) does not know or believe that they—
  - (i) are a beneficiary under a will of the person, or
  - (ii) may otherwise benefit financially or in any other material way from the death of the person.

(7) The Secretary of State must by regulations make provision about the training, qualifications and experience that a registered medical practitioner must have in order to carry out the functions of the geriatrician.

(8) The regulations may in particular provide that the required training, qualifications or experience is to be determined by a person specified in the regulations.

(9) In subsection (6)(b) the reference to “terminal illness” means the illness or disease mentioned in section 2(1)(a).”

***Member's explanatory statement***

*This amendment seeks to ensure that there is a fifth assessment with a geriatrician.*

LORD BLENCAATHRA

**369A** After Clause 11, insert the following new Clause—

**“Psychosocial assessment**

- (1) Where a referral is made under section 11(5)(c), a registered medical professional must undertake a psychosocial assessment of the person as soon as reasonably practicable after the second doctor's assessment report has been issued.
- (2) After carrying out the assessment, the registered medical professional must—
  - (a) make a report about the assessment, and
  - (b) give a copy of the report to—
    - (i) the person who was assessed, and
    - (ii) the coordinating doctor.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Blencathra, seeks to ensure that the second assessment is followed by a subsequent psychosocial assessment, so as to ascertain a holistic view of the person's motivation.*

**Clause 12**

BARONESS CASS  
LORD SANDHURST

370 Clause 12, page 9, line 21, leave out “doctor” and insert “professional”

BARONESS CASS  
LORD SANDHURST

371 Clause 12, page 9, line 22, leave out “doctor” and insert “professional”

BARONESS CASS  
LORD SANDHURST

372 Clause 12, page 9, line 23, leave out “doctor” and insert “professional”

BARONESS CASS

373 Clause 12, page 9, line 23, at end insert –

“(1A) In relation to any person –

- (a) the two assessing professionals must have different specialist training, to be specified in regulations made under section 11(9), and
- (b) one of the assessing professionals may be from a profession other than that of registered medical practitioner, to be specified in regulations made under section 11(9), but one of the assessing professionals must be a registered medical practitioner.”

BARONESS CASS  
LORD SANDHURST

374 Clause 12, page 9, line 24, leave out “doctor” and insert “professional”

BARONESS CASS

375 Clause 12, page 9, line 25, leave out paragraph (a) and insert –

- “(a) examine all relevant medical records pertaining to the person’s diagnosis, prognosis and palliative and psychosocial needs, including the “multidisciplinary palliative care assessment” in section (*Multi-disciplinary palliative care assessment*);”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Cass seek to clarify that it is not the role of the assessing professionals to advise on treatment or palliative care options, but to ensure that these assessments have been completed and that the person fully understands them.*

LORD EVANS OF RAINOW  
BARONESS LAWLOR

376 Clause 12, page 9, line 25, after “the person” insert “in person”

***Member's explanatory statement***

*This amendment would stipulate that the assessments must be carried out in person and not remotely.*

BARONESS MACLEAN OF REDDITCH

377 Clause 12, page 9, line 25, leave out “examine such of their medical records as appear to the assessing doctor to be relevant” and insert “review their medical records, paying particular attention to—

- (i) the expected trajectory of the illness or disease under which the person is deemed eligible under section 2,
- (ii) the expected trajectory of any other illness or disease for which the person has received a formal diagnosis,
- (iii) any history of cognitive impairment, including but not limited to dementia, delirium, traumatic brain injury, and adverse medication effects,
- (iv) any psychiatric history, including but not limited to depression, anxiety, psychosis, suicidal ideation, and past suicide attempts,
- (v) any outstanding capacity assessments, including those conducted under the terms of the Mental Capacity Act 2005,
- (vi) any engagement with social care services or any other form of personal care or practical assistance,
- (vii) any personal factors, including but not limited to existing family relationships, friendship and support networks, loneliness, financial pressure, housing pressure or care pressure,
- (viii) any discussions, offers or acceptance of psychological and social support, in particular in relation to the illness or disease under which the person is deemed eligible under section 2,
- (ix) any discussions, offers or acceptance of hospice support, community care or referral to pain specialists, in particular in relation to the illness or disease under which the person is deemed eligible under section 2, and
- (x) any other matter the assessing doctor considers appropriate;”

BARONESS CASS  
LORD SANDHURST

378 Clause 12, page 9, line 26, leave out “doctor” and insert “professional”

BARONESS CASS

379 Clause 12, page 9, line 27, leave out paragraph (b) and insert—

- “(b) take all practicable steps to consult at least one medical professional or social care professional who is providing, or who has recently provided health or social care to the person;
- “(ba) make such other enquiries as the assessing professional considers appropriate;”

LORD HUNT OF KINGS HEATH  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

380 Clause 12, page 9, line 29, after “appropriate,” insert “enquiries of any registered medical practitioner to whom the person has been referred for further discussion under section 5(5)(c),”

***Member's explanatory statement***

*This amendment would require that, where the person has opted to be referred to a palliative care specialist following a preliminary discussion, the assessing doctor must make enquiries of that specialist to inform their assessment.*

LORD LANSLEY  
LORD GOODMAN OF WYCOMBE

381 Clause 12, page 9, line 30, at end insert—

- “(ba) make such further enquiries as would be necessary to provide the statement , as required, for the Assisted Dying Review Panel, under section 17(4)(aa);”

***Member's explanatory statement***

*This amendment and others in the name of Lord Lansley seek to strengthen the functions of the Assisted Dying Review Panel, by requiring it, before making a determination, to be satisfied that the applicant has access to nationally-recognised standards of end-of-life care and that the request is not occasioned by remediable deficiencies in care.*

BARONESS FINLAY OF LLANDAFF

382 Clause 12, page 9, line 30, at end insert—

- “(ba) check local police and local authority records for any reports or evidence of domestic disturbances at the address of the applicant;”

BARONESS CASS

383 Clause 12, page 9, line 32, leave out sub-paragraphs (i) to (iii) and insert –

- “(i) the assessment reports regarding their diagnosis and treatment options, and palliative care options, and determine whether the person has understood these reports and options;
- “(ii) that the self-administration of such a substance does not represent a treatment for their terminal illness but a personal choice to end their life;”

LORD MOYLAN  
BARONESS FOX OF BUCKLEY

384 Clause 12, page 9, line 32, at end insert –

- “(ia) where the prognosis is based on a median life expectancy, the distribution of the data underlying the prognosis;”

***Member's explanatory statement***

*This amendment requires the registered medical practitioner to discuss the underlying data on survival from which the median prognosis has been calculated.*

LORD CARTER OF HASLEMERE  
BARONESS FOX OF BUCKLEY

385 Clause 12, page 9, line 35, at end insert “and must refer them to a registered medical practitioner who specialises in such care for the purpose of a full assessment”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

BARONESS COFFEY

386 Clause 12, page 9, line 38, after “death” insert “and the risk and nature of possible complications, including pain,”

***Member's explanatory statement***

*This requires the doctor to explain the risk of possible complications to the person.*

BARONESS LAWLOR

387 Clause 12, page 9, line 38, at end insert –

“(v) the physiological effects of the lethal drugs used for assisted suicide and their possible complications;”

BARONESS GREY-THOMPSON

388 Clause 12, page 10, line 3, at end insert “and that no action can be taken to hasten death”

BARONESS GRAY OF TOTTENHAM  
LORD FARMER  
LORD GOODMAN OF WYCOMBE

389 Clause 12, page 10, line 10, 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.*

BARONESS CASS  
LORD SANDHURST

390 Clause 12, page 10, line 12, leave out “their next of kin and”

***Member's explanatory statement***

*The term “next of kin” is not a legally defined term.*

LORD SANDHURST  
BARONESS CASS

391 Clause 12, page 10, line 12, leave out “next of kin and other persons they are close to” and insert “relatives and other persons who have an interest in their welfare”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales and which concerns the requirement that an assessing doctor, in so far as they consider appropriate, advise the person to consider discussing their request with others, replaces the term “next of kin” with “relatives” (which is a defined term in the Bill), as well as other persons who have an interest in the person's welfare.*

LORD MOYLAN

392 Clause 12, page 10, line 13, at end insert—

“(h) advise the person to make a will if they have not already done so.”

***Member's explanatory statement***

*This is to limit the instances of death with intestacy.*

LORD MOYLAN

393 Clause 12, page 10, line 13, at end insert—

“(h) make such enquiries of the person's insurance providers as the assessing doctor considers appropriate to ensure that any costs of the person's assisted death will not be borne by any insurance providers.”

LORD GOODMAN OF WYCOMBE

394 Clause 12, page 10, line 13, at end insert—

“(h) arrange and require the person to attend a consultation with a palliative care specialist.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Goodman, seeks to ensure that the assessing doctor arranges for the person to attend a consultation with a palliative care specialist.*

BARONESS BERGER

395 Clause 12, page 10, line 13, at end insert—

“(h) where the person has discussed the request with other persons under subsection (g), take steps to ensure that those persons are informed of any available bereavement services.”

***Member's explanatory statement***

*This amendment would require the assessing doctors to take steps to signpost family members to bereavement services.*

BARONESS CASS

396 Clause 12, page 10, line 14, leave out from “assessment” to “health” in line 15 and insert “and if there is no person satisfying the criteria under subsection 2(b), the assessing professional must take all practicable steps to consult at least one”

BARONESS FINLAY OF LLANDAFF

397 Clause 12, page 10, line 14, at end insert –

- “(za) consult with health, social care, and criminal justice professionals who have recent experience of the person being assessed;”

BARONESS FRASER OF CRAIGMADDIE

398 Clause 12, page 10, line 15, leave out “consider whether they should”

BARONESS FRASER OF CRAIGMADDIE

399 Clause 12, page 10, line 16, leave out from “experience” to end of line 17 and insert “relevant to the person’s terminal condition”

BARONESS FRASER OF CRAIGMADDIE  
BARONESS CASS

400 Clause 12, page 10, line 18, leave out paragraph (b)

BARONESS GREY-THOMPSON  
BARONESS BUTLER-SLOSS

401 Clause 12, page 10, line 19, at end insert –

- “(3A) The coordinating doctor and the independent doctor must have completed appropriate training, as specified in regulations made by the Secretary of State, in identifying and responding to domestic abuse, coercive control, and the abuse of older people, prior to conducting assessments under this Act.”

*Member's explanatory statement*

*The purpose of this amendment is to ensure medical professionals making assessments are trained to recognise abuse and coercion.*

BARONESS CASS

402 Clause 12, page 10, line 19, at end insert –

- “(3A) Where an assessing professional has not consulted a professional or professionals under subsection (2)(b) or subsection (3), the assessing professional must record that fact and give reasons for so doing.”

LORD SANDHURST

403 Clause 12, page 10, line 22, at end insert “and make that record available to any subsequent decision maker under this Act and to the Commissioner”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require an assessing doctor who consults a health or social care professional to make the written record of their consultation available to the Panel and the Commissioner.*

LORD MOYLAN

**404** Clause 12, page 10, line 22, at end insert—

“(4A) Where an assessing doctor finds that costs associated with a person’s assisted death will be borne partly or wholly by an insurance provider, they must state that in their report and must not indicate that they are satisfied that the conditions in section 10(2)(h) or section 11(2)(e) have been met.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**405** Clause 12, page 10, line 24, leave out from “must” to end of line 25 and insert “take all reasonable steps to ensure that there is effective communication between the assessing doctor and the person being assessed (including, where appropriate, using an interpreter).”

***Member's explanatory statement***

*This amendment clarifies the effect of subsection (5).*

BARONESS GREY-THOMPSON

**406** Clause 12, page 10, line 25, at end insert “, and must, where a patient had a communication access need, record how this was met or if it was not met, why it was not met, and record whether any translation was provided, whether in person or by video relay.”

LORD BLENCATHRA

**406A** Clause 12, page 10, line 25, at end insert—

“(5A) Where any assessment is conducted remotely, the assessing doctor must verify and record that the person is alone and speaking freely.”

***Member's explanatory statement***

*This amendment seeks to ensure that a record is kept of anyone who may be present at the assessment with the patient, so as to reduce the risk of coercion.*

BARONESS CASS  
LORD SANDHURST

**407** Clause 12, page 10, line 26, leave out “doctor” and insert “professional”

BARONESS CASS  
LORD SANDHURST

408 Clause 12, page 10, line 30, at end insert—

- “(aa) must consult with any person or persons who the professional reasonably believes—
  - (i) has knowledge of the person being assessed, or of their circumstances, and
  - (ii) who is able to provide information about the person’s capacity;”

***Member's explanatory statement***

*This amendment brings the assessment in line with other mental capacity assessments where ordinarily, in complex decisions, it would be expected that the assessor would use all sources of information possible.*

BARONESS BROWN OF SILVERTOWN

409 Clause 12, page 10, line 32, after “assessed,” insert—

- “(ii) whether the person being assessed has a clear, settled and informed wish to end their own life, or
- (iii) whether the person being assessed made the first declaration voluntarily and has not been coerced or pressured by any other person into making it;”

***Member's explanatory statement***

*This amendment would require the assessing doctor to refer the person for psychiatric assessment not only where they have doubts about the person’s capacity, but also where they have doubts about the person’s clear, settled and informed wish to end their life, or doubts about whether the person has been coerced or pressured.*

BARONESS BROWN OF SILVERTOWN

410 Clause 12, page 10, line 35, leave out from “Council” to end of line 36

***Member's explanatory statement***

*This amendment would require the assessing doctor to refer the person for assessment by a psychiatrist, and not by a person who otherwise holds qualifications in or has experience of the assessment of capacity.*

BARONESS CASS

411 Clause 12, page 10, line 36, at end insert “, or

- (ii) by a professional with the qualifications in and experiences of the assessment of capacity prescribed by the Secretary of State in regulations;”

LORD SANDHURST

**412** Clause 12, page 10, line 40, at end insert “and made available to any subsequent decision maker under this Act and to the Commissioner”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require an assessing doctor to make any second opinion they obtain as to whether the person is terminally ill or has capacity available to the Panel and the Commissioner.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**413** Clause 12, page 10, line 41, leave out subsection (8)

***Member's explanatory statement***

*This amendment removes subsection (8) on the basis that it is not appropriate (subsection (7) requires an opinion to be shared with the independent doctor in any event, so the question is whether the independent doctor has doubt about a matter within subsection (6)(a) or (b) despite having seen the opinion).*

LORD SANDHURST  
LORD CARLILE OF BERRIEW

**414** Clause 12, page 11, line 2, at end insert—

- “(9) All assessing doctors must, prior to service, register and be approved to serve as assessing doctors with the General Medical Council, which must maintain a public register of all assessing doctors.
- (10) The General Medical Council must approve as assessing doctors only medical practitioners who are—
  - (a) fully registered as doctors with the General Medical Council,
  - (b) in good standing, and
  - (c) have been so for a period of at least 10 years prior to registering as assessing doctors.
- (11) For the avoidance of doubt, “fully registered as doctors” in subsection (10)(a) means that the General Medical Council may not approve as assessing doctors anyone who is registered as a physician associate or anaesthesia associate or both, as defined by the Anaesthesia Associates and Physician Associates Order 2024 (S.I. 2024/374).”

***Member's explanatory statement***

*This amendment would ensure that only doctors with ten years' full registration and in good standing with their regulator may serve as assessing doctors and that physician associates and anaesthesia associates may not serve.*

LORD EVANS OF RAINOW

**415** Clause 12, page 11, line 2, at end insert –

“(9) No assessing doctor, whether acting as the coordinating doctor or independent doctor, may act as an assessing doctor for any more than three patients within a single calendar year.”

***Member's explanatory statement***

*This is to prevent doctor shopping.*

LORD BLENCATHRA

**415A** Clause 12, page 11, line 2, at end insert –

“(9) If the assessing doctor lacks relevant specialist expertise, they must refer the person to an appropriate specialist to ensure full information is provided.”

***Member's explanatory statement***

*This amendment seeks to ensure that patients receive accurate, specialist information about their condition, prognosis, and treatment options. It seeks to reduce any risk that patients may be misinformed or inadequately informed, by ensuring that they are referred to a specialist medical practitioner.*

LORD BLENCATHRA

**415B** Clause 12, page 11, line 2, at end insert –

“(9) The Secretary of State must publish a protocol setting out –

- (a) the circumstances in which remote or pre-recorded medical assessments are permitted until this Act, and
- (b) a system of independent clinical verification which must be undertaken before a remote or pre-recorded medical assessment can be arranged.

(10) Any protocol can only be published under subsection (9) if it has also been approved by the Commissioner.”

***Member's explanatory statement***

*This amendment seeks to ensure that remote or pre-recorded medical assessments under the Act are tightly controlled and subject to independent oversight.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 12 stand part of the Bill.*

**Clause 13**

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**416** Clause 13, page 11, line 13, leave out subsection (3) and insert –

“(3) Where a referral is made under subsection (2) to a registered medical practitioner (“the new independent doctor”) –

- (a) the coordinating doctor must provide the new independent doctor with a copy of the report mentioned in subsection (1)(b), and
- (b) if the new independent doctor is satisfied as to all of the matters mentioned in section 11(2)(a) to (e), their report under section 11 about the second assessment must set out their reasons for disagreeing with the independent doctor referred to in subsection (1) of this section.”

***Member's explanatory statement***

*This amendment clarifies the effect of the subsection and provides for any explanation of a difference in opinion between the independent doctors to be included in the report under clause 11 (which will be given to the people mentioned in subsection (5)(b) of that clause).*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**417** Clause 13, page 11, line 30, leave out “and section 15(6)(a)(ii)”

***Member's explanatory statement***

*This amendment is consequential on my amendment at page 12, line 32.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**418** Clause 13, page 11, line 33, leave out “through illness”

***Member's explanatory statement***

*This amendment would mean that the provision in clause 13(6) about making a further referral to another independent doctor applies in any case in which the new practitioner is unable or unwilling to act (and not only in cases where the inability or unwillingness results from illness).*

LORD HARPER

**418ZA** Clause 13, page 11, line 33, after “illness” insert “or for the reasons listed in section 13(7)”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Harper, seek to probe the reasons why a doctor may be unable or unwilling to continue.*

## BARONESS COFFEY

**418A** Clause 13, page 11, line 33, leave out “or unwilling”

*Member's explanatory statement*

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

## LORD HARPER

**418B** Clause 13, page 11, line 36, at end insert—

“(7) A practitioner may be unable or unwilling to continue for reasons including, but not limited to—

- (a) a conscientious, moral, ethical, or religious objection;
- (b) a lack of professional competence, experience, or training necessary to perform the required function;
- (c) a conflict of interest, or a perceived conflict of interest, affecting the practitioner’s ability to continue;
- (d) a change in professional circumstances affecting their capacity, including workload, availability, or scope of practice;
- (e) personal circumstances, including pregnancy, caring responsibilities, or serious illness within the family;
- (f) concerns relating to the practitioner’s own physical or mental health or wellbeing;
- (g) institutional or employment restrictions limiting their ability to participate;
- (h) a reasonable belief that further involvement may compromise the practitioner’s clinical independence or professional judgement;
- (i) observations, during the course of the practitioner’s involvement, that give rise to concerns about the patient’s eligibility, voluntariness, or safety, including but not limited to—
  - (i) indicators of impaired decision-making capacity;
  - (ii) signs of coercion, undue influence, or external pressure;
  - (iii) evidence of mental disorder that may be affecting the patient’s ability to make a voluntary and informed decision;
  - (iv) inconsistencies in the patient’s account or expressed wishes that require further assessment;
  - (v) concerns about the adequacy of information the patient has received or understood;
  - (vi) any circumstance suggesting that the request may not be free, voluntary, or enduring.

(8) Where the reason for withdrawal includes any matter listed in subsection (7) the practitioner must record that reason in the patient’s medical record and notify the coordinating practitioner and the Voluntary Assisted Dying Commissioner, so that any concerns raised may be considered and addressed.”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Harper, seeks to probe the intent of Clause 13 by (1) specifying the reasons that a doctor may be unable or unwilling to continue, and (2) requiring these reasons to be recorded.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 13 stand part of the Bill.*

**Clause 14**

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**419** Clause 14, page 11, line 40, leave out “through illness or otherwise”

***Member's explanatory statement***

*This amendment ensures that the drafting of clause 14 is consistent with the drafting of clauses 10(6) and 13(6) as amended by my amendments at page 7, line 22 and page 11, line 33.*

BARONESS KEELEY

**420** Clause 14, page 11, line 40, leave out “or otherwise is unable or unwilling” and insert “is unable”

***Member's explanatory statement***

*These provisions should be limited to cases of death or illness. The clause fails to define in which situations it would be acceptable for the state to not be concerned that doctor is “unwilling”.*

BARONESS COFFEY

**420A** Clause 14, page 11, line 40, leave out “or unwilling”

***Member's explanatory statement***

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

LORD MOYLAN

**421** Clause 14, page 12, line 2, leave out “appointment, with the agreement of” and insert “selection by”

***Member's explanatory statement***

*This is to avoid the situation in which the Secretary of State, the Commissioner or any other body becomes responsible for appointing a co-ordinating doctor or an independent doctor.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 14 stand part of the Bill.*

**Clause 15**

BARONESS COFFEY

**421A** Clause 15, page 12, line 12, leave out “or unwilling”

***Member's explanatory statement***

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

BARONESS COFFEY

**421B** Clause 15, page 12, line 17, leave out “or unwilling”

***Member's explanatory statement***

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

BARONESS COFFEY

**421C** Clause 15, page 12, line 22, leave out “or unwillingness”

***Member's explanatory statement***

*This amendment seeks to probe the risk of changing doctors until the wanted answer is given.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**422** Clause 15, page 12, line 27, at end insert—

“(2A) The Secretary of State may by regulations make provision about circumstances in which subsection (2) does not apply.”

***Member's explanatory statement***

*This amendment would enable the Secretary of State to make provision about circumstances in which a coordinating or independent doctor who is unable or unwilling continue to carry out their functions is not required under subsection (2) to give notice to that effect. The circumstances*

*that may be specified would include (but would not be limited to) circumstances relating to the illness of the doctor concerned.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**423** Clause 15, page 12, line 30, leave out from “effect” to “but” and insert “—

- (a) from the time the outgoing doctor complies with subsection (2), or
- (b) where subsection (2) does not apply by virtue of regulations under subsection (2A), from such time as may be specified in, or determined in accordance with, the regulations;”

*Member's explanatory statement*

*This amendment would enable regulations under new subsection (2A) (inserted by my amendment at page 12, line 27) to make provision about when any duty or power of a coordinating or independent doctor ceases to have effect where the doctor is unable or unwilling to continue to carry out their functions but is not required under subsection (2) to give notice to that effect.*

LORD WEIR OF BALLYHOLME

**423A** Clause 15, page 12, line 31, at end insert—

- “(3A) The outgoing doctor must attend a mandatory face-to-face review with a designated regulatory officer and an independent assessor.
- (3B) The review in subsection (3A) must consist of minutes, signed, and copies submitted to—
  - (a) the Voluntary Assistant Dying Commissioner,
  - (b) the Eligibility Certification Panel,
  - (c) the relevant professional regulator, and
  - (d) the coordinating doctor where appropriate.
- (3C) The review must assess—
  - (a) reasons for withdrawal;
  - (b) potential coercion or undue influence;
  - (c) conflicts of interests;
  - (d) psychological or moral distress affecting patient care.”

LORD WEIR OF BALLYHOLME

**423B** Clause 15, page 12, line 31, at end insert—

- “(3A) If a coordinating or independent doctor is no longer able or willing to continue to act, for reasons other than short-term absence—
  - (a) the first declaration is invalid,

- (b) the person seeking assistance must continue receiving any treatment or palliative or social care, and
- (c) no process under this Act may proceed until the outgoing coordinating or independent doctor's withdrawal has been fully investigated by any relevant regulatory and medical authorities, and any such investigation has been closed."

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

**424** Clause 15, page 12, line 32, leave out subsections (4) and (5)

***Member's explanatory statement***

*This amendment seeks to remove the power of the Secretary of State to make regulations relating to the replacement of coordinating or independent doctors.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**425** Clause 15, page 12, line 32, leave out subsections (4) to (6).

***Member's explanatory statement***

*This amendment would omit provisions made redundant by my amendments at page 7, line 22, page 11, line 33 and page 11, line 40.*

LORD WEIR OF BALLYHOLME

**425A** Clause 15, page 12, line 39, at end insert—

- “(5A) Regulations made under subsection (4) must provide that the replacement coordinating doctor reviews all prior assessments, advocacy reports and patient declarations before carrying out their functions.”

LORD WEIR OF BALLYHOLME

**425B** Clause 15, page 13, line 5, at end insert—

- “(6A) Where the independent doctor is replaced under this section, the replacement independent doctor must review assessments, advocacy reports and patient declarations before carrying out their functions.”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 15 stand part of the Bill.*

### After Clause 15

LORD CARLILE OF BERRIEW  
LORD HARRIES OF PENTREGARTH  
BARONESS O'LOAN

**426** After Clause 15, insert the following new Clause—

**“Court proceedings and orders**

- (1) Where the Court has received an application for an assistance with suicide order under section (*Application for assistance with suicide order*), a person may apply to the Court for permission to—
  - (a) file evidence, or
  - (b) make representations at the hearing.
- (2) An application under subsection (1) must be made promptly following the submission of an application for an assistance with suicide order.
- (3) In considering whether to allow a person to intervene in Court proceedings, the Court must consider whether the interests of justice are promoted by allowing the intervention.
- (4) Where the Court allows a person to intervene in accordance with subsection (1), it may do so on conditions.
- (5) The Court must appoint an independent medical practitioner as an expert to assist the Court in considering medical evidence in each case.
- (6) The Court may make an assistance with suicide order if it is satisfied beyond reasonable doubt that—
  - (a) the applicant has capacity, and
  - (b) to refuse to make the order would amount to a breach of the relevant human rights law in effect at the time of the application.”

***Member's explanatory statement***

*This proposed new Clause is designed to clarify the role and powers of the court, including consideration of applications to intervene by appropriate third parties, and also sets out the requirement that the court should appoint an independent medical expert in each case.*

BARONESS COFFEY

*As an amendment to Amendment 426*

**426A** After subsection (6), at end insert—

- “(7) The proceedings of the Court must be held in public.”

***Member's explanatory statement***

*These are probing amendments to consider how use of the family court for proceedings can be opened up, contrary to its usual practice.*

BARONESS COFFEY

*As an amendment to Amendment 426*

**426B** After subsection (6), at end insert—

“(7) The applicant must be physically present in the Court for proceedings to continue.”

***Member's explanatory statement***

*This amendment seeks to require physical attendance by the applicant with the intention of avoiding proceedings being decided “on the papers”.*

BARONESS COFFEY

*As an amendment to Amendment 426*

**426C** After subsection (6), at end insert—

- “(7) The Court must register both granted and refused applications with the Lord Chancellor.
- (8) The Lord Chancellor must publish annually the number of applications applied for, granted and refused.
- (9) The independent person must arrange for the application, whether granted or refused, to be included in the applicant’s medical records.”

***Member's explanatory statement***

*This is a way to gather data for the Lord Chancellor which can then be used for publication of statistics and also for use in line with potential consideration of compliance with the law. Further, this allows medical practitioners to be aware of the applicant’s intentions regarding the ending of their life.*

LORD CARLILE OF BERRIEW  
LORD HARRIES OF PENTREGARTH  
BARONESS O’LOAN

**427** After Clause 15, insert the following new Clause—

**“Assistance with suicide order**

- (1) An assistance with suicide order must appoint at least two independent persons to carry out the actions set out under provisions in sections (*Assistance with suicide*) and (*Further duties of independent persons*) of this Act.
- (2) An assistance with suicide order must stipulate the form in which the lethal dosage of drugs is to be provided to the applicant.
- (3) The form of the lethal dosage of drugs stipulated must be capable of being ingested by the applicant by the route he or she ordinarily ingests.”

***Member's explanatory statement***

*This proposed new Clause is designed to ensure that the order is carried out by independent persons.*

LORD CARLILE OF BERRIEW  
LORD HARRIES OF PENTREGARTH  
BARONESS O'LOAN

**428** After Clause 15, insert the following new Clause –

**“Appointment of independent persons**

- (1) The Court must appoint the independent persons required under section (*Assistance with suicide order*) from a list of independent persons maintained by the Court.
- (2) Only a registered medical practitioner, a registered nurse, a solicitor of the Supreme Court, a practising barrister or a Justice of the Peace may be appointed to the list of independent persons.
- (3) The Secretary of State must by regulations make provision governing the appointment of and the terms and conditions for independent persons included in the list.
- (4) Any sums required by the Secretary of State for making payments to independent persons must be paid out of money provided by Parliament.”

*Member's explanatory statement*

*This proposed new Clause sets out the categories from which independent persons would be selected.*

BARONESS COFFEY

*As an amendment to Amendment 428*

**428A** In subsection (2) leave out from “practitioner” to “may”

*Member's explanatory statement*

*This is a probing amendment to restrict independent persons to be registered medical practitioners, in recognition of their role in assisting the judge.*

BARONESS GREY-THOMPSON

**429** After Clause 15, insert the following new Clause –

**“Eligibility of doctors for the purposes of sections 10, 11, 12, 13 and 14**

- (1) A doctor who has been subject to an investigation by the General Medical Council on grounds of adverse physical or mental health is not eligible to participate at any stage of the assessments in sections 10, 11, 12, 13 and 14.
- (2) If a doctor has been found fit to practice following an investigation by the General Medical Council on grounds of adverse physical or mental health, subsection (1) is disapplied 18 months after the day on which the report containing the findings of the investigation is sent to the doctor.”

## LORD SANDHURST

430 After Clause 15, insert the following new Clause—

**“Consideration where coordinating and independent professionals agree that eligibility criteria are met**

- (1) This section applies where the Commissioner receives—
  - (a) a first declaration made by a person,
  - (b) a report about the first assessment of the person which contains a statement indicating that the coordinating professional is satisfied as to all of the matters mentioned in section 10(2)(a) to (h), and
  - (c) a report about the second assessment of the person which contains a statement indicating that the independent professional is satisfied as to all of the matters mentioned in section 11(2)(a) to (e).
- (2) The Commissioner must, as soon as reasonably practicable, consider the person’s eligibility to be provided with assistance under section 25.
- (3) For the purposes of subsection (2), the Commissioner may—
  - (a) consider the person’s eligibility personally;
  - (b) refer the person’s case to a person qualified to sit on the Assisted Dying Review Panel (‘a qualified person’);
  - (c) refer the person’s case to a multidisciplinary panel under section 16.
- (4) The guidance provided for under section 40 must include guidance as to the operation of subsection (2).
- (5) In any case in which it appears either on referral or at any point during consideration of eligibility that it is necessary either—
  - (a) to obtain a report from a local authority or an NHS body, or
  - (b) to appoint a suitably qualified person to test the relevant evidence, arrangements must be made for consideration to continue before a full Assisted Dying Review Panel.
- (6) Section 17 applies to the consideration of eligibility by either the Commissioner personally or a qualified person—
  - (a) as if for ‘the panel’ is substituted ‘the Commissioner’ or ‘the qualified person’ as appropriate, and
  - (b) without paragraphs (f) and (g) of subsection (4).
- (7) Where the Commissioner receives a notification that the first declaration has been cancelled, the Commissioner must not take further steps to consider the person’s eligibility.”

***Member's explanatory statement***

*This new clause provides for a modified procedure where there is agreement between the coordinating and the independent professionals. The Commissioner could consider the application alone or the Commissioner could refer the case to a full Panel. A full panel would be mandated if (1) the independent professional does not agree with the coordinating professional that the criteria are met (2) it becomes clear during the modified procedure that further evidence is needed.*

LORD SANDHURST

**431** After Clause 15, insert the following new Clause—

**“Reconsideration of decision by Commissioner under section (Consideration where coordinating and independent professionals agree that eligibility criteria are met)**

- (1) This section applies where a decision as to eligibility has been made under section (Consideration where coordinating and independent professionals agree that eligibility criteria are met).
- (2) Section 18 below applies if the decision has been by a person qualified to sit on the Assisted Dying Review Panel, or by a full Panel.
- (3) A decision by the Commissioner may be challenged by way of judicial review.”

**Clause 16**

LORD BIRT  
LORD PANNICK

**432** Clause 16, page 13, line 21, leave out “Commissioner” and insert “Assisted Dying Help Service (ADHS)”

LORD HARPER

**432A** Clause 16, page 13, line 22, at end insert—

“(aa) a copy of the record of the preliminary discussion,”

***Member's explanatory statement***

*This amendment and the other in Lord Harper's name to Clause 11, page 8, line 17, ensures that any significant information in the preliminary discussion is made directly available to the Commissioner and to the panel.*

LORD SANDHURST

**433** Clause 16, page 13, line 24, leave out “doctor” and insert “professional”

LORD SANDHURST

**434** Clause 16, page 13, line 24, after “is” insert “not”

***Member's explanatory statement***

*This makes clear that referral to the panel is mandatory wherever the independent professional is not satisfied that all requirements have been met.*

LORD SANDHURST

435 Clause 16, page 13, line 27, leave out “doctor” and insert “professional”

LORD FROST

436 Clause 16, page 13, line 28, at end insert—

“(1A) The Commissioner must, if not satisfied by the reports mentioned in paragraphs (1)(b) or (c), request a further report or reports to clarify whether the eligibility criteria have been met in any particular.”

***Member's explanatory statement***

*This amendment would allow the Commissioner real oversight and provide a real power in cases where the paperwork is faulty or raises concerns.*

LORD BIRT  
LORD PANNICK

437 Clause 16, page 13, line 29, leave out “Commissioner” and insert “ADHS”

LORD BIRT  
LORD PANNICK

438 Clause 16, page 13, line 29, after “practicable” insert “and, if the person so wishes, within one day of the making of the report about the second assessment,”

***Member's explanatory statement***

*This would mean the person could require that the referral to the panel was made on Day 14.*

BARONESS MACLEAN OF REDDITCH

439 Clause 16, page 13, line 31, at end insert—

“(2A) The Commissioner must give notice of the referral to—

- (a) the person's next of kin,
- (b) the person's GP practice,
- (c) if the person has been referred to a specialist in accordance with 5(5)(c), that specialist,
- (d) if the person has been referred to a psychiatrist in accordance with 12(6)(b), that psychiatrist,
- (e) the care home in which the person is resident, if any, and
- (f) any other 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.

(2B) Those persons may submit evidence to the panel and may become parties to the proceedings before the panel, at the Panel's discretion.

(2C) Notice must be given at least one week before the panel makes its determination."

***Member's explanatory statement***

*This provides a mechanism for the panel to hear from those with relevant information in good time.*

LORD BIRT  
LORD PANNICK

**440** Clause 16, page 13, line 32, leave out "Commissioner" and insert "ADHS"

LORD BIRT  
LORD PANNICK

**441** Clause 16, page 13, line 34, leave out "Commissioner" and insert "ADHS"

LORD BIRT  
LORD PANNICK

**442** Clause 16, page 13, line 36, leave out "Commissioner" and insert "ADHS"

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 16 stand part of the Bill.*

**Clause 17**

LORD SANDHURST

**443** Clause 17, page 14, line 1, leave out "determine whether it is satisfied that all" and insert "satisfy itself"

***Member's explanatory statement***

*As drafted, clause 17(2) is ambiguous as to precisely what the Panel's task is. This resolves the ambiguity, making it plain that it is to make the determination itself.*

BARONESS LAWLOR

**443A** Clause 17, page 14, line 5, at end insert ", including an explanatory letter from their general practitioner"

***Member's explanatory statement***

*This amendment, and others in the name of Baroness Lawlor, seeks to ensure that there is an input into the process from at least one GP who has known the person seeking an assisted death in a professional medical capacity for at least 2 years and has seen them a number of times.*

LORD LANSLEY  
 LORD GOODMAN OF WYCOMBE  
 THE LORD BISHOP OF SOUTHWARK  
 LORD HUNT OF KINGS HEATH

**444** Clause 17, page 14, line 9, at end insert –

- “(aa) that the person has, or would be expected to have, access to end-of-life or palliative care services, so far as is reasonably practicable and where they are relevant to the person’s circumstances, that meet the recognised national standards as specified at that time under subsection (4)(aa) and Schedule 2; and that the referral is not occasioned by deficiencies in the care available to the person;”

***Member's explanatory statement***

*This amendment and others in my name would strengthen the functions of the Assisted Dying Review Panel, by requiring it, before making a determination, to be satisfied that the applicant has access to nationally-recognised standards of end-of-life care and that the request is not occasioned by remediable deficiencies in care.*

BARONESS FINLAY OF LLANDAFF

**444A** Clause 17, page 14, line 10, at end insert “and their death can be expected within three months”

BARONESS MACLEAN OF REDDITCH

**445** Clause 17, page 14, line 11, leave out paragraph (c) and insert –

- “(c) that the person continually had, from the time of their first declaration, and continues to have, capacity to make the decision to end their own life;”

***Member's explanatory statement***

*This amendment requires the panel to independently find that, pursuant to the scheme of the Bill, the person concerned had capacity from the first declaration and during the period of reflection and assessments. The existing language only requires the panel to test the current capacity of the person concerned, which leaves out a crucial element of the process.*

BARONESS BERGER

**446** Clause 17, page 14, line 13, leave out “18” and insert “25”

BARONESS LAWLOR

**447** Clause 17, page 14, line 13, leave out “18” and insert “21”

BARONESS BERGER

**448** Clause 17, page 14, line 16, leave out “18” and insert “25”

BARONESS LAWLOR

**449** Clause 17, page 14, line 16, leave out “18” and insert “21”

BARONESS COFFEY

**449A** Clause 17, page 14, line 18, leave out “ordinarily resident” and insert “domiciled”

***Member's explanatory statement***

*This amendment tightens the requirement for the person seeking to take their own life with assistance to be living in this country to be domiciled, not just ordinarily resident.*

LORD LANSLEY

**449B** Clause 17, page 14, line 18, leave out from “in” to the end of line 20 and insert “the United Kingdom”

BARONESS COFFEY

**450** Clause 17, page 14, line 18, leave out “and Wales”

BARONESS COFFEY

**451** Clause 17, page 14, line 22, leave out “or Wales”

BARONESS BERGER  
LORD CARLILE OF BERRIEW  
LORD ROOK  
BARONESS KEELEY

**452** Clause 17, page 14, line 24, at end insert “because of their terminal illness;”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Berger would mean that someone is only eligible for assistance in ending their own life under this Act if their clear, settled and informed wish to end their life is because of their terminal illness and not for any other reason.*

BARONESS LAWLOR

453 Clause 17, page 14, line 24, at end insert –

- “(ha) that the applicant understands fully the physiological effects of the lethal drugs used for assisted suicide and their possible complications;”

LORD CARTER OF HASLEMERE  
BARONESS FOX OF BUCKLEY

454 Clause 17, page 14, line 26, at end insert –

- “(j) that the person has been referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Carter of Haslemere require a person wishing to seek assistance to end their life to be referred to a registered medical practitioner who specialises in palliative, hospice and other care, including symptom management and psychological support, for the purpose of a full assessment.*

LORD MOYLAN

455 Clause 17, page 14, line 26, at end insert –

- “(j) that the person has registered a decision to opt out of organ and tissue donation.”

***Member's explanatory statement***

*This amendment would require a person seeking an assisted death to opt out of organ and tissue donation, in order to prevent the rise of a coercive or persuasive culture driven by the need for organs for transplant.*

LORD MOYLAN

456 Clause 17, page 14, line 26, at end insert –

- “(j) that the person's wish to seek assistance to end their own life in accordance with this Act is not influenced by any health insurance arrangements relating to that person.”

LORD CARTER OF HASLEMERE

457 Clause 17, page 14, line 26, at the end insert –

- “(j) that the person is not acting out of a temporary feeling of fear, panic, or anxiety in relation to their diagnosis and prognosis.”

***Member's explanatory statement***

*Suicidal ideation for terminally ill patients peaks during a short window after both diagnosis and prognosis. This amendment and three others in the name of Lord Carter of Haslemere seek to eliminate the undue influence of what may be, however understandable, ultimately, a temporary, emotional reaction.*

BARONESS GREY-THOMPSON

**458** Clause 17, page 14, line 26, at end insert –

- “(j) that the person has provided a negative pregnancy test.”

BARONESS FINLAY OF LLANDAFF

**459** Clause 17, page 14, line 26, at end insert –

- “(j) that the person has informed their children (if any) of their decision to seek assisted death, and if they do not wish to inform their children, that the person has made adequate arrangements for another person to inform the children of the assisted death and provide bereavement support.”

BARONESS FINLAY OF LLANDAFF

BARONESS HOLLINS

**460** Clause 17, page 14, line 26, at end insert –

“(2A) In determining a request for approval the panel must seek and consider evidence of the person’s psychosocial and safeguarding circumstances, including –

- (a) safeguarding concerns known to other agencies, including police and Local Authority services;
- (b) inadequate care support and carer fatigue;
- (c) a history of mental disorder within the meaning of the Mental Health Act 1983;
- (d) safeguarding concerns relating to the person or to adults or children directly affected by the death;

and it must satisfy itself that the coordinating doctor and the independent doctor verified that no concerns exist in relation to factors (a) to (d) above.

(2B) For the purposes of subsection (2A) the panel must, so far as reasonably practicable and having regard to the person’s safety and wishes –

- (a) obtain and consider relevant information from the coordinating doctor and independent doctor, and from the person’s GP practice and any relevant mental health, palliative, social care, or safeguarding services;
- (b) take account of any information provided by an independent advocate appointed under section 22;
- (c) offer the person an opportunity to identify others (including carers or family members) who may provide information about matters listed in

subsection (2A), unless the panel considers that such contact would give rise to a risk of coercion, pressure or other harm, and

(d) in the event of disclosure of abuse, arrange an offer of immediate access to safe housing, financial support, and, if needed, support for other family members.”

***Member's explanatory statement***

*This amendment requires panels, when determining eligibility, to seek and consider evidence about psychosocial and safeguarding factors that may be unknown to the person's coordinating doctor before deciding whether to grant a certificate of eligibility. It builds on the panel's existing power to hear from doctors and others and to obtain reports (Clause 17(3)–(5)).*

BARONESS FINLAY OF LLANDAFF  
LORD HUNT OF KINGS HEATH

**461** Clause 17, page 14, line 26, at end insert—

“(2A) The panel must determine whether, for any person who wishes to be an organ donor, the person—

(a) has recorded their decision to donate on the Organ Donor Register;

(b) has provided evidence of a full independent assessment according to the Human Tissue Authority guidance as applicable to a live donor to the coordinating doctor, the independent doctor, the panel and the organ retrieval team;

(c) has arranged for their organs or tissues to be fully assessed for suitability for transplantation and agreed a plan for retrieval with NHS Blood and Transplant;

(d) has informed their family of the organ retrieval plan;

(e) is informed of how organ retrieval will occur in accordance with the Academy of Medical Royal Colleges code of practice on organ donation;

(f) is informed that full details of the organ retrieval and transplantation will be entered on the UK Transplant Register with NHS Blood and Transplant;

(g) has been offered the choice of total anonymity or of allowing recipients of the retrieved organs to be informed the donor died by assisted death if they request to know the origin of the organs.”

***Member's explanatory statement***

*This amendment would require the panel to determine that the law relating to organ donation will be applied to an applicant for an assisted death with the same rigor as applied to other donation of organs or tissues in accordance with the Human Tissue Act 2004, the Organ Donation (deemed Consent) Act 2019 and the Human Transplantation (Wales) Act 2013.*

LORD HUNT OF KINGS HEATH

**462** Clause 17, page 14, line 26, at end insert—

“(2A) Before approving any application for assistance under this Act, the Commissioner and the Assisted Dying Review Panel must jointly ensure that—

- (a) the applicant and their immediate family have undergone an independent financial assessment under section (*Risk of financial abuse*);
- (b) relevant authorities, including HM Revenue and Customs, the Financial Conduct Authority, and local safeguarding boards, have been consulted for any records indicating financial misconduct or coercion; and
- (c) no reasonable grounds exist to suspect that the applicant's decision has been influenced by financial, familial, or relational coercion."

***Member's explanatory statement***

*The amendment aims to make coercion/financial abuse checking a shared statutory duty of both the Commissioner and the multidisciplinary Review Panel.*

BARONESS BERRIDGE

**462A** Clause 17, page 14, line 26, at end insert—

- “(2A) Before approving any application for assistance under this Act, the panel must be satisfied that the person requesting assistance has been referred to a Local Authority Designated Officer (LADO) to support the delivery of statutory local authority services which may improve their quality of life.”

LORD JACKSON OF PETERBOROUGH

**462B** Clause 17, page 14, line 26, at end insert—

- “(2A) The panel may not sit until 28 days has elapsed since a public notice of the intention of the panel to meet has been published.
- (2B) The public notice in subsection (2A)—
  - (a) must include the name of the person to whom the panel relates, and
  - (b) may be published online.”

***Member's explanatory statement***

*This amendment seeks to introduce a 28-day public notice of the intention of a panel to meet, giving members of the public the opportunity to notify the panel of any concerns.*

LORD MURRAY OF BLIDWORTH

**463** Clause 17, page 14, line 27, leave out subsection (3) and insert—

- “(3) Subject to the following and to Schedule 2, the panel may, providing written reasons for its decisions, adopt, in writing, such procedure as it considers appropriate for the case, provided that all such changes comply with the following principles—
  - (a) the decisions on adopting procedure, read with the reasons for doing so, must not be so irrational that no reasonable decision maker would have adopted them,
  - (b) the adopted procedure must adhere to principles of natural justice,

- (c) the adopted procedure must not deviate from the overriding objective of the panel system, the safeguarding of the lives of vulnerable human beings, and
- (d) in the case of adopting a more informal procedure, the procedure nevertheless retains a sense of the grave character of the matter at hand and the solemn obligation on the participants and the panel.

(3A) All reasons for adopting a procedure and the adopted procedure itself under subsection (3) must be sent to the Commissioner as soon as reasonably practical. The Commissioner shall have the obligation to review any such procedures for their conformity with subsection (3) and the following, as well as with Schedule 2 and any guidance on practice and procedure given by the Commissioner under that Schedule. In the event that the adopted procedure or the reasons fail to conform with these requirements, the Commissioner shall have the power and obligation to—

- (a) quash the decision of the panel taken under non-conforming procedure and refer the matter to a newly constituted panel, and
- (b) remove the panel members who adopted non-conforming procedure from the list of persons eligible to sit on Assisted Dying Review Panels.”

***Member's explanatory statement***

*This amendment modifies the otherwise extensive discretion given to panels on procedure, subject mainly to guidance (to which they need only ‘have regard’ from the Commissioner under Schedule 2), to ensure that the panels provide minimum standards that are to be expected from any tribunal.*

LORD MURRAY OF BLIDWORTH

**464** Clause 17, page 14, line 28, at end insert—

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

***Member's explanatory statement***

*A probing amendment to explore whether the Panel should have the power to require evidence, to summon witnesses or experts, to order the disclosure of documents, including the applicant’s will, and powers of compulsion.*

LORD SANDHURST

**465** Clause 17, page 14, line 30, after “hear” insert “evidence”

***Member's explanatory statement***

*As drafted, it is unclear precisely what status the information being received has. By clarifying this to be ‘evidence’ then, even though the Panel is not a court, it makes it clear that it is a formal body.*

BARONESS BERGER

**466** Clause 17, page 14, line 30, leave out “may” and insert “must”

LORD SANDHURST  
BARONESS CASS

467 Clause 17, page 14, line 30, leave out “doctor” and insert “professional”

LORD WOLFSON OF TREDEGAR

467A Clause 17, page 14, line 30, leave out “or” and insert “and”

***Member's explanatory statement***

*This amendment would ensure the panel hears from both the coordinating doctor and the independent doctor.*

LORD SANDHURST  
BARONESS CASS

468 Clause 17, page 14, line 31, leave out “doctor” and insert “professional”

LORD LANSLEY  
LORD GOODMAN OF WYCOMBE

469 Clause 17, page 14, line 31, at end insert—

“(aa) must secure from the assessing doctor a written statement confirming that the person has access to services consistent with the recognised national standards specified at that time under subsection (4A) and Schedule 2;”

***Member's explanatory statement***

*This amendment and others in my name would strengthen the functions of the Assisted Dying Review Panel, by requiring it, before making a determination, to be satisfied that the applicant has access to nationally-recognised standards of end-of-life care and that the request is not occasioned by remediable deficiencies in care.*

LORD SANDHURST

470 Clause 17, page 14, line 32, after “hear” insert “evidence”

***Member's explanatory statement***

*As drafted, it is unclear precisely what status the information being received has. By clarifying this to be ‘evidence’ then, even though the Panel is not a court, it makes it clear that it is a formal body.*

BARONESS BERGER

471 Clause 17, page 14, line 32, leave out “may” and insert “must”

BARONESS GRAY OF TOTTENHAM  
LORD GOODMAN OF WYCOMBE

472 Clause 17, page 14, line 33, 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 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.*

LORD HARPER

472A Clause 17, page 14, line 34, leave out first “may” and insert “must”

***Member's explanatory statement***

*This amendment requires the panel to hear from the person's proxy, where applicable.*

LORD SANDHURST

473 Clause 17, page 14, line 34, after “hear” insert “evidence”

***Member's explanatory statement***

*This amendment seeks to (1) probe what information is received under Clause 17(4)(c), and (2) clarify that, by virtue of receiving "evidence", the panel is a formal body*

BARONESS BERGER

474 Clause 17, page 14, line 35, at end insert—

“(ca) must consider hearing from and questioning—  
(i) the next of the kin 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;”

BARONESS FINLAY OF LLANDAFF

475 Clause 17, page 14, line 35, at end insert—

“(ca) must hear from any person who provides information which may be evidence of coercion, pressure or inadequate care and must afford that person the protection of a whistleblower;”

LORD SANDHURST

476 Clause 17, page 14, line 36, after “hear” insert “evidence”

***Member's explanatory statement***

*This amendment seeks to (1) probe what information is received under Clause 17(4)(c), and (2) clarify that, by virtue of receiving “evidence”, the panel is a formal body*

BARONESS FINLAY OF LLANDAFF

477 Clause 17, page 14, line 37, leave out “may” insert “must”

***Member's explanatory statement***

*This amendment and another in the name of Baroness Finlay of Llandaff allow those such as carers at every level and others who have seen coercive or pressurising behaviours to inform the panel.*

BARONESS FINLAY OF LLANDAFF

478 Clause 17, page 14, line 39, at end insert—

“(f) must hear from any person wishing to make representations regarding information relevant to the applicant for assisted dying.”

***Member's explanatory statement***

*This amendment and another in the name of Baroness Finlay of Llandaff allow those such as carers at every level and others who have seen coercive or pressurising behaviours to inform the panel.*

LORD SANDHURST

479 Clause 17, page 14, line 39, at end insert—

“(f) may require a local authority or an NHS body to arrange for a report to be made dealing with such matters relating to the person as the panel may direct—

(i) by one of its officers or employees, or

(ii) such other person as the authority, or the NHS body, considers appropriate;

(g) may appoint a suitably qualified person to test the evidence put before it, and make payment to such person for these purposes;

(h) may hear evidence on oath.”

***Member's explanatory statement***

*New paragraph (f) is the equivalent to s.49 Mental Capacity Act 2005, which gives the power to the Court of Protection to get reports from NHS or local authorities in order to allow it to discharge its inquisitorial functions when considering whether a person has or lacks capacity to make a decision. New paragraph (g) gives the Panel power to enable it to test the evidence before it, so as to allow it to discharge its inquisitorial function. New paragraph (h) reinforces the seriousness of the Panel process.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**480** Clause 17, page 14, line 41, after “is” insert “(subject to subsection (5))”

***Member's explanatory statement***

*This amendment clarifies that the requirement under subsection (4) to hear from certain people in person or by live video or audio link is subject to the power of the panel under subsection (5) to rely on pre-recorded material.*

BARONESS FINLAY OF LLANDAFF

**481** Clause 17, page 14, line 42, at end insert—

“(4A) For the purposes of subsection (2A), the panel may by notice require any of the following to provide to the panel, within such reasonable period as may be specified, information or documents reasonably required to address the matters in subsection (2A)—

- (a) an NHS body, a GP practice, or a registered health or social care professional involved in the person’s care,
- (b) a local authority, including adult or children’s social care services and any safeguarding service,
- (c) a mental health service provider,
- (d) police, and
- (e) any other person of a description specified in regulations made by the Secretary of State.

(4B) A notice under subsection (4A) may not require the disclosure of information in contravention of the data protection legislation, but in determining whether a disclosure would contravene that legislation, the requirement imposed by this section is to be taken into account (see section 46).”

***Member's explanatory statement***

*This amendment gives panels a targeted power to require relevant safeguarding and psychosocial information, aligned with the Bill’s existing information-sharing framework and data-protection safeguard in section 46.*

LORD LANSLEY  
LORD GOODMAN OF WYCOMBE

**482** Clause 17, page 14, line 42, at end insert—

“(4A) In this section, “recognised national standards” means those service standards, clinical guidelines or quality standards as are specified under paragraph 8A of Schedule 2.

(4B) The Secretary of State may by statutory instrument add to, amend or remove standards specified in paragraph 8A of Schedule 2.”

***Member's explanatory statement***

*This amendment and others in my name would strengthen the functions of the Assisted Dying Review Panel, by requiring it, before making a determination, to be satisfied that the applicant has access to nationally-recognised standards of end-of-life care and that the request is not occasioned by remediable deficiencies in care.*

BARONESS KEELEY

**483** Clause 17, page 14, line 42, at end insert –

- “(4A) The use of attending the panel via video link is only permitted when –
  - (a) extraordinary circumstances render it wholly impracticable to hear from or question a person in person, and
  - (b) the panel are unanimously satisfied that the use of audio or video will not impede its duties to examine the matters in subsection (2).
- “(4B) The use of attending the panel via audio link is only permitted when –
  - (a) extraordinary circumstances render it wholly impracticable to hear from or question a person in person,
  - (b) the panel are unanimously satisfied that the use of audio will not impede its duties to examine the matters in subsection (2), and
  - (c) the panel are satisfied that there is a justification for the use of audio link alone because the use of a video link is wholly impracticable.”

***Member's explanatory statement***

*This amendment ensures that in person hearings are the default, preferred option and that video link and audio link are only to be used where it is wholly impracticable to have in person hearings. This is done because in person hearings allow the panel to more clearly assess the people before them.*

BARONESS MACLEAN OF REDDITCH

**483A** Clause 17, page 14, line 42, at end insert –

- “(4A) The panel may refer the person for any further assessments it considers necessary to determine whether the person satisfies the criteria under subsection (2).”

***Member's explanatory statement***

*This amendment provides for the panel to commission further assessments to establish the criteria in more complex cases.*

LORD BLEN CATHRA

**483B** Clause 17, page 14, line 43, leave out subsection (5) and insert –

- “(5) For the purposes of subsection (4)(b), the panel must hear from the person to whom the referral relates in person.”

(5A) Pre-recorded or remote evidence may be accepted from the person to whom the referral relates only where the panel records written justification.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Assisted Dying Review Panel engages with the applicant in person wherever possible.*

LORD SANDHURST

**484** Clause 17, page 14, line 45, at end insert “but it must in its decision give reasons as to why it is able to be satisfied as to the relevant matters without being able to ask questions of the relevant person.”

***Member's explanatory statement***

*This amendment would require that the Panel must explain the reasons for permitting pre-recorded material, and not being able to question the person, for eligibility under subsection (4) of Clause 17 for the discussion determining the person's eligibility for assistance under this bill.*

BARONESS GRAY OF TOTTENHAM

**485** Clause 17, page 15, line 1, 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 another in the name of Baroness Gray of Tottenham to Clause 17. It disapplies the duty on the panel to ask about whether the request has been discussed with family in cases where the panel is not hearing from the person owing to exceptional circumstances.*

LORD SANDHURST

**486** Clause 17, page 15, line 3, at end insert “but it must in its decision give reasons as to why it is able to be satisfied as to the relevant matters without being able to ask questions of the person to whom the application relates.”

***Member's explanatory statement***

*This amendment would require that the Panel must explain the reasons for not hearing from the person under subsection (4)(b) of Clause 17, for the discussion determining the person's eligibility for assistance under this bill..*

LORD SANDHURST

**487** Clause 17, page 15, line 3, at end insert –

“(6A) The Secretary of State must, by regulations, make provision for the kinds of circumstances that may be considered exceptional under subsection (6).”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to specify in regulations the kinds of circumstances that may be considered exceptional such as to justify not hearing from the person, to prompt Parliament to consider clarifying this issue.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

**488** Clause 17, page 15, line 5, after “satisfied” insert “beyond a reasonable doubt”

***Member's explanatory statement***

*This is to probe the meaning of “satisfied”.*

BARONESS GREY-THOMPSON

**489** Clause 17, page 15, line 7, at end insert—

“(7A) A certificate of eligibility under subsection (7)(a) must include a statement that the person’s eligibility is based on their diagnosis as being terminally ill, and not on disability, dependency or quality of life considerations.”

BARONESS GREY-THOMPSON

**490** Clause 17, page 15, line 7, at end insert—

“(7A) If any person is not granted a certificate of eligibility by the panel under subsection (7)(b)—  
(a) they must be referred to urgent palliative care and a liaison psychiatrist, and  
(b) information on the refusal to grant must be added to their medical records and if they subsequently move to a different GP, this information must be carried over to their new GP with their medical records.”

LORD SANDHURST

**491** Clause 17, page 15, line 10, leave out “doctor” and insert “professional”

LORD SANDHURST

**492** Clause 17, page 15, line 13, at end insert—

“(e) any person who has given evidence at the hearing.”

***Member's explanatory statement***

*This ensures that all those who took part formally in the hearing are aware of its outcome.*

## BARONESS FINLAY OF LLANDAFF

**493** Clause 17, page 15, line 15, at end insert –

“(8A) The certificate shall be valid for a period of six months from the date of granting of the certificate, and may be renewed once following a further panel review of the diagnosis and current treatment.”

## LORD SANDHURST

**494** Clause 17, page 15, line 15, at end insert –

“(8A) If the panel grants a certificate of eligibility under subsection (7)(a) but considers that the person has requested assistance because of a failure by any public body to discharge statutory functions relating to that person’s health or social care, the panel must notify –

- (a) the Commissioner;
- (b) any other person specified in regulations made by the Secretary of State.”

*Member's explanatory statement*

*This amendment would mean that the Panel would have to notify relevant bodies if it considers that the person meets the criteria, but the request was made because of service provision failures. This will be important for monitoring the impact of the Bill on health and social services for purposes of the 5 year review.*

LORD BIRT  
LORD PANNICK

**495** Clause 17, page 15, line 15, at end insert –

“(8A) The panel must, if the person so wishes, complete its review of the case, make its decision, notify those concerned of its decision and, if relevant, issue the certificate of eligibility within two days of the day on which referral was made, or by a later date specified by the person.”

*Member's explanatory statement*

*This would mean the person could require that the panel should decide on their case on or before Day 16.*

LORD MACKINLAY OF RICHBOROUGH  
BARONESS HOLLINS  
LORD HARPER

*As an amendment to Amendment 495*

**495A** Leave out “must, if the person so wishes,” and insert “may, in exceptional circumstances where the panel is unanimously satisfied that it will not impede its ability to carry out its duties, and particularly the identification of coercion and pressure”

***Member's explanatory statement***

*As written Amendment 495 removes the discretion of the panel and fails to consider circumstances where the request for an accelerated timetable may in itself be a cause for concern.*

BARONESS MACLEAN OF REDDITCH

**495B** Clause 17, page 15, line 15, at end insert –

“(8A) Regardless of whether the panel grants a certificate of eligibility, the panel must also provide a report to the person containing recommendations to address any unmet social and palliative care needs.”

***Member's explanatory statement***

*This amendment would require the panel to produce a report containing recommendations to address any unmet social and palliative care needs, regardless of whether they decide to grant a certificate of eligibility.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 17 stand part of the Bill.*

**Clause 18**

BARONESS FINLAY OF LLANDAFF

**495C** Clause 18, page 15, line 24, at end insert “or has granted a certificate of eligibility, but another person has additional information relevant to that decision”

LORD HARPER

**495D** Clause 18, page 15, line 25, after “apply” insert “within 10 calendar days of the first panel’s notification of the refusal of the grant of a certificate”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Harper, seeks to place a time limit on applications, as is the case for tribunal and administrative appeals.*

BARONESS FINLAY OF LLANDAFF

**495E** Clause 18, page 15, line 25, leave out “their” and insert “the”

BARONESS GREY-THOMPSON

**496** Clause 18, page 15, line 28, leave out paragraph (b)

LORD WEIR OF BALLYHOLME

**496A** Clause 18, page 15, line 29, at end insert—

“(d) fails adequately to consider (or is otherwise inconsistent with) evidence of disability-related vulnerabilities, including but not limited to—

- (i) lack of access to appropriate care and support,
- (ii) discrimination,
- (iii) social or economic pressure, or
- (iv) impaired decision-making capacity.”

BARONESS FINLAY OF LLANDAFF

**496B** Clause 18, page 15, line 30, leave out “without a hearing”

LORD WEIR OF BALLYHOLME

**496C** Clause 18, page 15, line 30, at end insert—

“(3A) The Commissioner must afford the person an opportunity for a hearing, which may be conducted remotely, where—

- (a) the person is disabled within the meaning of section 6 of the Equality Act 2010,
- (b) there is any indication of communication difficulty, cognitive impairment, mental distress, or fluctuating capacity, or
- (c) the Commissioner considers that a hearing is otherwise necessary in the interests of justice or for the protection of the person.”

LORD HARPER

**496D** Clause 18, page 15, line 33, after “applies” insert “and the application was made within the period specified in subsection (2)”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Harper, seeks to place a time limit on applications, as is the case for tribunal and administrative appeals.*

BARONESS FINLAY OF LLANDAFF

**496E** Clause 18, page 15, line 36, leave out paragraph (b)

LORD WEIR OF BALLYHOLME

**496F** Clause 18, page 15, line 36, at end insert—

“(4A) Where the person’s case is referred for determination under subsection (4)(a) following a previous refusal of a certificate of eligibility, any Assisted Dying Review Panel must—

- (a) explicitly consider and record how much each safeguarding concern identified in the earlier refusal and in the Commissioner’s decision has been addressed, and
- (b) be satisfied, to a high degree of assurance, that the person’s decision is free, informed and not materially influenced by disability-related disadvantage or pressure.”

BARONESS GREY-THOMPSON

**497** Clause 18, page 16, line 2, at end insert—

“(7) If—

- (a) a person dies by suicide otherwise than under this Act, and
- (b) they had previously sought assistance to die under this Act and this was refused by the first panel,

then this must be recorded by the Commissioner, along with information on their eligibility to receive assistance under this Act.”

*Member's explanatory statement*

*This amendment seeks to ensure that if someone is refused assistance and they choose to end their life, then this is recorded by the Commissioner.*

BARONESS GREY-THOMPSON

**498** Clause 18, page 16, line 2, at end insert—

“(7) A person who has received a decision from the Commissioner (under subsection 4(b)) dismissing their application is not eligible to be referred under section 16 to an Assisted Dying Review Panel.”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 18 stand part of the Bill.*

### After Clause 18

BARONESS FINLAY OF LLANDAFF

**499** After Clause 18, insert the following new Clause—

**“Reconsideration of panel decisions to grant a certificate of eligibility”**

- (1) This section applies where—
  - (a) a panel has granted a certificate of eligibility, and
  - (b) a person provides substantially material evidence to the panel that includes—
    - (i) information that the applicant may have been subject to domestic abuse,
    - (ii) information that the applicant may have been subject to coercion or pressure,
    - (iii) information that the diagnosis may have been wrong,
    - (iv) information that the applicant had recent emotional or psychological trauma,
    - (v) information that the applicant is subject to depression as a result of the side effect of medication or metabolic disturbance, or
    - (vi) any other information the panel deems relevant.
- (2) The Commissioner must consider the information provided within 48 hours.
- (3) The Commissioner may annul the eligibility and must refer the applicant to the local safeguarding lead and any other clinical service the Commissioner deems appropriate.
- (4) The Commissioner must—
  - (a) give the person reasons, in writing, for their decision,
  - (b) state the minimum time before the person can re-apply for a certificate of eligibility,
  - (c) inform the clinical teams involved in the person’s care and treatment,
  - (d) inform the coordinating doctor and the independent doctor, and
  - (e) record the annulment in an anonymised form in the annual report.”

LORD SANDHURST

**499A** After Clause 18, insert the following Clause—

**“Fees and costs associated with applications to the Commissioner”**

- (1) The Secretary of State must make regulations providing for—
  - (a) the circumstances in which a fee is payable in relation to any of the steps set out at sections 15 to 18,
  - (b) the level of any such fee or fees, and
  - (c) the circumstances under which a person otherwise required to pay a fee or fees is entitled to claim relief by reason of means or otherwise.

(2) The Secretary of State may make regulations providing for the amendment of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 and any associated relevant regulations to provide for the provision of legal assistance in relation to any of the steps set out in sections 15 to 18.”

***Member's explanatory statement***

*At present, the Bill is silent about the costs of applications for certificates of eligibility. This amendment makes provisions for such costs (and remissions where appropriate). Equitable access to the framework may well require (in some cases) legal help, and the regulation-making power would enable such help to be provided to those who would not otherwise be able to afford it.*

**Clause 19**

LORD HARPER

**499B** Clause 19, page 16, line 6, at end insert –

“(c) not more than five months has passed since the issuing of the certificate of eligibility,”

***Member's explanatory statement***

*This amendment seeks to probe whether it is appropriate for there to be no maximum time between the issuing of a certificate of eligibility and the provision of assistance, particularly given (1) the co-ordinating doctor is not required to confirm that the patient is still terminally ill with six months to live at the time when the approved substance is administered, and (2) prognoses are not always accurate.*

BARONESS HOLLINS  
BARONESS O'LOAN  
BARONESS BUTLER-SLOSS

**500** Clause 19, page 16, line 9, at end insert –

“(1A) A person is not eligible to make a second declaration until that person has been approved for fast-track NHS Continuing Care Funding by the relevant authority.”

***Member's explanatory statement***

*This amendment requires further evidence that the person's condition is deteriorating and entering the terminal phase before assisted dying can proceed.*

LORD GOODMAN OF WYCOMBE

**501** Clause 19, page 16, line 11, leave out “14” and insert “28”

***Member's explanatory statement***

*This amendment seeks to increase the length of the second period of reflection from two weeks to four.*

BARONESS FINLAY OF LLANDAFF

502 Clause 19, page 16, line 13, leave out “coordinating doctor” and insert “panel”

LORD BIRT  
LORD PANNICK

503 Clause 19, page 16, line 15, after “granted,” insert “or where agreed by the panel in response to a formal request made by the person,”

*Member's explanatory statement*

*This, together with another amendment to this Clause in the name of Lord Birt, would mean that the second period of reflection could be shortened to 24 hours by a decision of the panel, in response to a request made by the person.*

LORD BIRT  
LORD PANNICK

504 Clause 19, page 16, line 16, leave out “48” and insert “24”

BARONESS FINLAY OF LLANDAFF

505 Clause 19, page 16, line 21, leave out “the coordinating doctor” and insert “a member of the panel”

BARONESS FINLAY OF LLANDAFF

506 Clause 19, page 16, line 22, leave out “the coordinating doctor or the independent doctor” and insert “a member of the panel”

LORD BIRT  
LORD PANNICK

507 Clause 19, page 16, line 24, at end insert—

“(3A) The Personal Navigator must arrange for the second declaration to be made on the day after the second period for reflection has come to an end, or on a later day specified by the person.”

*Member's explanatory statement*

*This would mean the person could require that the second declaration was made on Day 30, or (if death is considered imminent under subsection (2)(b)) on Day 18.*

LORD MOYLAN

508 Clause 19, page 16, line 42, at end insert –

- “(c) a record showing that the person has registered a decision to opt out of organ and tissue donation.”

***Member's explanatory statement***

*This amendment would require a person making the second declaration to opt out of organ and tissue donation, in order to prevent the rise of a coercive or persuasive culture driven by the need for organs for transplant.*

BARONESS FINLAY OF LLANDAFF

509 Clause 19, page 17, line 1, leave out “coordinating doctor” and insert “panel member”

BARONESS FINLAY OF LLANDAFF

510 Clause 19, page 17, line 2, leave out “coordinating doctor” and insert “panel member”

BARONESS BERGER  
LORD ROOK  
BARONESS KEELEY

511 Clause 19, page 17, line 6, after “life” insert “because of their terminal illness”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Berger would mean that someone is only eligible for assistance in ending their own life under this Act if their clear, settled and informed wish to end their life is because of their terminal illness and not for any other reason.*

LORD CARTER OF HASLEMERE

512 Clause 19, page 17, line 8, at the end insert –

- “(e) is not acting out of a temporary feeling of fear, panic, or anxiety in relation to their diagnosis and prognosis.”

***Member's explanatory statement***

*Suicidal ideation for terminally ill patients peaks during a short window after both diagnosis and prognosis. This amendment and three others in the name of Lord Carter of Haslemere seek to eliminate the undue influence of what may be, however understandable, ultimately, a temporary, emotional reaction.*

BARONESS LAWLOR

513 Clause 19, page 17, line 8, at end insert –

- “(e) understands fully the physiological effects of the lethal drugs used for assisted suicide and their possible complications.”

BARONESS FINLAY OF LLANDAFF

514 Clause 19, page 17, line 13, leave out “coordinating doctor” and insert “panel member”

BARONESS FINLAY OF LLANDAFF

515 [Withdrawn]

BARONESS GREY-THOMPSON

516 Clause 19, page 17, line 20, at end insert –

- “(iia) proof of ID and the person’s National Insurance number;
- (iib) whether the person signing the declaration is disabled under the Equality Act;
- (iic) the person’s employment status;
- (iid) any recent change in the person’s relationship status;”

BARONESS FINLAY OF LLANDAFF

517 Clause 19, page 17, line 21, leave out “coordinating doctor’s” and insert “panel member’s”

BARONESS FINLAY OF LLANDAFF

518 Clause 19, page 17, line 23, leave out “coordinating doctor” and insert “panel member”

LORD GOODMAN OF WYCOMBE

519 Clause 19, page 17, line 37, at end insert –

- “(9A) The person witnessing the declaration under subsection 3(c)(ii) must append a criminal record disclosure and declaration of financial interests to the declaration.”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the witness or proxy always supplies a criminal record disclosure and declaration of financial interests when undertaking this role.*

BARONESS FINLAY OF LLANDAFF

520 Clause 19, page 17, line 38, leave out “coordinating doctor” and insert “panel member”

BARONESS FINLAY OF LLANDAFF

521 Clause 19, page 17, line 41, leave out “doctor” and insert “panel member”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Clause 19 stand part of the Bill.*

**After Clause 19**

BARONESS GREY-THOMPSON

522 After Clause 19, insert the following new Clause—

**“Organ donation declarations**

- (1) A person who makes a first or second declaration under this Act may, at the same time, make a signed declaration expressing consent to the donation of their organs or tissues after death for the purpose of transplantation, research, or other therapeutic use.
- (2) A declaration under subsection (1) must—
  - (a) be in writing and signed by the applicant in the presence of two witnesses,
  - (b) specify whether the consent applies to all organs and tissues or to specified organs or tissues only, and
  - (c) satisfy the requirements of the Human Tissue Act 2004.
- (3) A declaration under subsection (1) may also specify that one or more organs or tissues are to be donated for the benefit of a named individual, referred to in this section as a directed donation recipient.
- (4) Where the declaration under subsection (1) includes a directed donation recipient under subsection (3), it must—
  - (a) identify the directed donation recipient by name and sufficient personal particulars to enable identification,
  - (b) be subject to such verification and clinical assessment as may be required by NHS Blood and Transplant, and
  - (c) take effect only where, in the opinion of the relevant medical authority, the donation is medically suitable and ethically appropriate.
- (5) The Secretary of State must by regulations—

- (a) prescribe the form of the declaration under subsection (1) and the manner in which it is to be recorded to the relevant authority,
- (b) prescribe the manner in which the declaration under subsection (1) is shared with the relevant organ donation authority (including NHS Blood and Transplant),
- (c) ensure appropriate safeguards are in place to ensure that the declaration under subsection (1) was given voluntarily and with an adequate level of understanding,
- (d) prescribe the form and manner in which a declaration under subsection (1) including directed donation recipient under subsection (3) is to be completed and verified,
- (e) prescribe the procedures for notification to NHS Blood and Transplant of the designation of a directed donation recipient under subsection (3), and
- (f) establish criteria for accepting or declining the designation of a directed donation recipient under subsection (3) in accordance with clinical and ethical guidance issued by the Human Tissue Authority.

(6) Regulations may not be made under this section unless a draft of the statutory instrument containing them has been laid before and approved by a resolution of each House of Parliament.

(7) Nothing in this section shall be construed as imposing an obligation on NHS Blood and Transplant or any medical authority to carry out a transplantation that is not clinically appropriate or that contravenes regulations under the Human Tissue Act 2004.”

## Clause 20

BARONESS FINLAY OF LLANDAFF

523 Clause 20, page 18, line 6, leave out “coordinating doctor” and insert “panel member”

BARONESS FINLAY OF LLANDAFF

524 Clause 20, page 18, line 8, leave out “coordinating doctor” and insert “panel or the navigator”

BARONESS FINLAY OF LLANDAFF

525 Clause 20, page 18, line 9, leave out “doctor” and insert “panel directly, or after immediate notification by the navigator,”

BARONESS FINLAY OF LLANDAFF

526 Clause 20, page 18, line 13, leave out “coordinating doctor” and insert “panel, the navigator”

BARONESS FINLAY OF LLANDAFF

527 Clause 20, page 18, line 17, leave out “coordinating doctor or the independent doctor” and insert “panel or the navigator”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Clause 20 stand part of the Bill.*

**Clause 21**

BARONESS MACLEAN OF REDDITCH

528 Clause 21, page 18, line 24, leave out “, being unable to read or for any other reason” and insert “or of being unable to read English or Welsh, as the case may be”

***Member's explanatory statement***

*This amendment removes the universal allowance of proxies by deleting the language “for any other reason” and thus limits the use of proxies to physical impairment or illiteracy, preventing abuse of proxies.*

LORD SANDHURST

529 Clause 21, page 18, line 25, after “reason” insert “the Secretary of State may specify by regulations”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require “any other reason” for which a person may authorise a proxy to sign a declaration on their behalf to be specified by the Secretary of State in regulations, to prompt Parliament to clarify the scope of reasons for which a proxy may sign.*

LORD GOODMAN OF WYCOMBE

530 Clause 21, page 18, line 25, after “reason” insert “which is documented in their medical records”

***Member's explanatory statement***

*This amendment seeks to ensure that the reason for the use of a proxy signatory is documented in the person's medical records.*

LORD MOYLAN

531 Clause 21, page 18, line 26, after “proxy” insert “, in the presence of a witness,”

***Member's explanatory statement***

*This amendment seeks to reduce the likelihood of a person being coerced or unduly influenced into appointing a proxy. It requires someone to witness the authorisation of the proxy by the person.*

BARONESS KEELEY

532 Clause 21, page 18, line 26, at end insert—

“(1A) In this section, a person intending to make a first declaration or a second declaration (“the person”) authorises a proxy to sign the declaration on their behalf only if—

- (a) a videorecording is made of the person authorising the proxy by a means of communication, either verbally, in the case of illiteracy in English or Welsh, or, in the case of physical impairment, by a means of communication appropriate to that person’s physical condition, and
- (b) the proxy sends copies of such videorecording to the Commissioner, the assessing doctors, and any other persons specified in regulations made by the Secretary of State.”

***Member's explanatory statement***

*This amendment requires recording the authorisation of the proxy, which otherwise is simply taking the proxies’ word for it.*

LORD GOODMAN OF WYCOMBE

533 Clause 21, page 18, line 35, at end insert—

- “(e) a sworn statement affirming that they are acting solely on the person’s explicit direction.”

***Member's explanatory statement***

*This amendment seeks to require a proxy to swear that they are acting solely on the person’s explicit direction and a statement to this effect is appended to the person’s declaration.*

LORD GOODMAN OF WYCOMBE

534 Clause 21, page 18, line 35, at end insert—

- “(e) a criminal record disclosure, and
- (f) a declaration of financial interests.”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the witness or proxy always supplies a criminal record disclosure and declaration of financial interests when undertaking this role.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

535 Clause 21, page 18, line 41, at end insert—

“(4A) The appointment of a proxy under subsection (1) is not valid unless—

- (a) it is recorded in writing in a form prescribed by the Secretary of State by regulations,
- (b) the form is signed in the presence of the person seeking assistance by the proxy and by the witness, and
- (c) the form is provided to the coordinating doctor and, if section 16 is engaged (referral to a multidisciplinary panel), to the Commissioner.”

*Member's explanatory statement*

*This amendment seeks to reduce the likelihood of a person being coerced or unduly influenced into appointing a proxy. It requires someone to witness the authorisation of the proxy by the person.*

BARONESS FINLAY OF LLANDAFF

536 Clause 21, page 19, line 2, leave out paragraphs (a) and (b) and insert “a person who is the registered appointee of Lasting Power of Attorney for Health and Welfare, including for life and death decisions, or is the Court Appointed Deputy for Health and Welfare decisions, for the person making the declaration.”

LORD SANDHURST

537 Clause 21, page 19, line 7, at end insert—

“(7) The Secretary of State must by regulations set out how to assess whether a person understands the nature and effect of the making of the declaration.”

*Member's explanatory statement*

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to provide guidance for proxies in assessing whether a person understands the nature and effect of the making of the declaration, to prompt Parliament to clarify this issue.*

LORD SANDHURST

537A Clause 21, page 19, line 7, at end insert—

“(7) Where there is reason to believe that the physical impairment giving rise to a need for a proxy for purposes of subsection (1)(a) will prevent the person being able to ingest or otherwise self-administer the approved substance for the purposes of section 25(8), the coordinating professional—

- (a) must make appropriate enquiries as to the person's ability to ingest or otherwise self-administer the approved substance, and

- (b) must not take further steps to progress the person's case unless such enquiries establish that the person will be able to ingest or otherwise self-administer the approved substance for the purposes of section 25."

***Member's explanatory statement***

*This amendment caters for the position where it becomes clear that the reason that the person requires a proxy is a physical impairment which would also (in turn) prevent them taking the relevant final act. This amendment requires the position to be investigated and prevents further steps being taken if this is, in fact, the case.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Clause 21 stand part of the Bill.*

**Clause 22**

BARONESS BROWNING  
BARONESS HOLLINS  
LORD GOODMAN OF WYCOMBE

538 Clause 22, page 19, line 10, at end insert “, having consulted with disability rights organisations and the Equality and Human Rights Commission”

BARONESS GREY-THOMPSON

539 Clause 22, page 19, line 21, at end insert “including appropriate communication training”

BARONESS CASS

540 Clause 22, page 19, line 21, at end insert “including, in particular identifying whether a person has been coerced or pressured by any other person, and in identifying domestic abuse”

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

540A Clause 22, page 19, line 21, at end insert “, which must be equivalent to Tier 3 training as set out in section (*Mandatory training for health and social care staff*)”

LORD MCCREA OF MAGHERAFELT AND COOKSTOWN

540B Clause 22, page 19, line 23, leave out “for a qualifying person”

***Member's explanatory statement***

*This amendment ensures that every applicant is able to have the support of an independent advocate.*

LORD SANDHURST  
BARONESS CASS

**541** Clause 22, page 19, line 23, at end insert—

“(2A) The regulations must provide that a person may not act as an independent advocate—

- (a) where that person is engaged in providing care or treatment to the qualifying person in a professional capacity, or for remuneration, or
- (b) where they fall within a degree of proximity (whether by way of family relationship or otherwise) to the qualifying person which would affect their ability to act with independence.”

*Member's explanatory statement*

*This amendment, which is suggested by the Law Society of England and Wales, would ensure that regulations clarify who is not able to act as an independent advocate.*

BARONESS CASS

**542** Clause 22, page 19, line 24, leave out from “to” to end of line 28 and insert “facilitate the effective participation of qualifying persons in relation to the provisions of this Act, where otherwise their communication needs would impede such participation.

(3A) For the avoidance of doubt—

- (a) subsection 3(7)(b) of section (*Capacity to make a decision by a person to end their own life*) applies to independent advocates, and
- (b) an independent advocate does not have a duty to support a person to make a request for assistance to end their own life.”

*Member's explanatory statement*

*This amendment, and others in the name of Baroness Cass to clause 22, are designed to clarify this role, which is not to support a person to have capacity to end their own life, not to advocate for them as in the MCA, but rather to perform a role comparable to a court intermediary in ensuring that matters are communicated to the person such that they can understand them and express their views.*

BARONESS GREY-THOMPSON

**543** Clause 22, page 19, line 28, at end insert—

“(3A) The independent advocate must consult with the qualifying person's parents, carers, and any persons appointed by the court of protection, as the case may be.”

## LORD GOODMAN OF WYCOMBE

**544** Clause 22, page 19, line 28, at end insert –

“(3A) In fulfilling their role under subsection (3), independent advocates must ensure that they are present at any meetings between the qualifying person and the practitioner and make themselves available to the qualifying person as necessary.”

*Member's explanatory statement*

*This amendment seeks to ensure that independent advocates are personally present at meetings between the qualifying person and the practitioner.*

## LORD MCCREA OF MAGHERAFELT AND COOKSTOWN

**544A** Clause 22, page 19, line 29, leave out subsection (4) and insert –

“(4) A person requesting assistance to end their life under Section 1 of this Act must, if they so choose, have the support of an independent advocate.”

*Member's explanatory statement*

*These amendments ensure that every applicant is able to have the support of an independent advocate.*

## BARONESS FREEMAN OF STEVENTON

**544B** Clause 22, page 19, line 30, leave out paragraphs (a) to (c) and insert “are eligible to request assistance to end their life under this Act.”

*Member's explanatory statement*

*This amendment seeks to broaden the availability of an independent advocate to all patients eligible under this Bill.*

## BARONESS CASS

**545** Clause 22, page 19, line 31, leave out sub-paragraphs (i) to (ii) and insert “a mental disorder”

## BARONESS BERRIDGE

**545A** Clause 22, page 19, line 31, at end insert –

“(ia) an education, health and care plan,”

## BARONESS FRASER OF CRAIGMADDIE

**546** Clause 22, page 19, line 34, at end insert –

“(iv) communication or speech difficulties,”

BARONESS GREY-THOMPSON

547 Clause 22, page 19, line 34, at end insert –

“(iv) Down’s syndrome,”

BARONESS CASS

548 Clause 22, page 19, line 35, leave out from “in” to end of line 37 and insert “–

- (i) accessing information about decisions they may need to make for purposes of requesting assistance under this Act,
- (ii) communicating relevant matters, or”

LORD FALCONER OF THOROTON

548A Leave out Clause 22 and insert the following new Clause –

**“Independent advocates**

- (1) This section applies where a person (“the relevant person”) who is to carry out a relevant activity (see subsection (8)) in relation to a person seeking assistance considers that the person seeking assistance is a qualifying person.
- (2) The relevant person must give the person seeking assistance the following information –
  - (a) information about representation and support provided by independent advocates, and
  - (b) an explanation of the effect of subsection (3).This subsection does not apply if the person seeking assistance has an independent advocate.
- (3) The relevant person must not carry out the relevant activity unless –
  - (a) the person seeking assistance has an independent advocate,
  - (b) the person seeking assistance informs the relevant person that they do not want an independent advocate, or
  - (c) where the relevant activity is conducting a preliminary discussion, the person seeking assistance informs the relevant person that they are content for the preliminary discussion to be conducted without them having an independent advocate.
- (4) Subsections (5) to (7) apply where –
  - (a) subsection (2) applies, and
  - (b) the relevant activity is not carrying out functions under section 17 or 18.
- (5) The relevant person must, as soon as practicable, give a notice containing the relevant information (see subsection (8)) to the Commissioner.

(6) Where the relevant person is a registered medical practitioner with the GP practice of the person seeking assistance, the relevant person must, as soon as practicable, record the relevant information in that person's medical records.

(7) In any other case –

- the relevant person must, as soon as practicable, give a notice containing the relevant information to a registered medical practitioner with the GP practice of the person seeking assistance, and
- that registered medical practitioner must, as soon as practicable, record that information in that person's medical records.

(8) In this section –

“independent advocate” means a person whose function is to represent and support a qualifying person in connection with –

- understanding the options available to the qualifying person as regards end of life care, or
- anything done under this Act, by or in relation to the qualifying person;

“person seeking assistance” means a person seeking, or indicating a wish to seek, assistance to end their own life in accordance with this Act;

“qualifying person” means –

- a person with a mental disorder (as defined by section 1(2) of the Mental Health Act 1983),
- a person who (in the absence of support) would experience substantial difficulty in doing one or more of the following –
  - understanding relevant information,
  - retaining that information,
  - using or weighing that information as part of the process of making relevant decisions, or
  - communicating their views, wishes or feelings (whether by talking, using sign language or any other means);

and information or a decision is “relevant” if it relates to the provision of assistance to the person, under this Act, to end their own life, or

- a person who meets any conditions specified in regulations under section (*Independent advocates: further provision*);

“relevant activity” means –

- conducting a preliminary discussion,
- carrying out a first or second assessment,
- carrying out functions under section 17 or 18, or
- providing assistance under section 25;

“the relevant information” (for the purposes of subsections (5) to (7)) is –

- that the registered medical practitioner considers that the person seeking assistance is a qualifying person, and the practitioner's reasons for being of that opinion;

- (b) if that person informs the practitioner that they do not want an independent advocate, that fact and any reasons given by them for not wanting an independent advocate.
- (9) For the purposes of this section, a person seeking assistance “has” an independent advocate if an independent advocate is instructed to represent and support them (and references to wanting an independent advocate are to be read accordingly). ”

***Member's explanatory statement***

*This new clause, to replace Clause 22, makes detailed provision on the face of the Bill about independent advocates.*

LORD GOODMAN OF WYCOMBE  
BARONESS BROWNING

**549** Leave out Clause 22 and insert the following new Clause –

**“Independent advocates**

- (1) There are to be persons appointed as independent advocates.
- (2) Independent advocates may provide support and advocacy to a qualifying person who is seeking to understand options around end of life care, including the possibility of requesting assistance to end their own life, to enable them to effectively understand and engage with all the provisions of this Act.
- (3) For the purposes of subsection (2) a person is a “qualifying person” if they –
  - (a) have –
    - (i) a learning disability,
    - (ii) a mental disorder under section 1 of the Mental Health Act 1983, or
    - (iii) autism, or
  - (b) they may experience substantial difficulty in understanding the processes or information relevant to those processes or communicating their views, wishes or feelings.
- (4) Independent advocates are to be appointed by local authorities and independent care boards.
- (5) Independent advocates must be qualified adult social workers or have similar experience in supporting vulnerable adults.
- (6) Independent advocates must report any suspected coercion of a qualifying person to the police and relevant safeguarding authorities.
- (7) The Secretary of State may issue guidance on the expected caseload for an independent advocate.
- (8) The Secretary of State may, by regulations made by statutory instrument, make provision for the payment of a salary or expenses to independent advocates.”

**Member's explanatory statement**

*This amendment seeks to ensure that provision relating the appointment and duties of the independent advocate is placed on the face of the Bill, rather than being made by regulations.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

*The above-named Lords give notice of their intention to oppose the Question that Clause 22 stand part of the Bill.*

**Member's explanatory statement**

*This is linked to an amendment to Clause 8 in the name of Lord Moylan, which would prevent people who would qualify for an independent advocate (under the current wording of the Bill) from being eligible to make a first declaration at all. By excluding these people from the Act, it renders the need for an independent advocate - and thus Clause 22 - unnecessary.*

**After Clause 22**

LORD FALCONER OF THOROTON

**549A** After Clause 22, insert the following new Clause –

**“Independent advocates: further provision**

- (1) The Secretary of State must by regulations make provision about independent advocates.
- (2) The regulations must –
  - (a) specify the training, qualifications and experience that a person must have in order to be appointed to a list of persons eligible to act as independent advocates;
  - (b) require a specified person to instruct an independent advocate to represent and support a person if –
    - (i) section (*Independent advocates*)(2) applies in relation to the person, and
    - (ii) the person has not indicated that they do not want an independent advocate;
  - (c) make provision securing that arrangements are made for the provision of independent advocates for persons to whom commissioned VAD services are provided.
- (3) The regulations may in particular –
  - (a) specify the person who is to make appointments to the list mentioned in subsection (2)(a);
  - (b) provide that a person may be appointed to that list only if the appointment is approved in accordance with the regulations;
  - (c) provide that a person may not act as an independent advocate in specified circumstances;

- (d) confer on independent advocates a power to access the medical records of persons they are representing and supporting, or to require information in those medical records to be provided;
- (e) make provision for payments to be made to, or in relation to, persons acting as independent advocates.

(4) In this section—

- “commissioned VAD services”—
- (a) in relation to England, has the meaning given by section 41(2);
- (b) in relation to Wales, means services provided by virtue of any provision of regulations under section 42 which confers a function as regards the making of arrangements for the provision of voluntary assisted dying services in Wales;
- “independent advocate” has the meaning given by section (*Independent advocates*);
- “qualifying person” has the meaning given by section (*Independent advocates*);
- “specified” means specified in regulations under this section.”

***Member's explanatory statement***

*This clause confers a duty to make further provision about independent advocates.*

BARONESS GREY-THOMPSON  
 BARONESS O'LOAN  
 BARONESS BUTLER-SLOSS

550 After Clause 22, insert the following new Clause—

**“Duty to act where safeguarding concerns arise**

- (1) Where the coordinating doctor, the independent doctor, or any other person involved in the assessment process under this Act has reason to believe that the person requesting assistance may be subject to abuse, coercion, or undue influence, they must—
  - (a) pause the assessment process,
  - (b) record the concern in writing,
  - (c) refer the concern to an appropriate adult safeguarding professional or team for investigation, and
  - (d) notify the Assisted Dying Commissioner and the relevant local authority safeguarding adults board.
- (2) The assessment process must not continue until the safeguarding authority has confirmed that no further action is required, or that the concern has been resolved.”

***Member's explanatory statement***

*The purpose of this amendment is to embed a statutory duty to refer safeguarding concerns and pause the assisted dying process until risks are properly addressed.*

## BARONESS FINLAY OF LLANDAFF

551 After Clause 22, insert the following new Clause—

**“Navigator for assisted dying**

- (1) There are to be navigators for assisted dying (navigators), who must be appointed, trained, supported and monitored by the Commissioner.
- (2) A navigator must be a healthcare professional—
  - (a) with full registration with the Health Professions Council, the Nursing and Midwifery Council or the General Medical Council;
  - (b) who has 10 or more years' clinical experience and has no record of complaint or disciplinary process against their registration or employment record.
- (3) The duties of the navigators are to—
  - (a) ensure correct processes are followed once an assisted death is approved;
  - (b) ensure all relevant data is collected, collated and returned to the Commissioner;
  - (c) liaise with their local licensed assisted dying service ensuring that approved drugs are securely dispensed and collected by the licensed assisted dying service, and that any unused drugs are recorded and disposed of;
  - (d) ensure that each assisted death is recorded as an extraordinary death (the death certificate would state 'assisted death', followed by the underlying diagnosis or contributory factors);
  - (e) ensure that a person acting as an independent advocate has acted in a fully impartial manner to provide accurate information and without influence on the decision of the applicant for or against an assisted death.
- (4) The navigator is responsible for—
  - (a) verifying that death has occurred;
  - (b) ensuring the person designated as the next of kin is informed the death has occurred;
  - (c) notifying all clinical teams involved in the patient's care that the death has occurred.
- (5) No navigator can be employed by, have financial or commercial relationships with, or act in a voluntary capacity for, any agency providing the assisted death.”

## BARONESS FINLAY OF LLANDAFF

552 After Clause 22, insert the following new Clause—

**“Designated pharmacy**

Each health region shall have up to three registered pharmacies which—

- (a) have pharmacists who have agreed to participate in the requirements of this Act,

- (b) are licensed to prepare the approved drugs for oral self-administration by the person,
- (c) provide the substances in a locked box to the designated navigator,
- (d) document the date of dispensing the substances,
- (e) document the return of the box, any unused contents and their safe disposal, and
- (f) report the information to the Commissioner.”

BARONESS HOLLINS

*As an amendment to Amendment 552*

**552A** Leave out paragraph (b) and insert—

- “(b) are authorised to store and dispense approved substances manufactured in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) and, where applicable, compliant with Home Office requirements for controlled drugs under the Misuse of Drugs Act 1971 and associated regulations,”

***Member's explanatory statement***

*This amendment clarifies that pharmacies may only store and dispense approved substances, and not prepare them, ensuring compliance with existing MHRA and Home Office controlled drugs requirements.*

BARONESS GREY-THOMPSON

**553** After Clause 22, insert the following new Clause—

**“Role of independent advocates for people aged 18 to 25**

Any person between age 18 and 25 wishing to receive assistance under the provisions of this Act must receive consent from a parent or guardian and must be accompanied by an independent advocate in addition to parent or guardian to all meetings, assessments and declarations, to ensure all information about the individual is collected and recorded accurately.”

***Member's explanatory statement***

*This amendment would ensure that any adult between ages 18 and 25 were supported by a guardian, parent or independent advocate would need receive consent to be eligible and parent or guardian accompanied at all declarations, assessments and meetings. This would further ensure that any person between the ages of 18 and 25 were given further protections and to prevent any coercion from family members with the addition of an independent advocate. This would also ensure all information is collected and recorded accurately.*

BARONESS BERRIDGE

**553A** After Clause 22, insert the following new Clause—

**“Nomination of a next of kin**

- (1) A person receiving assistance to end their life under this Act must nominate a specified person to act as their next of kin.
- (2) A person nominated to act as next of kin under subsection (1) must not be under the age of 18.”

LORD WEIR OF BALLYHOLME

**553B** After Clause 22, insert the following new Clause—

**“Independent disability advocacy**

- (1) Where the person is a disabled person within section 6 of the Equality Act 2010, the Commissioner must ensure that the person—
  - (a) is offered support from an independent disability advocate with appropriate expertise, and
  - (b) has a reasonable opportunity to consult that advocate before any decision is made under section 18.
- (2) Any written reasons provided under section 18(5) must record—
  - (a) whether advocacy was offered and taken up, and
  - (b) any concerns raised by the advocate regarding pressure, lack of support, or communication barriers.”

LORD WEIR OF BALLYHOLME

**553C** After Clause 22, insert the following new Clause—

**“Involvement in assistance for only one person at a time**

Any individual discharging a responsibility under sections 8 to 11 of this Act may only do so in relation to one individual seeking the provision of assistance under this Act at any one time.”

LORD WEIR OF BALLYHOLME

**553D** After Clause 22, insert the following new Clause—

**“Duty not to withhold care**

At no point between the first declaration and the provision of assistance under section 25 may any clinician, service provider, commissioning body, or public authority—

- (a) withhold, reduce or delay the provision of or fail to offer to the person seeking assistance under section 25 any form of health, palliative, or social care as a result of the person's decision to seek assistance;
- (b) suggest assisted dying as an alternative to any unmet care needs;
- (c) proceed with any assessment under this Act unless provision relating to all the person's care and support needs has been offered or arranged, to the extent that it would have been offered or arranged for a comparable person not seeking assistance to end their life."

LORD BLENCATHRA

**553E** After Clause 22, insert the following new Clause—

**“Navigator**

A person seeking assistance under this Act is entitled to a named independent navigator whose role is to explain options available to the person in relation to this Act, coordinate assessments, and direct them to other palliative and social care services.”

*Member's explanatory statement*

*This amendment seeks to establish a statutory navigator to support patients.*

LORD BLENCATHRA

**553F** After Clause 22, insert the following new Clause—

**“Timelines: reasonable extensions and exclusions**

- (1) Where this Act or regulations made under it prescribe a period within which a step in the assisted dying process must be taken, that period shall be subject to extension where a responsible clinician or the Commissioner reasonably considers that additional time is required for—
  - (a) clinical investigation or specialist assessment;
  - (b) safeguarding enquiries, including inquiries into possible coercion or abuse;
  - (c) arranging reasonable adjustments to enable the person to participate fully in the process.
- (2) Any decision to extend a prescribed period under subsection (1) must be recorded in writing, stating the reasons for the extension and the person or body authorising it, and a copy provided to the person and to the Commissioner.
- (3) The Secretary of State may by regulations made by statutory instrument provide that prescribed periods do not run on public holidays and weekends, or may otherwise specify how such days are to be treated for the purposes of calculating time limits.”

***Member's explanatory statement***

*This amendment seeks to ensure that statutory timelines are not absolute and can be extended where clinical, safeguarding or accessibility reasons require more time. It also clarifies treatment of weekends and public holidays and requires written recording of extensions.*

LORD BLENCATHRA

**553G** After Clause 22, insert the following new Clause—

**“Informing patients of reasonable risks**

When discharging any duty in connection with this Act, registered medical practitioners must apply the principles established in *Montgomery v Lanarkshire Health Board* (UKSC/2013/0136) when informing persons of material risks.”

***Member's explanatory statement***

*This amendment ensure that the Bill's consent requirements align with legal precedents. *Montgomery v Lanarkshire* requires doctors to inform patients of material risks and reasonable alternatives.*

**Clause 23**

LORD CARLILE OF BERRIEW

**554** Clause 23, page 20, line 4, leave out “first”

LORD CARLILE OF BERRIEW

**555** Clause 23, page 20, line 5, leave out paragraphs (b) to (g)

BARONESS FINLAY OF LLANDAFF

**556** Clause 23, page 20, line 16, leave out subsection (3) and insert—

“(3) As soon as the person's GP practice is notified by the panel of a declaration or a recordable event or any other notification relating the person's application for an assisted death, the person's medical record must be updated with the information within 24 hours.”

BARONESS GREY-THOMPSON

**557** Clause 23, page 20, line 17, leave out “as soon as practicable” and insert “within 7 days”

BARONESS GREY-THOMPSON

**558** Clause 23, page 20, line 20, leave out “as soon as practicable” and insert “within 7 days”

BARONESS GREY-THOMPSON

559 Clause 23, page 20, line 23, leave out “as soon as practicable” and insert “within 7 days”

**Clause 24**

LORD CARLILE OF BERRIEW

560 Clause 24, page 20, line 28, leave out from “declaration” to end of line 29 and insert “under subsection (4)(a) of section (*Application for assistance with suicide order*)”

BARONESS GREY-THOMPSON

561 Clause 24, Page 20, line 29, at end insert—

“(1A) Every preliminary discussion, first discussion and second declaration must be recorded and reason for not continuing to next stage recorded in person’s medical records.”

BARONESS GREY-THOMPSON

562 Clause 24, page 20, line 31, leave out “as soon as practicable” and insert “within 24 hours”

LORD WOLFSON OF TREDEGAR

562A Clause 24, page 20, line 31, leave out “as soon as practicable” and insert “immediately”

***Member's explanatory statement***

*This amendment and others in the name of Lord Wolfson of Tredegar would require the cancellation of a first declaration or second declaration to be recorded immediately.*

BARONESS GREY-THOMPSON

563 Clause 24, page 20, line 35, leave out “as soon as practicable” and insert “within 24 hours”

LORD WOLFSON OF TREDEGAR

563A Clause 24, page 20, line 35, leave out “as soon as practicable” and insert “immediately”

***Member's explanatory statement***

*This amendment and others in the name of Lord Wolfson of Tredegar would require the cancellation of a first declaration or second declaration to be recorded immediately.*

BARONESS GREY-THOMPSON

564 Clause 24, page 20, line 37, leave out “as soon as practicable” and insert “within 24 hours”

## LORD WOLFSON OF TREDEGAR

**564A** Clause 24, page 20, line 37, leave out “as soon as practicable” and insert “immediately”

*Member's explanatory statement*

*This amendment and others in the name of Lord Wolfson of Tredegar would require the cancellation of a first declaration or second declaration to be recorded immediately.*

## Clause 25

## BARONESS FINLAY OF LLANDAFF

**565** [Withdrawn]

## BARONESS FINLAY OF LLANDAFF

**566** Clause 25, page 21, line 9, leave out “coordinating doctor” and insert “doctor from the licensed assisted dying service,”

## LORD SANDHURST

**566A** Clause 25, page 21, line 9, leave out “coordinating doctor” and insert “assisting professional”

*Member's explanatory statement*

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

## LORD MOYLAN

**567** Clause 25, page 21, line 9, at end insert—

“(1A) None of the actions described in or authorised by subsections (2) to (13) of this section may be carried out in premises owned, leased, rented or occupied by the National Health Service, an NHS Trust or any body or agency that is part of or is in receipt of funding from the NHS.”

*Member's explanatory statement*

*This is intended to prevent the provision of assistance from being administered in NHS premises.*

## BARONESS FINLAY OF LLANDAFF

**568** [Withdrawn]

## BARONESS FINLAY OF LLANDAFF

569 Clause 25, page 21, line 10, leave out “coordinating doctor” and insert “licensed assisted dying service doctor”

LORD SANDHURST

569A Clause 25, page 21, line 10, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

## BARONESS GREY-THOMPSON

570 Clause 25, page 21, line 12, at end insert “at a time and date of their choosing”

LORD BIRT  
LORD PANNICK

571 Clause 25, page 21, line 12, at end insert –

“(2A) The approved substance must be dispensed to the coordinating doctor on the day on which the second declaration is made if the person so wishes, or on a later day specified by the person, and must be provided to the person on the day of the person’s choosing.”

***Member's explanatory statement***

*This would mean the person could require that the assisted death should take place on Day 30, or (if death is considered imminent under subsection 19(2)(b)) on Day 18. It also specifies that the doctor should retain the approved substance until the time at which the person chooses to use it.*

LORD SANDHURST

571A Clause 25, page 21, line 12, at end insert –

“(2A) An “assisting professional” means –

- (a) the coordinating professional, if they are a registered medical practitioner;
- (b) (in any other case) a registered medical practitioner acting on the basis of authorisation by the coordinating professional under section 26.”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

572 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

573 Clause 25, page 21, line 14, leave out “coordinating doctor” and insert “licensed assisted dying service doctor”

LORD SANDHURST

573A Clause 25, page 21, line 14, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

574 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

575 Clause 25, page 21, line 15, leave out “coordinating doctor” and insert “licensed assisted dying service doctor”

LORD SANDHURST

575A Clause 25, page 21, line 15, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS GREY-THOMPSON  
BARONESS MORRIS OF BOLTON

576 Clause 25, page 21, line 17, at end insert –

“(4A) The coordinating doctor must discuss any complications which may reasonably occur with the person self-administering the approved substance and the person must explicitly refuse any complications being treated in case such treatment could result in resuscitation.”

BARONESS FINLAY OF LLANDAFF

577 Clause 25, page 21, line 18, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS FINLAY OF LLANDAFF

578 [Withdrawn]

LORD SANDHURST

578A Clause 25, page 21, line 18, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

579 Clause 25, page 21, line 18, after “substance” insert “or mixture”

BARONESS BERGER  
LORD CARLILE OF BERRIEW  
LORD ROOK  
BARONESS KEELEY

580 Clause 25, page 21, line 21, after “life” insert “because of their terminal illness”

***Member's explanatory statement***

*This amendment and others in the name of Baroness Berger would mean that someone is only eligible for assistance in ending their own life under this Act if their clear, settled and informed wish to end their life is because of their terminal illness and not for any other reason.*

LORD MOYLAN

581 Clause 25, page 21, line 21, at end insert –

“(ba) has opted out of organ and tissue donation, and”

***Member's explanatory statement***

*This amendment would require the coordinating doctor to confirm that the person being provided with an assisted death has opted out of organ and tissue donation, in order to prevent the rise of a coercive or persuasive culture driven by the need for organs for transplant.*

LORD SANDHURST

**581A** Clause 25, page 21, line 23, at end insert –

“(5A) In the event that the assisting professional has doubts as to the person’s capacity for the purposes of subsection (5)(a), the assisting professional –

- (a) must take steps to assess the person’s capacity, including (if they are not a person meeting the requirements under section 12(6)(b)) seeking the advice of such a person, and
- (b) may not proceed further until, with the benefit of such advice as is received under paragraph (a), they have satisfied themselves that the person has capacity to make the decision to end their own life.”

***Member's explanatory statement***

*This amendment addresses the fact that the Bill requires that the person must have the relevant decision-making capacity throughout, and the situation where there is doubt at the point of the provision of assistance.*

BARONESS FINLAY OF LLANDAFF

**582** [Withdrawn]

BARONESS FINLAY OF LLANDAFF

**583** Clause 25, page 21, line 24, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

**583A** Clause 25, page 21, line 24, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

**584** [Withdrawn]

BARONESS FINLAY OF LLANDAFF

**585** Clause 25, page 21, line 25, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

585A Clause 25, page 21, line 25, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS GREY-THOMPSON

586 Clause 25, page 21, line 26, at end insert “with the permission of the applicant, and those persons who the individual wishes to have with them, including children and pets.”

BARONESS FINLAY OF LLANDAFF

587 Clause 25, page 21, line 27, after “substance” insert “or mixture”

BARONESS FINLAY OF LLANDAFF

588 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

589 Clause 25, page 21, line 30, after “substance” insert “or mixture”

BARONESS FINLAY OF LLANDAFF

590 Clause 25, page 21, line 32, after “substance” insert “or mixture”

LORD HARPER

590A Clause 25, page 21, line 33, at end insert—

“(7A) No device, prepared by the coordinating doctor and of the type referred to in subsection (7), may be used in the provision of assistance except where it is in compliance with any applicable regulations of the Secretary of State regarding such devices (see section 37) and has been approved by the Commissioner in a reasoned, published decision.

(7B) Where a coordinating doctor has prepared a novel device not previously approved by the Commissioner, the coordinating doctor cannot use the device except if—

(a) the coordinating doctor has sent to the Commissioner a report containing photographs and a detailed description of the operation and function of

the device, and an explanation of why the coordinating doctor feels the device is safe and humane, and

(b) the Commissioner, after considering the report, any relevant factors, and consulting with the Medicines and Healthcare products Regulatory Agency, is satisfied on the balance of probabilities that the device is –

- (i) safe for humane medical use in administering the approved substance, and
- (ii) complies with all applicable regulations of the Secretary of State.”

***Member's explanatory statement***

*This amendment seeks to provide a process for the approval of devices, in order to supplement and strength the optional power to make regulations relating to them in Clause 37. It seeks to provide a safeguard against doctors developing devices with no regulatory oversight or prior approval, in contrast to approved substances, despite any potential to create harm or suffering.*

BARONESS FINLAY OF LLANDAFF

**591** Clause 25, page 21, line 34, after “substance” insert “or mixture”

LORD WOLFSON OF TREDEGAR

**591A** Clause 25, page 21, line 34, after “substance” insert “and any relevant equipment”

***Member's explanatory statement***

*This amendment, and another in the name of Lord Wolfson of Tredegar, seeks to probe what level of involvement the coordinating doctor may have in the preparation of any equipment that may be necessary to enable the person to self-administer the approved substance.*

BARONESS FINLAY OF LLANDAFF

**592** [Withdrawn]

BARONESS FINLAY OF LLANDAFF

**593** Clause 25, page 21, line 35, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS FINLAY OF LLANDAFF

**594** Clause 25, page 21, line 36, after “substance” insert “or mixture”

LORD WOLFSON OF TREDEGAR

**594A** Clause 25, page 21, line 36, after “substance” insert “and any relevant equipment”

***Member's explanatory statement***

*This amendment, and another in the name of Lord Wolfson of Tredegar, seeks to probe what level of involvement the coordinating doctor may have in the preparation of any equipment that may be necessary to enable the person to self-administer the approved substance.*

BARONESS FRASER OF CRAIGMADDIE

595 Clause 25, page 21, line 37, leave out paragraph (b)

BARONESS FINLAY OF LLANDAFF

596 Clause 25, page 21, line 38, after “substance” insert “or mixture”

BARONESS FINLAY OF LLANDAFF

597 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

598 Clause 25, page 22, line 1, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

598A Clause 25, page 22, line 1, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD SANDHURST

598B Clause 25, page 22, line 3, at end insert –

“(b) does not prevent the administration of medications reasonably necessary to address the pain and suffering caused by complications that arise after the person has carried out the final act.”

***Member's explanatory statement***

*These amendment gives clarity as to what the assisting professional can do where complications ensue, which from experience in other jurisdictions will happen in a non-negligible number of cases.*

BARONESS FINLAY OF LLANDAFF

599 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

600 Clause 25, page 22, line 4, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

600A Clause 25, page 22, line 4, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

601 Clause 25, page 22, line 5, after “substance” insert “or mixture”

BARONESS FINLAY OF LLANDAFF

602 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

603 Clause 25, page 22, line 7, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

603A Clause 25, page 22, line 7, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

604 Clause 25, page 22, line 8, after “failed” insert “to bring about death”

## BARONESS BERRIDGE

**604A** Clause 25, page 22, line 10, leave out subsection (12)

## LORD FROST

**605** Clause 25, page 22, line 10, leave out subsection (12) and insert—

- “(12) The coordinating doctor, subject to section 26, must be physically present during the provision of assistance.
- (12A) In the following provisions of this section, “circumstances requiring the provision of lifesaving care” refers to circumstances where the person has self-administered the approved substance, in whole or in part, and either—
  - (a) the person has decided, after partial administration, to cease self-administering the approved substance, or
  - (b) the person, having fully administered the approved substance, has expressed, verbally or by any other means, a desire not to die.
- (12B) The coordinating doctor is under a duty of care, identical to that with regard to the welfare of any other patient in circumstances outside the scope of this Act—
  - (a) in circumstances requiring the provision of lifesaving care, to make all possible efforts to save the person’s life, including both by personally providing on-the-spot care and, where required, by arranging for the patient to be urgently taken to an appropriate hospital or other institution,
  - (b) to ensure in advance that the place where assistance is provided is an environment where, if circumstances requiring the provision of lifesaving care arise, such care can be provided without hindrance,
  - (c) to bring to the place where assistance is provided all necessary drugs, substances, medical implements, and other items which would be needed to save the life of someone who has partially or wholly taken the approved substance should circumstances requiring the provision of lifesaving care arise,
  - (d) to take all other steps as are necessary in the coordinating doctor’s judgment, or which are required by professional standards for competent medical practitioners to prepare, prior to providing assistance, for the possibility that circumstances requiring the provision of lifesaving care might arise, and
  - (e) to fulfill any other duties with regards to lifesaving care as the Secretary of State, by regulations, specifies.
- (12C) Notwithstanding any other provision of this Act, in the event that circumstances requiring the provision of lifesaving care arise, the coordinating doctor and any other involved parties shall, both in regard to actions after the circumstances arise and in regard to any failures in preparation for such circumstances before they arise, be subject to the same framework for civil, criminal, and professional disciplinary liability in cases of incompetence, breach of duty, malpractice, or any other matter as applies to any registered medical practitioner (or other health

professional) with regard to any patient under their care requiring lifesaving treatment.

(12D) The Commissioner shall maintain and regularly publish statistics on the frequency of circumstances requiring the provision of lifesaving care and the outcomes in such cases.”

***Member's explanatory statement***

*This amendment provides for the contingency that a person receiving assistance expresses, either after taking some or all of the approved substance, a desire not to die, or the procedure fails. In such cases, the amendment ensures that the person is entitled to the same standard of care as any other patient, by which a registered medical practitioner is obliged to seek to protect the patient's welfare, and most importantly, their life.*

BARONESS FINLAY OF LLANDAFF

606 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

607 Clause 25, page 22, line 10, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

607A Clause 25, page 22, line 10, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

608 Clause 25, page 22, line 12, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

608A Clause 25, page 22, line 12, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF

609 Clause 25, page 22, line 13, after “substance” insert “or mixture”

BARONESS FINLAY OF LLANDAFF

610 [Withdrawn]

BARONESS FINLAY OF LLANDAFF

611 Clause 25, page 22, line 14, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD SANDHURST

611A Clause 25, page 22, line 14, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and other amendments in the name of Lord Sandhurst are consequential on the amendments tabled by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS HOLLINS  
BARONESS O'LOAN

612 Clause 25, page 22, line 15, at end insert –

- “(14) The provision of assistance under this section to a person must be video recorded in its entirety.
- “(15) The recording must include the person confirming –
  - (a) their identity and the identity of any person assisting,
  - (b) that they wish to die,
  - (c) that their decision is made of their own free will,
  - (d) that they have capacity to make the decision, and
  - (e) that they are acting without persuasion or coercion.
- “(16) A copy of the recording must be provided to the coroner within 72 hours of the person’s death.
- “(17) The Secretary of State must by regulations make provision about the practical arrangements for recording, storage, transmission and information governance in relation to recordings made under this section.”

***Member's explanatory statement***

*The amendment requires the assisted dying procedure to be video recorded and will allow confidential monitoring and review of the quality of consultations for governance purposes.*

LORD CARLILE OF BERRIEW  
LORD HARRIES OF PENTREGARTH  
BARONESS O'LOAN

613 Leave out Clause 25 and insert the following new Clause—

**“Assistance with suicide**

- (1) One of the independent persons appointed under section (*Assistance with suicide order*) must collect the lethal dosage of drugs from a registered pharmacy on a date agreed with the applicant.
- (2) The time between the collection of the lethal dosage of drugs by the independent person and the independent person providing the lethal dosage of drugs to the applicant must not exceed 24 hours.
- (3) The place at which the applicant takes receipt of and uses the lethal dosage of drugs must be the applicant's ordinary residence.
- (4) If following the collection of the lethal dosage of drugs the independent person is satisfied that the applicant continues to have a clear, settled and informed intention to take his or her life, the independent person must deliver and arrange as necessary—
  - (a) the lethal dosage of drugs to the applicant in the form specified in the assistance with suicide order, and
  - (b) any equipment to assist the applicant in taking his or her life using that lethal dosage.
- (5) The independent person must not assist the applicant in taking his or her life except in accordance with subsection (4).
- (6) The independent person must not permit any person other than the applicant to administer the lethal dosage of drugs.
- (7) Subject to subsection (8) the independent person must remain in the same room as the applicant until the applicant—
  - (a) has ingested the lethal dosage of drugs and died, or
  - (b) having decided not to ingest the lethal dosage of drugs, has returned the lethal dosage of drugs to the independent person.
- (8) If after a reasonable time following the independent person's arrival at the applicant's ordinary residence the applicant has not ingested the lethal dosage of drugs and is undecided whether to ingest the lethal dosage of drugs, the independent person may leave the applicant provided he or she has regained the lethal dosage of drugs.
- (9) An independent person who has regained possession and control of the lethal dosage of drugs must return it to the registered pharmacy from which it was procured within such time as may be specified by regulations made by the Secretary of State.”

***Member's explanatory statement***

*This proposed new Clause, and another in the name of Lord Carlile of Berriew, define the duties of the independent persons in relation to the assisted suicide.*

**After Clause 25**

BARONESS GREY-THOMPSON  
THE LORD BISHOP OF SOUTHWARK

**614** After Clause 25, insert the following new Clause—

**“Premises which may be used for the provision of assistance**

- (1) The Secretary of State must, by regulations made by statutory instrument, stipulate on which premises an assisted death can occur, and if this is a public place must provide a certificate that must be renewed annually to be displayed on the premises, unless the premises is the person's own home.
- (2) A certificate must be provided for hospitals or care homes where assisted deaths occur.
- (3) No hospice may provide assisted death on their premises.”

BARONESS FINLAY OF LLANDAFF

**615** After Clause 25, insert the following new Clause—

**“Licensed assisted dying services**

- (1) Assisted dying services must be licensed by the Commissioner.
- (2) The services must be run separately in a non-profit capacity.
- (3) Services may include healthcare professionals who have applied and received accredited training for this role, but who have no personal or professional links with the Commissioner, panels, or navigators.
- (4) The duties of each service are to—
  - (a) provide evidence to the Commissioner of their ability to provide the service;
  - (b) speak to the person about their wishes for the place of death, and who they want to be present during the assisted death, in addition to the doctor, if anyone;
  - (c) liaise with the designated navigator to arrange for delivery of the approved drugs;
  - (d) confirm the person understands that death is the intention and they continue to have a clear and settled wish to die;
  - (e) liaise with the designated regional pharmacy for the preparation of the approved drugs for oral self-administration for use within one month of issue;

- (f) record the timings and circumstances of the death, including who was present and any complications;
- (g) be responsible for documenting this process and sending the information to the Commissioner.

(5) Any service breaking codes of conduct or failing to return documentation may lose their license, and may be required to pay a fine to the Commissioner of up to £10,000.”

BARONESS HOLLINS

*As an amendment to Amendment 615*

**615ZA** Leave out paragraph (4)(e) and insert –

- “(e) liaise with the designated regional pharmacy for the dispensing of the approved substance for oral self-administration, ensure that the person is observed by the designated navigator while taking the substance, and ensure that any unused substance is returned to the designated regional pharmacy;”

***Member's explanatory statement***

*This amendment removes any implication that pharmacies prepare approved substances.*

**Clause 26**

LORD SANDHURST

**615A** Clause 26, page 22, line 17, leave out “subsection (2)” and insert “subsections (2) and (2A)”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD SANDHURST

**615B** Clause 26, page 22, line 17, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD SANDHURST

**615C** Clause 26, page 22, line 18, leave out “coordinating doctor's” and insert “assisting professional's”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**616** Clause 26, page 22, line 19, leave out “section 25” and insert “sections 25 and 28 to 30”

***Member's explanatory statement***

*This amendment, and my amendment to this clause at page 22, line 32, provide that where the coordinating doctor authorises another practitioner to perform the functions under Clause 25, that practitioner also performs the reporting and recording functions relating to clause 25.*

LORD SANDHURST

**616A** Clause 26, page 22, line 20, leave out “subsection (1)” and insert “subsections (1) and (2A)”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS  
BARONESS FOX OF BUCKLEY

**617** Clause 26, page 22, line 24, at end insert—

“(aa) that practitioner has explicitly opted to undertake the functions under section 25, and”

***Member's explanatory statement***

*This is to make the ‘opt-in’ for doctors explicit on the face of the Bill – to make clear that there is no expectation on doctors to participate and it is only those who positively choose to do so who would have the training and participate.*

LORD SANDHURST

**617A** Clause 26, page 22, line 27, at end insert—

“(2A) If the coordinating professional is not a registered medical practitioner, the coordinating professional must authorise a registered medical practitioner to carry out their functions under section 25.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

618 Clause 26, page 22, line 28, leave out subsection (3)

***Member's explanatory statement***

*This amendment seeks to ensure that subsequent provision on the training of doctors providing assistance cannot be issued unilaterally by a person specified in an initial regulation. Instead, subsequent provision on training must be made by regulations and would therefore be subject to continuing parliamentary scrutiny.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

619 Clause 26, page 22, line 28, after “subsection (2)(b)” insert “—

- (a) must provide that the practitioner must have had training about the matters mentioned in section 8(8);
- (b) subject to that,”

***Member's explanatory statement***

*This amendment provides that regulations under Clause 26(2)(b) must require a practitioner to have had the training mentioned in clause 8(8) in order to be capable of being authorised under this clause.*

LORD BIRT  
LORD PANNICK

620 Clause 26, page 22, line 28, leave out from “subsection (2)(b)” to the end of line 30 and insert “must provide that the required training, qualifications or experience is determined by the Assisted Dying Help Service and that the registered medical practitioner must be licensed for that purpose by that Service.”

BARONESS FINLAY OF LLANDAFF

621 Clause 26, page 22, line 30, at end insert—

- “(3A) Regulations under subsection (2)(b) must also provide that the practitioner must have passed a competency-based assessment after their training.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

622 Clause 26, page 22, line 32, leave out “section 25 applies” and insert “sections 25 and 28 to 30 apply”

***Member's explanatory statement***

*See the explanatory statement for my amendment to this Clause at page 22, line 19.*

LORD SANDHURST

622A Clause 26, page 22, line 36, leave out “coordinating doctor” and insert “assisting professional”

***Member's explanatory statement***

*This amendment and others in the name of Lord Sandhurst are consequential on the amendment moved by Baroness Cass to replace independent or coordinating doctors with independent or coordinating professionals.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

623 Clause 26, page 23, line 1, leave out subsection (7)

***Member's explanatory statement***

*This is consequential on my amendment to this Clause at page 22, line 28.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS  
BARONESS FINLAY OF LLANDAFF

*The above-named Lords give notice of their intention to oppose the Question that Clause 26 stand part of the Bill.*

**Clause 27**

LORD UDNY-LISTER

624 Clause 27, page 23, line 5, at end insert “, and in doing so, the Secretary of State must have regard to the purpose of the approved substance set out in subsection (1A).”

***Member's explanatory statement***

*This amendment and another in the name of Lord Udny-Lister would make clear the purpose of the “approved substance”, which otherwise is defined solely by reference to the purpose of the Bill. They provide criteria by which the reasonableness of the decision of the Secretary of State may be assessed.*

## LORD FALCONER OF THOROTON

**624A** Clause 27, page 23, line 5, at end insert –

“(1A) When considering whether to specify a drug or other substance in regulations under subsection (1), the Secretary of State must in particular have regard to—

- (a) its effectiveness,
- (b) the risk, when using the substance, of side effects or other adverse outcomes,
- (c) the ease and safety of handling the substance,
- (d) the ease of use of the substance, and
- (e) the way or ways in which the substance may be self-administered.”

***Member's explanatory statement***

*This amendment requires the Secretary of State to have regard to certain matters when considering whether to specify them in regulations under subsection (1) of this Clause.*

## LORD UDNY-LISTER

**625** Clause 27, page 23, line 5, at end insert –

“(1A) The purpose of the approved substance is to bring about the death of an adult swiftly, painlessly and with little risk of survival.”

***Member's explanatory statement***

*This amendment and another in the name of Lord Udny-Lister would make clear the purpose of the “approved substance”, which otherwise is defined solely by reference to the purpose of the Bill. They provide criteria by which the reasonableness of the decision of the Secretary of State may be assessed.*

LORD CARLILE OF BERRIEW  
LORD HARRIES OF PENTREGARTH

**626** Leave out Clause 27 and insert the following new Clause –

**“Lethal dosage of drugs**

- (1) The Secretary of State must by regulations specify –
  - (a) the composition of the lethal dosage of drugs,
  - (b) the form and manner in which the lethal dosage of drugs is supplied to the independent person, and
  - (c) the manner and conditions under which the lethal dosage of drugs is dispensed, stored, transported and, in the event it is not used, disposed of for destruction.
- (2) The Secretary of State may by regulations specify more than one composition for the lethal dosage of drugs (together with the associated matters set out in subsections (1)(b) and (c)), and may by regulations remove or add such

compositions (together with those associated matters) specified in accordance with subsection (1).”

**Member's explanatory statement**

*This proposed new Clause requires regulations to specify the drugs to be used in assisted suicide and allows for them to be updated through secondary legislation.*

LORD GOODMAN OF WYCOMBE

*Lord Goodman of Wycombe gives notice of his intention to oppose the Question that Clause 27 stand part of the Bill.*

**Member's explanatory statement**

*Lord Goodman seeks to probe why the term “approved substance” is not defined on the face of the Bill.*

**After Clause 27**

BARONESS HOLLINS

**626A** After Clause 27, insert the following new Clause—

**“No requirement for prescription**

The Secretary of State must, by regulations made by statutory instrument, make provision to ensure that approved substances authorised for use under this Act—

- (a) do not require a prescription issued by a registered medical practitioner, and
- (b) may be dispensed directly by a registered pharmacist in accordance with regulations made under this Act.”

**Member's explanatory statement**

*This amendment seeks to removes the requirement for a doctor's prescription for an approved substance and enables direct dispensing by a registered pharmacist in accordance with regulations made under the Act.*

LORD HARPER

**626B** After Clause 27, insert the following new Clause—

**“Approved substance: compensation**

The Secretary of State must, prior to the specification of one or more approved substances under section 27, create, advertise, and administer an indefinite scheme for fairly compensating individuals (or their survivors) who—

- (a) were administered an approved substance under this Act which failed to be effective, or

(b) experienced suffering causing pain, degradation, or psychological injury as the result of the administration of an approved substance under this Act.”

***Member's explanatory statement***

*This amendment seeks to ensure that anyone hurt by an approved substance (or the survivor thereof) can be adequately compensated, in the light of the experimental nature of drug regimes used to end patients' lives.*

**Clause 28**

LORD CARLILE OF BERRIEW

627 Clause 28, page 23, line 15, leave out “coordinating doctor” and insert “independent person”

BARONESS FINLAY OF LLANDAFF

628 Clause 28, page 23, line 15, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD CARLILE OF BERRIEW

629 Clause 28, page 23, line 19, leave out “coordinating doctor” and insert “independent person”

BARONESS FINLAY OF LLANDAFF

630 Clause 28, page 23, line 19, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

LORD CARLILE OF BERRIEW

631 Clause 28, page 23, line 20, leave out “coordinating doctor” and insert “independent person”

BARONESS FINLAY OF LLANDAFF

632 Clause 28, page 23, line 20, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS GREY-THOMPSON

633 Clause 28, page 23, line 26, leave out “immediately”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**634** Clause 28, page 23, line 26, leave out from “disability” to “(other” in line 27

***Member's explanatory statement***

*This amendment is consequential on my amendment to Clause 56, page 40, line 39.*

BARONESS GREY-THOMPSON

**635** Clause 28, page 23, line 30, at end insert—

“(ca) proof of ID and the person’s National Insurance number;”

LORD CARLILE OF BERRIEW

**636** Clause 28, page 23, line 33, leave out “coordinating doctor’s” and insert “independent person’s”

BARONESS FINLAY OF LLANDAFF

**637** Clause 28, page 23, line 33, leave out “coordinating doctor’s” and insert “licensed assisted dying service doctor’s,”

LORD SANDHURST

**637A** Clause 28, page 23, line 36, leave out sub-paragraphs (ii) and (iii) and insert—

- “(ii) the first assessment of the person and (if different) the date of the report of that assessment;
- “(iii) the second assessment of the person and (if different) the date of the report of that assessment;”

***Member's explanatory statement***

*These amendments are designed to ensure that the Commissioner (and, in due course, the 5 year review) has the necessary data in order to be able to identify whether the framework in the Bill is working.*

LORD CARLILE OF BERRIEW

**638** Clause 28, page 23, line 36, leave out sub-paragraphs (ii) to (vi)

LORD CARLILE OF BERRIEW

**639** Clause 28, page 24, line 3, leave out “approved substance” and insert “lethal dosage”

LORD CARLILE OF BERRIEW

**640** Clause 28, page 24, line 5, leave out “approved substance” and insert “lethal dosage”

BARONESS GREY-THOMPSON  
BARONESS MORRIS OF BOLTON

**641** Clause 28, page 24, line 5, at end insert –

“(k) any complications or lack of complications.”

LORD SANDHURST

**641A** Clause 28, page 24, line 5, at end insert –

“(k) the time between use of the approved substance and loss of consciousness;  
(l) details of any other conditions, including mental health conditions, from which the person was suffering;  
(m) the reason given by the person for seeking assistance under this Act;  
(n) the method of self-administration;  
(o) any complications from which the person suffered after taking the approved substance;  
(p) location of death;  
(q) persons present at self-administration;  
(r) persons present at death.”

*Member's explanatory statement*

*These amendments are designed to ensure that the Commissioner (and, in due course, the 5 year review) has the necessary data in order to be able to identify whether the framework in the Bill is working.*

LORD CARLILE OF BERRIEW

**642** Clause 28, page 24, line 6, leave out subsections (6) and (7) and insert –

“(6) The independent person must, as soon as practicable, inform a registered medical practitioner from the person’s GP practice of the making of the statement for recording in the person’s medical records.”

BARONESS FINLAY OF LLANDAFF

**643** Clause 28, page 24, line 6, leave out subsections (6) and (7) and insert –

“(6) As soon as the person’s GP practice is notified by the panel of a final statement relating the person’s application for an assisted death, the person’s medical record must be updated with the information within 24 hours.”

**Clause 29**

BARONESS FINLAY OF LLANDAFF

**644** Clause 29, page 24, line 19, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS FINLAY OF LLANDAFF

**645** Clause 29, page 24, line 21, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS FINLAY OF LLANDAFF

**646** Clause 29, page 24, line 26, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS FINLAY OF LLANDAFF

**647** Clause 29, page 24, line 28, leave out paragraph (b)

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Clause 29 stand part of the Bill.*

**Clause 30**

LORD SANDHURST

**647A** Clause 30, page 24, line 35, at end insert “in the sense that the person does not die as a result of taking the approved substance.”

***Member's explanatory statement***

*At present, the wording of clause 30(b) is ambiguous. This amendment makes clear what 'failure' means.*

LORD CARLILE OF BERRIEW

**648** Clause 30, page 24, line 36, leave out “coordinating doctor” and insert “independent person”

BARONESS FINLAY OF LLANDAFF

**649** Clause 30, page 24, line 36, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

BARONESS GREY-THOMPSON

**650** Clause 30, page 24, line 36, leave out “as soon as practicable” and insert “within 7 days”

BARONESS FINLAY OF LLANDAFF

**651** Clause 30, page 24, line 38, leave out subsection (3)

LORD CARLILE OF BERRIEW

**652** Clause 30, page 24, line 38, leave out subsections (3) and (4) and insert –

“(3) The independent person must, as soon as practicable, inform a registered medical practitioner from the person’s GP practice that this has happened, for recording in the person’s medical records.”

BARONESS GREY-THOMPSON

**653** Clause 30, page 24, line 39, leave out “as soon as practicable” and insert “within 7 days”

BARONESS FINLAY OF LLANDAFF

**654** Clause 30, page 25, line 1, leave out “any other” and insert “every”

BARONESS FINLAY OF LLANDAFF

**655** Clause 30, page 25, line 2, leave out “coordinating doctor” and insert “licensed assisted dying service doctor,”

**After Clause 30**

BARONESS GREY-THOMPSON  
BARONESS O'LOAN  
BARONESS MORRIS OF BOLTON

656 After Clause 30, insert the following new Clause—

**“Record of length of time of death and any complications**

- (1) After any assisted death under the provisions of this Act the coordinating doctor must update the person's medical records with the length of time it took for the person to die after the approved substance was administered.
- (2) The update under subsection (1) in the person's medical records must include information of any complications which occurred including any reawakening or vomiting.”

BARONESS FOX OF BUCKLEY  
BARONESS EATON  
BARONESS SMITH OF NEWNHAM

657 After Clause 30, insert the following new Clause—

**“Assisted dying not to be regarded as medical treatment**

The provision of assistance under this Act is not to be regarded as a medical treatment.”

LORD HUNT OF KINGS HEATH  
BARONESS GREY-THOMPSON

658 After Clause 30, insert the following new Clause—

**“Criminal records check for medical practitioners**

A registered medical practitioner who participates in any stage of the process under sections 8 to 30 must, prior to undertaking any such act in relation to a particular patient—

- (a) hold an enhanced certificate issued under section 113B of the Police Act 1997 (enhanced criminal record certificates), and
- (b) have obtained that certificate not earlier than the date on which the patient made the first declaration under section 8.”

BARONESS BERRIDGE  
BARONESS GREY-THOMPSON

**658A** After Clause 30, insert the following new Clause—

**“Duty to inform relatives about risk of complications”**

- (1) The coordinating doctor must inform the relatives present at the provision of assistance to end a person’s life about the risk of any complications which may reasonably occur in the self-administration of the approved substance.
- (2) Within one year of the day on which this Act is passed, the Secretary of State must publish a code of practice in relation to the duty under subsection (1), which includes specific guidance in relation to anyone under the age of 18 present at the provision of assistance to end a person’s life.”

**Clause 31**

BARONESS FINLAY OF LLANDAFF

**659** [Withdrawn]

BARONESS FINLAY OF LLANDAFF

**660** Clause 31, page 25, line 9, after “participate in” insert “any aspect of the planning for or in”

***Member's explanatory statement***

*This amendment, connected to another in the name of Baroness Finlay of Llandaff, seeks to clarify that involvement in assistance is wider than only the direct administration of lethal drugs.*

BARONESS FINLAY OF LLANDAFF

**661** Clause 31, page 25, line 9, leave out “assistance” and insert “assisted death”

BARONESS FINLAY OF LLANDAFF

**662** [Withdrawn]

BARONESS FINLAY OF LLANDAFF

**663** [Withdrawn]

## BARONESS LAWLOR

664 Clause 31, page 25, line 10, at end insert –

- “(1A) No health professional or social care professional is under any duty to participate in training in relation to this Act.
- “(1B) Official guidance on training must be published on the day on which this Act receives Royal Assent.
- “(1C) Any health professional or social care professional who wishes to participate in training in relation to this Act, must give written consent in advance stating their desire to participate in such training.
- “(1D) Any health professional or social care professional has the right to opt out of involvement in training for any activity involving, or related to, this Act.”

## BARONESS FINLAY OF LLANDAFF

665 Clause 31, page 25, line 10, at end insert –

- “(1A) No health or social care organisation, team or professional is required or expected to participate in any part of the process of a person’s request for an assisted death under this Act.”

## LORD CARLILE OF BERRIEW

666 Clause 31, page 25, line 11, leave out subsection (2)

## BARONESS FINLAY OF LLANDAFF

667 Clause 31, page 25, line 11, leave out subsection (2) and insert –

- “(2) A health or social care professional who wishes to have an involvement with the licensed assisted death service must be fully trained and registered, and any such involvement is to be separate from their health or social care employment.”

BARONESS O’LOAN  
LORD ALTON OF LIVERPOOL  
LORD BIGGAR  
BARONESS RITCHIE OF DOWNPATRICK

668 Clause 31, page 25, line 14, leave out “registered medical practitioner” and insert “person”

*Member's explanatory statement*

*This amendment (and another in the name of Baroness O’Loan) seeks to provide for a comprehensive conscience protection, allowing any person to opt out of any activity which may facilitate assisted suicide, including any ancillary functions.*

LORD CARLILE OF BERRIEW  
BARONESS FINLAY OF LLANDAFF

**669** Clause 31, page 25, line 14, leave out “, other than the coordinating doctor or the independent doctor,”

BARONESS O'LOAN  
LORD ALTON OF LIVERPOOL  
LORD BIGGAR  
BARONESS RITCHIE OF DOWNPATRICK

**670** Clause 31, page 25, line 19, at end insert—

“(3A) For the purposes of subsection (3), a reference to performing any function under or in connection with this Act includes any activity which facilitates any aspect of assisted dying under or in connection with the provisions of this Act, including but not limited to—  
 (a) administrative or managerial tasks, such as the allocation of staff to carry out duties under the Act,  
 (b) the supervision of staff as they carry out duties under the Act, and  
 (c) the accompanying and monitoring of a patient as they receive or after they have received the approved substance.”

*Member's explanatory statement*

*This amendment (and another in the name of Baroness O'Loan) seeks to provide for a comprehensive conscience protection, allowing any person to opt out of any activity which may facilitate assisted suicide, including any ancillary functions.*

LORD CARLILE OF BERRIEW

**671** Clause 31, page 25, line 20, leave out subsection (4)

LORD CARLILE OF BERRIEW

**672** Clause 31, page 25, line 25, leave out “section 25” and insert “section (Assistance with suicide)”

BARONESS FRASER OF CRAIGMADDIE  
LORD CARLILE OF BERRIEW  
LORD HUNT OF KINGS HEATH  
THE LORD BISHOP OF SOUTHWARK

**673** Clause 31, page 25, line 25, at end insert—

“(5A) Any health or care worker, regardless of whether they are registered or unregistered, or domestic or ancillary and any other staff in a health or social care

facility, may refuse to participate, without penalty, in any aspect of assisted dying under or in connection with the provisions of this Act.”

BARONESS GREY-THOMPSON

**673A** Clause 31, page 25, line 28, at end insert—

“(6A) A medical practitioner who has opted in to the process may in writing can withdraw consent to be a witness of the process at any point.”

***Member's explanatory statement***

*This amendment would ensure that a coordinating doctor involved in the act would be able to give clear and consistent consent throughout the process and withdraw at any time without professional or other repercussions.*

BARONESS FINLAY OF LLANDAFF

**674** Clause 31, page 25, line 34, leave out “under section 12(2)(b) (enquiries by assessing doctor)” and insert “by the panel”

**After Clause 31**

BARONESS KEELEY  
BARONESS GOUDIE  
LORD CARLILE OF BERRIEW

**675** After Clause 31, insert the following new Clause—

**“No obligation to provide assistance: care homes and hospices**

No care home or hospice which is regulated—

- (a) by the Care Quality Commission in England, or
- (b) by Care Inspectorate Wales in Wales,

is under any duty to participate in the provision of any assistance or the performance of any function under or in connection with this Act.”

***Member's explanatory statement***

*This amendment seeks to ensure there is no obligation on a care home or hospice in England or Wales to permit the provision of assistance in accordance with this Act on their premises.*

BARONESS FRASER OF CRAIGMADDIE  
BARONESS FOX OF BUCKLEY  
LORD HUNT OF KINGS HEATH

676 After Clause 31, insert the following new Clause—

**“No obligation to provide assistance: GP services**

No GP service registered in England or Wales is under any duty to participate in the provision of any assistance or the performance of any function under or in connection with this Act.”

BARONESS FRASER OF CRAIGMADDIE  
BARONESS FOX OF BUCKLEY  
LORD HUNT OF KINGS HEATH

677 After Clause 31, insert the following new Clause—

**“No obligation to provide assistance: charity services**

No charity registered with the Charity Commission in England or Wales is under any duty to participate in the provision of any assistance or the performance of any function under or in connection with this Act.”

BARONESS FRASER OF CRAIGMADDIE  
BARONESS FOX OF BUCKLEY  
LORD HUNT OF KINGS HEATH

678 After Clause 31, insert the following new Clause—

**“No obligation to provide assistance: carer organisations or any other third sector or private businesses**

No carer organisations or any other third sector or private business involved in supporting adults with long term conditions in England or Wales is under any duty to participate in the provision of any assistance or the performance of any function under or in connection with this Act.”

BARONESS GREY-THOMPSON  
BARONESS O'LOAN  
BARONESS BUTLER-SLOSS  
LORD MOYLAN

679 After Clause 31, insert the following new Clause—

**“Organisational conscientious objection**

- (1) No company, charity, or other organisation is under any duty to participate in, facilitate, or permit on its premises the provision of assistance in accordance with this Act.

- (2) No company, charity, or other organisation shall be required, as a condition of receiving funding or any other benefit from any public body, to participate in, facilitate, or permit on its premises the provision of assistance in accordance with this Act.
- (3) This section does not apply to NHS bodies.”

BARONESS HOLLINS

680 After Clause 31, insert the following new Clause—

**“Specialist register for clinical psychologists to participate in the operation of this Act**

- (1) No clinical psychologist may at any time be required, whether directly or indirectly, to participate in any aspect of the operation of this Act unless they have formally and voluntarily opted in to do so.
- (2) A clinical psychologist must not carry out any function under this Act unless the psychologist is entered in the Specialist Register for Assisted Dying kept by the Health and Care Professions Council.
- (3) The Secretary of State must by regulations make provision for the Health and Care Professions Council to—
  - (a) establish and maintain the Specialist Register for Assisted Dying for clinical psychologists, and
  - (b) determine and publish the criteria (including training, qualifications and experience) for entry in the register under (3)(a).”

LORD GOODMAN OF WYCOMBE

681 After Clause 31, insert the following new Clause—

**“Conscientious objection to participation in the provision of assisted dying services**

- (1) No person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any service authorised by this Act to which they have a conscientious objection, provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.
- (2) The Secretary of State must by regulations made by statutory instrument issue detailed protocols for the protection of medical professionals under this section, including ensuring they are not indirectly pressured to participate in the provision of assisted dying services in accordance with this Act.
- (3) The Secretary of State must undertake a consultation before making regulations under subsection (2).”

***Member's explanatory statement***

*Subsection (1) of the new clause inserted by this amendment mirrors the wording of section 4 of the Abortion Act 1967. The amendment seeks to ensure that conscientious objection to this Bill is protected in law and that Secretary of State publishes guidance on how this is to be respected in practice, following a public consultation.*

BARONESS HOLLINS

**681A** After Clause 31, insert the following new Clause—

**“Specialist Register for Pharmacists**

- (1) No pharmacist shall at any time be required, whether directly or indirectly, to participate in any aspect of the operation of this Act unless they have formally and voluntarily opted in to do so.
- (2) A pharmacist must not carry out any function under this Act unless the pharmacist is entered in the Specialist Register for Assisted Dying kept by the General Pharmaceutical Council.
- (3) The Secretary of State must by regulations made by statutory instrument make provision for the General Pharmaceutical Council to—
  - (a) establish and maintain the Specialist Register for Assisted Dying for pharmacists, and
  - (b) determine and publish the criteria including training, qualifications and experience for entry in that register.”

***Member's explanatory statement***

*This amendment creates an opt-in system for pharmacists and requires that only those entered on a new Specialist Register for Assisted Dying, maintained by the General Pharmaceutical Council, may perform functions under the Act.*

**Clause 32**

LORD WOLFSON OF TREDEGAR

**681B** Clause 32, page 26, line 31, at end insert—

- “(aa) giving an opinion to a person on whether that person should access assistance to end their life where the person giving that opinion is a family member and the conversation happens in the presence of the coordinating doctor, or”

***Member's explanatory statement***

*This amendment seeks to probe whether the Bill should include provision to allow a family member to give their opinion on whether they feel a person should access assistance to end their life.*

**Clause 33**

BARONESS GREY-THOMPSON

682 Clause 33, page 27, line 9, at end insert—

- (d) providing advice or assistance, or doing any other thing, as a result of which a person decides not to end their own life.”

BARONESS GREY-THOMPSON

683 Clause 33, page 27, line 17, after “so,” insert “or to decide not to do so,”

**After Clause 33**

LORD GOODMAN OF WYCOMBE

684 After Clause 33, insert the following new Clause—

**“Support programmes for health professionals involved in providing assistance**

- (1) The Secretary of State must provide funding to establish support programmes for health professionals who provided assistance under this Act.
- (2) Support programmes under subsection (1) must include provision of counselling and peer support groups.”

*Member's explanatory statement*

*This amendment seeks to establish a support programme for health professionals involved in providing assistance, ensuring that they have access to counselling and peer support groups.*

BARONESS HOLLINS

685 After Clause 33, insert the following new Clause—

**“Support for healthcare professionals**

The Secretary of State must ensure that all healthcare professionals involved, whether directly or indirectly, in the assessment, authorisation, or provision of assistance under this Act—

- (a) have access to appropriate supervision and support, including where necessary personal therapy,
- (b) receive such supervision and support in accordance with the standards determined by their respective professional regulatory bodies, and
- (c) are provided with such supervision and support free of charge, with costs met by the Secretary of State.”

*Member's explanatory statement*

*This amendment ensures that healthcare professionals involved in assisted dying receive appropriate supervision and psychological support, including personal therapy where required.*

**Clause 34**

BARONESS BERRIDGE

**685A** Clause 34, page 27, line 20, leave out “coercion or pressure,” and insert “or coercion intentionally”

LORD CARLILE OF BERRIEW

**686** Clause 34, page 27, line 21, leave out “or second”

BARONESS BERRIDGE

**686A** Clause 34, page 27, line 23, leave out “coercion or pressure,” and insert “or coercion intentionally”

LORD CARLILE OF BERRIEW

**687** Clause 34, page 27, line 24, leave out “an approved substance” and insert “a lethal dosage”

**Clause 35**

LORD CARLILE OF BERRIEW

**688** Clause 35, page 27, line 35, leave out “first”

LORD CARLILE OF BERRIEW

**689** Clause 35, page 27, line 36, leave out sub-paragraphs (ii) and (iii)

LORD CARLILE OF BERRIEW

**690** Clause 35, page 27, line 38, leave out “first”

LORD CARLILE OF BERRIEW

**691** Clause 35, page 27, line 38, leave out “or a second declaration”

LORD CARLILE OF BERRIEW

**692** Clause 35, page 28, line 9, leave out paragraph (a)

**After Clause 35**

BARONESS GREY-THOMPSON

**693** After Clause 35, insert the following new Clause—

**“False declaration under subsection 11(9A)**

- (1) A person who makes a false declaration under the terms of section 11(9A) commits an offence.
- (2) A person who commits an offence under subsection (1) is liable on conviction on indictment for a term not exceeding five years or a fine or both.”

LORD HUNT OF KINGS HEATH

*As an amendment to Amendment 693*

**694** In subsection (2) leave out “five” and insert “10”

**Clause 36**

LORD CARLILE OF BERRIEW

**695** Clause 36, page 28, line 23, leave out “first”

LORD CARLILE OF BERRIEW

**696** Clause 36, page 28, line 24, leave out sub paragraphs (ii) and (iii)

LORD CARLILE OF BERRIEW

**697** Clause 36, page 28, line 28, leave out paragraph (c)

**Clause 37**

BARONESS FINLAY OF LLANDAFF

**698** Clause 37, page 28, line 38, leave out “approved substances.” and insert “substances, and such regulations must be consistent with—

- (a) the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA);
- (b) where applicable, the requirements of the Home Office in relation to the manufacture, possession, supply, and disposal of controlled drugs under the Misuse of Drugs Act 1971 and associated regulations.”

## BARONESS HOLLINS

699 Clause 37, page 28, line 39, at end insert “, and such regulations must be consistent with—

- “(a) the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA);
- “(b) where applicable, the requirements of the Home Office in relation to the manufacture, possession, supply, and disposal of controlled drugs under the Misuse of Drugs Act 1971 and associated regulations.”

*Member's explanatory statement*

*This amendment and another in the name of Baroness Hollins aligns regulation of approved substances with MHRA standards and, where relevant, Home Office controlled drugs requirements, ensuring consultation and consistency with existing medicines and controlled substances frameworks.*

## LORD UDNY-LISTER

700 Clause 37, page 28, line 39, at end insert—

- “(1A) In doing so, the Secretary of State must have regard to the criteria set out in section 27(1A).
- “(1B) Prior to making regulations under this Clause, the Secretary of State must make inquiries of appropriate authorities in—
  - (a) jurisdictions abroad that permit assisted dying, and
  - (b) parts of the United States that administer capital punishment by lethal injection,

the purpose of which is to establish which combination of drugs or substances may in practice best meet the criteria in section 27(1A).
- “(1C) In making the regulations the Secretary of State must set out in a statement laid before both Houses of Parliament their reasons for believing that the permitted combination meets the criteria and what level of risk they have been willing to accept that it might not do so in all cases.
- “(1D) If the Secretary of State approves more than one combination of drugs or substances, they must specify in the regulations in which cases each combination is to be used.
- “(1E) If the Secretary of State cannot identify a combination of drugs or substances that meet the criteria in section 27(1A) to their satisfaction, they must not issue regulations under this section.”

*Member's explanatory statement*

*The purpose of these new subsections is to oblige the Secretary of State to take a transparent, evidence-based approach to the selection of the approved substance (or substances) and to be open about the risks of their not being fully effective in all cases.*

BARONESS GREY-THOMPSON

701 Clause 37, page 29, line 1, at end insert –

“(za) the clinical trials required for a drug to be used as an approved substance;”

BARONESS FINLAY OF LLANDAFF

702 Clause 37, page 29, line 3, after “substances” insert “from a designated regional pharmacy”

BARONESS GREY-THOMPSON

703 Clause 37, page 29, line 6, at end insert –

“(d) the regulation of the approval process and regulatory body that will administer the approved substances;  
(e) the process for clinical trials that will take place before any substance is approved for use under the provisions of this Act.”

BARONESS FINLAY OF LLANDAFF

704 Clause 37, page 29, line 15, at beginning insert “only”

BARONESS FINLAY OF LLANDAFF

705 Clause 37, page 29, line 15, leave out from “that” to “the” in line 16 and insert “have received approval in”

BARONESS FINLAY OF LLANDAFF

706 Clause 37, page 29, line 20, leave out “also” and insert “not”

BARONESS FINLAY OF LLANDAFF

707 Clause 37, page 29, line 21, leave out “may” and insert “must”

BARONESS FINLAY OF LLANDAFF

708 Clause 37, page 29, line 23, after “substances” insert “and which have Medicines and Healthcare products Regulatory Agency approval for this purpose”

## LORD FALCONER OF THOROTON

**708A** Clause 37, page 29, line 23, at end insert –

“(5A) The Secretary of State may by regulations establish, and make other provision about, a committee to –

- (a) advise the Secretary of State on such matters relating to any of the following as the regulations may specify –
  - (i) the specifying of substances under section 27;
  - (ii) approved substances;
  - (iii) devices of a kind mentioned in subsection (5);
- (b) be consulted under section 55(3) and (4) (consultation before making certain regulations).”

***Member's explanatory statement***

*This amendment confers on the Secretary of State a power to establish, and make provision about, a committee to advise on specified matters relating to substances and devices, and to be consulted under clause 55.*

## LORD FALCONER OF THOROTON

**708B** Clause 37, page 29, line 24, leave out from “section” to end of line 25 and insert “ –

- (a) must provide that a civil penalty, of an amount determined in accordance with the regulations, is payable to the Secretary of State where a relevant provision is contravened;
- (b) must confer a right to appeal against any decision to impose a civil penalty or the amount of a civil penalty;
- (c) may provide that it is an offence, punishable with a term of imprisonment or a fine (or both), to contravene a relevant provision;
- (d) may not provide for the maximum term of imprisonment for an offence to exceed 14 years;
- (e) may apply powers of entry or other powers, conferred on inspectors by Part 16 of the Human Medicines Regulations 2012, with or without modifications.

In this subsection “contravene” includes fail to comply, and “relevant provision” means such provision of, or made by, the regulations as the Secretary of State considers appropriate.”

***Member's explanatory statement***

*This amendment removes a general duty to make provision about enforcement, and replaces it with a duty to provide for civil penalties, a power to create criminal offences, and a power to apply powers of entry and other powers conferred by the Human Medicines Regulations on inspectors.*

## BARONESS HOLLINS

709 Clause 37, page 29, line 25, at end insert –

- “(6A) The Secretary of State must consult the MHRA and the Home Office where applicable before making any regulations under this section.
- (6B) In exercising powers under this section, the Secretary of State must have regard to any guidance issued by the MHRA and the Home Office regarding the safe use, storage, administration and disposal of pharmaceutical substances, including controlled substances.”

***Member's explanatory statement***

*This amendment and another in the name of Baroness Hollins aligns regulation of approved substances with MHRA standards and, where relevant, Home Office controlled drugs requirements, ensuring consultation and consistency with existing medicines and controlled substances frameworks.*

BARONESS FINLAY OF LLANDAFF  
BARONESS COFFEY

710 Clause 37, page 29, line 26, leave out subsection (7)

## LORD FALCONER OF THOROTON

710A Clause 37, page 29, line 27, leave out “they may not amend this Act.” and insert “–

- (a) this is subject to subsection (6)(d), and
- (b) the regulations may not amend this Act.”

***Member's explanatory statement***

*This is consequential on my amendment of this clause at page 29, line 24.*

## LORD FALCONER OF THOROTON

710B Clause 37, page 29, line 27, at end insert –

- “(7A) In making regulations under this section, the Secretary of State's overarching objective must be ensuring the safety of the public and of persons seeking assistance under this Act.”

***Member's explanatory statement***

*This amendment provides that the Secretary of State's overarching objective in making regulations under the clause is ensuring the safety of the public and of persons seeking assistance.*

LORD CARLILE OF BERRIEW  
LORD GOODMAN OF WYCOMBE  
BARONESS HOLLINS  
LORD ROOKER

*The above-named Lords give notice of their intention to oppose the Question that Clause 37 stand part of the Bill.*

**After Clause 37**

BARONESS HOLLINS  
BARONESS O'LOAN

**711** After Clause 37, insert the following new Clause—

**“List of approved substances maintained by Voluntary Assisted Dying Commissioner**

- (1) The Commissioner must, in accordance with their functions under section 4, maintain a list of approved substances authorised for use under this Act.
- (2) The Commissioner must work collaboratively with the Medicines and Healthcare products Regulatory Agency (MHRA) and Home Office to establish the most suitable substance for the purposes of this Act.
- (3) A substance may be included on the list under subsection (1) only if the Commissioner is satisfied that—
  - (a) the substance is supported by sufficient evidence of efficacy and safety, for the purpose of voluntary assisted death, based on contemporary pharmacological evaluation standards,
  - (b) the method of self-administration is reliable and within the capacity of the patient to undertake voluntarily, and
  - (c) appropriate protocols exist for preparation, labelling, handling, storage, and disposal.
- (4) The Commissioner must publish the list of approved substances and review it at least annually, or more frequently as required by emerging evidence or safety concerns.
- (5) All substances used for purposes under this Act will be subject to the MHRA yellow card monitoring pharmacovigilance framework.
- (6) In this Act, “approved substance” means a substance included on the list published by the Commissioner under this section.”

***Member's explanatory statement***

*The amendment requires the Commissioner, in collaboration with MHRA and the Home Office, to establish, maintain and publish a list of approved substances to be used for the purposes of assisted dying under this Act.*

## BARONESS HOLLINS

712 After Clause 37, insert the following new Clause—

**“Standards for registered medical practitioners prescribing approved substances**

- (1) No registered medical practitioner may prescribe a substance under this Act unless it has been—
  - (a) duly licensed and approved by the appropriate regulatory authority, and
  - (b) supported by sufficient clinical evidence demonstrating its safety, quality, and efficacy for use in assisted suicide under the standards set out in subsection (3).
- (2) A registered medical practitioner prescribing under this Act must comply with Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2938).
- (3) The Secretary of State must by regulations make provision for the standards and evidential requirements to be applied for the purposes of subsection (1), and such standards must be consistent with relevant guidance issued by the General Medical Council.”

*Member's explanatory statement*

*This amendment requires standards to be in place for doctors prescribing approved substances.*

## BARONESS HOLLINS

713 After Clause 37, insert the following new Clause—

**“Clinical trials for new approved substances**

- (1) The Secretary of State must take such steps as are necessary to enable and support the development of sufficient clinical evidence for any substance intended to be designated as an approved substance under this Act.
- (2) Steps under subsection (1) may include supporting the establishment and funding of clinical trials or other evidence-gathering studies necessary to assess the safety, efficacy, and appropriateness of such substances for use in assisted dying.
- (3) The Secretary of State must by regulations make provision about—
  - (a) the criteria for initiating or funding such studies,
  - (b) the roles of relevant bodies in supporting research, and
  - (c) any ethical and regulatory standards to be met in the design and conduct of such trials and studies.
- (4) No substance may be approved or designated as an approved substance under this Act until such trials have been conducted, the evidence has been evaluated, and it is determined to be consistent with modern pharmacovigilance standards.
- (5) Research and clinical trials conducted for the purposes of this section must be fully funded by the Government.”

***Member's explanatory statement***

*This amendment places a duty on the Government to fund and support clinical trials to establish evidence of safety and efficacy for substances before they can be approved for use under the Act.*

BARONESS HOLLINS

713A After Clause 37, insert the following new Clause—

**“New MHRA regulatory pathway for substances used in assisted dying**

- (1) The Secretary of State must, by regulations made by statutory instrument and through the Medicines and Healthcare products Regulatory Agency (MHRA), establish and operate a dedicated authorisation pathway for the evaluation and approval of substances intended for use in assisted dying under this Act.
- (2) The authorisation pathway must be developed in accordance with standards recognised in the United Kingdom for the regulation of medicinal products.
- (3) In making regulations under this section, the Secretary of State must have regard to the recommendations set out by the MHRA in relation to—
  - (a) the level and type of evidence required for authorisation under this section,
  - (b) the design of clinical trials and real-world evidence studies,
  - (c) any post-authorisation safety monitoring requirements, and
  - (d) any consultation requirements.
- (4) The MHRA must publish guidance on the operation of this authorisation pathway, including standards relating to efficacy, safety, and the evaluation of risks and benefits, and must keep that guidance under review.”

***Member's explanatory statement***

*This amendment requires the Secretary of State to establish, through the MHRA, a dedicated regulatory pathway for approving substances used for assisted dying. The evidence standards, oversight, and guidance must be equivalent to those for other authorised medicinal products.*

LORD GOODMAN OF WYCOMBE

713B After Clause 37, insert the following new Clause—

**“Research study**

- (1) Within 12 months of the day on which this Act is passed, the Secretary of State must commission a research study focused on finding and licensing the most suitable drugs or drug combinations for bringing about death and providing adjunctive relief in order to provide assistance under this Act.
- (2) The research study must investigate the approved substances used in the operation of this Act in relation to—
  - (a) the time taken for a person to self-administer the substance;
  - (b) what formulations were used;
  - (c) how long it took before the person lost consciousness;

- (d) how long it took for the person to die;
- (e) how often the person did not die after administering the substance;
- (f) the number of times repeated attempts that were required before a person died;
- (g) any unexpected complications.”

### Clause 38

BARONESS GREY-THOMPSON

714 Clause 38, page 29, line 32, leave out subsection (1)

LORD SANDHURST  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN  
BARONESS FOX OF BUCKLEY

715 Clause 38, page 29, line 32, leave out subsection (1) and insert –

- “(1) Every death resulting from the provision of assistance under this Act must be notified to both a medical examiner and the relevant senior coroner.
- (1A) The coroner must decide, in accordance with the Coroners and Justice Act 2009, whether to carry out an investigation.
- (1B) For the avoidance of doubt, nothing in this Act excludes a death under its provisions from being treated as an “unnatural death”.”

***Member's explanatory statement***

*This will remove the bar to investigation and involvement on the part of coroners and medical examiners.*

BARONESS COFFEY

716 Clause 38, page 29, line 34, leave out “does not include” and insert “includes”

***Member's explanatory statement***

*This is a probing amendment to consider including terminally assisted death as an unnatural death, rather than exclude it, in regard to the Coroners and Justice Act 2009.*

LORD HENDY  
BARONESS FINLAY OF LLANDAFF

717 Clause 38, page 29, line 38, at end insert –

- “(7B) In this Chapter a reference to an “unnatural death” includes 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, where the terminal illness within the meaning of that Act is unnatural.”

***Member's explanatory statement***

*This amendment is intended to give Coroners the jurisdiction to investigate assisted deaths under the Act but on a discretionary and not a mandatory basis.*

BARONESS COFFEY

717A Clause 38, page 30, line 1, leave out subsection (2) and insert –

“(2) After section 20 of that Act (medical certificate of cause of death), insert –

**“20A Medical certificate in cases of an assisted death**

In cases where the cause of death appears (to the best of the knowledge and belief of the person issuing a certificate) 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 “physician-assisted suicide”, and
- (b) contain a record of the illness or disease which caused the person to be terminally ill within the meaning of that Act.””

***Member's explanatory statement***

*This amendment, in line with the recommendation of the DPRRC report, seeks to ensure that provision setting out how a death certification is to be issued is on the face of the Coroners Act, rather than made through secondary legislation under that Act.*

BARONESS GREY-THOMPSON

718 Clause 38, page 30, line 1, leave out “that Act” and insert “the Coroners and Justice Act 2009”

BARONESS COFFEY

718A Clause 38, page 30, leave out lines 3 to 10

***Member's explanatory statement***

*This is in line with the recommendation from the DPRRC Report.*

LORD FALCONER OF THOROTON

718B Clause 38, page 30, line 9, after “provision” insert “relating to the processes and procedures for establishing and certifying the cause of death”

***Member's explanatory statement***

*This amendment clarifies that the further provision that may be made by virtue of inserted section (4A)(b) is limited to provision relating to the processes and procedures for establishing and certifying the deceased's cause of death.*

LORD FALCONER OF THOROTON

718C Clause 38, page 30, leave out lines 11 to 20 and insert—

“(4B) Subsection (4C) applies where—

- (a) regulations under subsection (1) require a person to issue a certificate in relation to a death, and
- (b) to the best of the person's knowledge and belief, the cause of death is the self-administration by the deceased of an approved substance, within the meaning of the Terminally Ill Adults (End of Life) Act 2026, which was provided to the deceased in accordance with that Act.

(4C) The certificate must—

- (a) state the cause of death to be “assisted death”, and
- (b) contain a record of the illness or disease by virtue of which the deceased was terminally ill within the meaning of that Act.”

***Member's explanatory statement***

*This amendment puts the material currently required to be included in regulations under section 20 of the Coroners and Justice Act 2009 on the face of that Act.*

LORD HENDY  
BARONESS FINLAY OF LLANDAFF

719 Clause 38, page 30, line 18, leave out from “be” to the end of line 20 and insert “the illness or disease which caused the person to be terminally ill within the meaning of that Act, and

- (b) contain a record stating that the death was an assisted death.”

LORD MOYLAN

720 Clause 38, page 30, line 18, leave out the second “death” and insert “suicide”

***Member's explanatory statement***

*This amendment seeks to clarify the distinction between death as a result of this Bill and death under palliative care.*

BARONESS FINLAY OF LLANDAFF

721 Clause 38, page 30, line 20, at end insert “, and any injury or exposure to a potentially harmful substance or radiation or environment that caused that illness or disease”

BARONESS GREY-THOMPSON

722 Clause 38, page 30, line 20, at end insert –

“(c) contain a record of any other impairment at the time of their death.”

LORD FALCONER OF THOROTON

722A Clause 38, page 30, line 20, at end insert –

“(2A) In section 176(5) of that Act (statutory instruments subject to affirmative resolution procedure) before paragraph (a) insert –

“(za) regulations made by virtue of section 20(4A),”.”

***Member's explanatory statement***

*This amendment provides that the affirmative resolution procedure (as defined in section 176(6) of the Coroners and Justice Act 2009) applies to regulations made by virtue of section 20(4A) of that Act.*

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

*The above-named Lords give notice of their intention to oppose the Question that Clause 38 stand part of the Bill.*

***Member's explanatory statement***

*This, and a number of amendments in the name of Lord Goodman, seeks to give effect to the recommendations set out in the Delegated Powers and Regulatory Reform Committee's report into the Bill.*

**After Clause 38**

BARONESS GREY-THOMPSON

723 After Clause 38, insert the following new Clause –

**“Post-mortems and diagnosis of terminal illness**

- (1) Every death resulting from the provision of assistance under this Act must be notified to both a medical examiner and the relevant senior coroner.
- (2) A senior coroner must request a post-mortem is carried out to confirm the diagnosis of terminal illness as defined in section 2.
- (3) The Secretary of State must ensure that data from post-mortems under subsection (2) is collected and made publicly accessible.”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

**724** After Clause 38, insert the following new Clause—

**“Death certification**

In the Births and Deaths Registration Act 1953, after section 39A (regulations made by the Minister: further provisions), insert—

**“39B Regulations: assisted suicide**

- (1) The Minister may make regulations—
  - (a) providing for any provision of this Act relating to the registration of deaths to apply in respect of deaths which occur in accordance with the Terminally Ill Adults (End of Life) Act 2025 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,
  - (b) requiring the Registrar General to prepare a report at least once each year providing a statistical analysis of deaths which have occurred in accordance with the Terminally Ill Adults (End of Life) Act 2025, and
  - (c) containing such incidental, supplemental and transitional provisions as the Minister considers appropriate.
- (3) Any regulations made under subsection (1)(a)(ii) shall provide for the cause of death to be recorded as “assisted suicide by Court order”.
- (4) The power of the Minister to make regulations under this section is exercisable by statutory instrument.
- (5) A statutory instrument containing regulations made under this section is subject to annulment in pursuance of a resolution of either House of Parliament.””

BARONESS COFFEY

*As an amendment to Amendment 724*

**724A** In inserted subsection (1) leave out “Minister” and insert “Lord Chancellor”

***Member's explanatory statement***

*This probing amendment makes it clear that it is the Lord Chancellor, now usually the Secretary of State for Justice, responsible for the regulations regarding reporting these statistics.*

## BARONESS COFFEY

*As an amendment to Amendment 724*

**724B** In inserted subsection (1) leave out “may” and insert “must”

***Member's explanatory statement***

*This requires the collection and publication of statistics regarding the number of deaths by assisted suicide.*

## BARONESS COFFEY

*As an Amendment to Amendment 724*

**724C** In inserted subsection (1)(c) leave out “Minister” and insert “Lord Chancellor”

***Member's explanatory statement***

*This probing amendment, and others in the name of Baroness Coffey, makes it clear that it is the Lord Chancellor, now usually the Secretary of State for Justice, responsible for the regulations regarding reporting these statistics.*

## BARONESS COFFEY

*As an Amendment to Amendment 724*

**724D** In inserted subsection (4) leave out “Minister” and insert “Lord Chancellor”

***Member's explanatory statement***

*This probing amendment, and others in the name of Baroness Coffey, makes it clear that it is the Lord Chancellor, now usually the Secretary of State for Justice, responsible for the regulations regarding reporting these statistics.*

**Clause 39**BARONESS EATON  
LORD CARLILE OF BERRIEW

**725** Clause 39, page 30, line 35, at end insert—

“(iii) the circumstances in which it would not be appropriate for a person to be advised to consider discussing the request with their next of kin and other persons they are close to under section 12(2)(g);”

***Member's explanatory statement***

*This amendment would require the Secretary of State to give guidance on when an assessing doctor might not consider it appropriate to advise a person to discuss their request for an assisted death with their loved ones, as part of the Code of Practice on the assessment on whether a person has a clear, settled and informed wish to end their own life.*

LORD SANDHURST

726 Clause 39, page 30, line 35, at end insert –

- “(aa) the assessment of whether a person has made the decision that they wish to end their own life voluntarily and has not been coerced or pressured by any other person into making it, including recognising coercion and pressure by any other person;”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to issue a code of practice in connection with the assessment of whether a person has made the decision that they wish to end their own life voluntarily and has not been coerced or pressured by any other person into making it.*

BARONESS FREEMAN OF STEVENTON

726A Clause 39, page 30, line 36, after “the” insert “personalised”

***Member's explanatory statement***

*This amendment, connected with others in the name of Baroness Freeman of Steventon, seeks to emphasise the need for the Secretary of State to produce codes of practice on the provision of personalised information to all eligible patients, recognising the special need of those with learning disabilities.*

LORD CARLILE OF BERRIEW

727 Clause 39, page 30, line 36, leave out “as mentioned in sections 5 and 12”

LORD CARLILE OF BERRIEW

728 Clause 39, page 30, line 38, leave out “under section 12”

BARONESS FREEMAN OF STEVENTON

728A Clause 39, page 30, line 39, at end insert “, including for those with learning disabilities”

***Member's explanatory statement***

*This amendment, connected with others in the name of Baroness Freeman of Steventon, seeks to emphasise the need for the Secretary of State to produce codes of practice on the provision of personalised information to all eligible patients, recognising the special needs of those with learning disabilities.*

BARONESS FREEMAN OF STEVENTON

728B Clause 39, page 30, line 40, leave out “information and”

***Member's explanatory statement***

*This amendment, connected with others in the name of Baroness Freeman of Steventon, seeks to emphasise the need for the Secretary of State to produce codes of practice on the provision of support and an advocate for all patients eligible to receive assistance under this Bill.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

729 Clause 39, page 31, line 4, leave out “approved substances” and insert “a lethal dosage”

LORD CARLILE OF BERRIEW

730 Clause 39, page 31, line 8, leave out “an independent advocate under section 22” and insert “the independent practitioner under subsection (5) of section (Court proceedings and orders)”

LORD CARLILE OF BERRIEW

731 Clause 39, page 31, line 14, leave out “section 9” and insert “this Act”

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

732 Clause 39, page 31, line 15, leave out subsection (2)

***Member's explanatory statement***

*This amendment, and others in the name of Lord Goodman, seek to give effect to the recommendations set out in the Delegated Powers and Regulatory Reform Committee's report into the Bill.*

LORD SANDHURST  
LORD BLENCATHRA

733 Clause 39, page 31, line 26, leave out subsection (7) and insert –

“(7) 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.”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, requires an assessor to take into account any provision of a code of practice or failure to comply with a code of practice*

*during any criminal or civil proceedings, bringing the Bill in line with the like provision in the Mental Capacity Act.*

#### Clause 40

LORD GOODMAN OF WYCOMBE

734 Clause 40, page 31, line 30, at end insert—

- “(1A) Guidance issued under subsection (1) cannot be published until the Secretary of State by regulations made by statutory instrument so provides.
- “(1B) When draft regulations are laid before Parliament in accordance with section 54, the guidance to which they relate must also be laid before Parliament.”

*Member's explanatory statement*

*This amendment seeks to ensure that guidance issued under Clause 40 is subject to the affirmative resolution procedure in Parliament.*

LORD GOODMAN OF WYCOMBE

735 Clause 40, page 31, line 30, at end insert—

- “(1A) The guidance must include information on how assisted dying services are to be integrated with existing NHS palliative care services.”

*Member's explanatory statement*

*This amendment seeks to ensure that guidance issued under Clause 40 includes information on how assisted dying services are to be integrated with existing NHS palliative care services.*

BARONESS COFFEY  
BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

736 Clause 40, page 31, line 31, leave out subsection (2)

BARONESS COFFEY  
BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

737 Clause 40, page 31, line 36, leave out paragraph (b)

LORD REES OF EASTON

738 Clause 40, page 31, line 37, after “disabilities” insert “, persons from Black, Asian and Minority Ethnic communities,”

***Member's explanatory statement***

*This amendment would specifically require the Secretary of State to consult people from BAME communities before issuing guidance relating to the operation of the Bill.*

LORD GOODMAN OF WYCOMBE

*As an amendment to Amendment 738*

739 After “Ethnic” insert “, and deprived white”

BARONESS COFFEY  
BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

740 Clause 40, page 32, line 1, leave out paragraph (e)

***Member's explanatory statement***

*This amendment would remove the requirement for the Secretary of State to consult the Welsh Ministers before issuing guidance. The amendment, in combination with other amendments in the name of Baroness Coffey, seeks to remove the application of these provisions in Wales.*

BARONESS COFFEY

741 Clause 40, page 32, line 4, leave out subsections (4) to (6)

***Member's explanatory statement***

*This amendment would remove the power of the Welsh Ministers to issue guidance relating to the operation of this Act. The amendment, in combination with other amendments in the name of Baroness Coffey, seeks to remove the application of these provisions in Wales.*

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

742 Clause 40, page 32, line 5, leave out from “Wales” to end of line 6

***Member's explanatory statement***

*This amendment deletes the requirement for the Welsh Ministers to make guidance “about matters which are within devolved competence”.*

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

743 Clause 40, page 32, line 7, leave out subsection (5)

***Member's explanatory statement***

*This amendment deletes the requirement for the Welsh Ministers to make guidance “about matters which are within devolved competence”.*

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

743A Clause 40, page 32, line 13, leave out paragraph (b)

***Member's explanatory statement***

*This amendment, together with other amendments in the name of Baroness Smith of Llanfaes, deletes the requirement for the Welsh Ministers to make guidance “about matters which are within devolved competence”.*

LORD REES OF EASTON

744 Clause 40, page 32, line 14, after “disabilities” insert “, persons from Black, Asian and Minority Ethnic communities,”

***Member's explanatory statement***

*This amendment would specifically require the Welsh Ministers to consult people from BAME communities before issuing guidance relating to the operation of the Bill.*

LORD GOODMAN OF WYCOMBE  
*As an amendment to Amendment 744*

745 After “Ethnic” insert “and deprived white”

BARONESS COFFEY

746 Clause 40, page 32, line 20, leave out “an appropriate national authority” and insert “the Secretary of State”

LORD SANDHURST  
LORD BLENCAETHRA

747 Clause 40, page 32, line 25, leave out “next of kin and families of such persons” and insert “relatives of and other persons who have an interest in the welfare of such persons”

***Member's explanatory statement***

*This amendment, suggested by the Law Society of England and Wales, relates to the requirement that the Chief Medical Officers have regard to the need to provide practical and accessible information, advice and guidance. It replaces “next of kin” with “relatives” of persons requesting or considering requesting assistance, a defined term in the Bill, as well as other persons with an interest in the person’s welfare.*

BARONESS COFFEY

748 Clause 40, page 32, line 27, leave out “An appropriate national authority” and insert “The Secretary of State”

BARONESS COFFEY

**749** Clause 40, page 32, leave out lines 30 and 31

***Member's explanatory statement***

*This amendment is consequential on other amendments in Baroness Coffey's name to clause 40 removing the power of the Welsh Ministers to issue guidance. The amendment, in combination with other amendments in the name of Baroness Coffey, seeks to remove the application of these provisions in Wales.*

**Clause 41**

BARONESS COFFEY

**749A** Clause 41, page 32, line 36, leave out “must” and insert “may”

***Member's explanatory statement***

*This amendment seeks to make the Secretary of State's power to make regulations relating to VAD services optional, rather than obligatory.*

LORD FALCONER OF THOROTON

**749B** Clause 41, page 32, line 36, leave out from “make” to end of line 38 and insert “—

- (a) provision requiring each integrated care board to arrange, to such extent as it considers necessary to meet all reasonable requirements, for the provision of voluntary assisted dying services for people for whom it has core responsibility (within the meaning given by section 14Z31 of the National Health Service Act 2006), or
- (b) provision requiring NHS England or the Secretary of State to arrange, to such extent as it or they consider necessary to meet all reasonable requirements, for the provision of voluntary assisted dying services in England.

The regulations may enable the Secretary of State to delegate any duty imposed by virtue of paragraph (b).”

***Member's explanatory statement***

*This amendment provides that regulations under subsection (1) must impose a duty on integrated care boards, NHS England or the Secretary of State to arrange for the provision of voluntary assisted dying services in England.*

LORD FALCONER OF THOROTON

**749C** Clause 41, page 32, line 40, at end insert—

- “(2A) The Secretary of State must by regulations make such provision as the Secretary of State considers appropriate for securing that the provision of voluntary assisted

dying services in England (whether or not the services are commissioned VAD services) is regulated by one or both of—

- (a) the Care Quality Commission, and
- (b) NHS England.”

***Member's explanatory statement***

*This amendment imposes a requirement on the Secretary of State to make provision for securing that the provision of voluntary assisted dying services in England is regulated by the Care Quality Commission or NHS England (or both bodies).*

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

750 Clause 41, page 32, line 40, at end insert—

- “(2A) Before making regulations under this section, the Secretary of State must undertake a public consultation on arrangements for the provision of voluntary assisted dying services in England.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Secretary of State undertakes a public consultation before regulating for the provision of voluntary assisted dying services in England.*

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

751 Clause 41, page 32, line 40, at end insert—

- “(2A) Within one month of the day on which this Act is passed, the Secretary of State must specify the bodies to provide voluntary assisted dying services in England.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Secretary of State specifies which organisations will provide assisted dying services in England within one month of the Act passing.*

BARONESS COFFEY

751A Clause 41, page 33, line 4, leave out subsections (4) and (5)

***Member's explanatory statement***

*This amendment seeks to ensure that VAD services are not provided by the NHS.*

LORD MACKINLAY OF RICHBOROUGH

752 Clause 41, page 33, line 4, leave out subsection (4) and insert—

- “(4) Regulations under this section must prohibit the involvement of the National Health Service in the provision of voluntary assisted dying services in England (whether or not the services are commissioned VAD services).”

***Member's explanatory statement***

*The amendment, linked with others in the name of Lord Mackinlay of Richborough seeks to prohibit any service under the Bill from being provided by the NHS.*

LORD HAMILTON OF EPSOM

752A Clause 41, page 33, line 4, leave out subsection (4) and insert—

“(4) Regulations under this section must prohibit any organisation other than the National Health Service from providing voluntary assisted dying services (whether or not the services are commissioned VAD services).”

BARONESS BROWN OF SILVERTOWN

753 Clause 41, page 33, line 4, leave out subsections (4) and (5) and insert—

“(4) Regulations under subsection (1) may not amend, modify or repeal section 1 of the National Health Service Act 2006, except in that they may provide that section 1(4) of that Act (services to be provided free of charge except where charging expressly provided for) applies in relation to commissioned VAD services.”

***Member's explanatory statement***

*This amendment would mean that the Secretary of State would not have the power to use regulations to amend section 1 of National Health Service Act 2006 to include assisted dying in the duty to promote a comprehensive health service.*

LORD FALCONER OF THOROTON

753A Clause 41, page 33, line 8, leave out from “must” to end of line 10 and insert “secure that—

- (a) section 1(4) of the National Health Service Act 2006 (services to be provided free of charge except where charging expressly provided for) applies in relation to commissioned VAD services;
- (b) the commissioner is subject to such general duties (with or without modifications) as the Secretary of State considers appropriate.

In paragraph (b) “the commissioner” means the person who is required, by regulations under subsection (1), to arrange for the provision of the services mentioned in that subsection.”

***Member's explanatory statement***

*This amendment provides that the regulations must ensure that the person required by regulations under subsection (1) to commission services is subject to such general duties (defined by my amendment at page 33, line 13) as the Secretary of State considers appropriate.*

## BARONESS FINLAY OF LLANDAFF

754 Clause 41, page 33, line 10 at end insert—

- “(b) provision of assistance under this Act is provided through a distinct administrative process which does not form part of NHS services,
- (c) “commissioned VAD services” cannot form part of, or be classified as, core general medical services provided by general practitioners under section 83 of the National Health Service Act 2006 (primary medical services), and
- (d) any provision of “commissioned VAD services” does not create any contractual or statutory obligations ordinarily applicable to providers of primary, secondary or tertiary medical services.”

*Member's explanatory statement*

*This amendment seeks to ensure that any “commissioned VAD services” established under this Act (1) must be delivered through a distinct pathway, (2) cannot form part of core general medical services provided by general practitioners and (3) does not create any contractual or statutory obligations for providers of medical services.*

BARONESS KEELEY  
 BARONESS GOUDIE  
 LORD CARLILE OF BERRIEW

755 Clause 41, page 33, line 10, at end insert—

- “(5A) Regulations under this section may not make any provision that would place any duty on a care home or hospice regulated by the Care Quality Commission to perform any function under or in connection with this Act on their premises.”

*Member's explanatory statement*

*This amendment seeks to ensure there is no obligation on a care home or hospice in England to permit the provision of assistance in accordance with this Act on their premises.*

BARONESS CASS  
 LORD HUNT OF KINGS HEATH

756 Clause 41, page 33, line 10, at end insert—

- “(5A) If regulations under this section provide for the involvement of the National Health Service in the provision of services under this Act, those regulations must also specify that the services must be commissioned through the specialised commissioning process under section 3B of the National Health Service Act 2006 (Secretary of State's power to require NHS England to commission services).”

*Member's explanatory statement*

*This amendment seeks to ensure that the delivery of any services by the NHS under this Bill is subject to the specialised commissioning governance processes. These include a defined national service specification, oversight, assurance and audit.*

BARONESS GREY-THOMPSON

757 Clause 41, page 33, line 10, at end insert—

“(5A) Regulations under this section must provide that each NHS region must publish the average cost per death for persons who have died under the provisions of this Act.”

LORD GOODMAN OF WYCOMBE  
LORD ROOKER  
BARONESS COFFEY

758 Clause 41, page 33, line 11, leave out subsection (6)

***Member's explanatory statement***

*This amendment, and others in the name of Lord Goodman, seek to give effect to the recommendations set out in the Delegated Powers and Regulatory Reform Committee's report into the Bill.*

LORD FALCONER OF THOROTON

758A Clause 41, page 33, line 12, at end insert—

“(6A) In making regulations under this section, the Secretary of State must have regard to the importance of—  
(a) the safety of the public and of persons seeking assistance under this Act, and  
(b) ensuring the availability and quality of voluntary assisted dying services in England.”

***Member's explanatory statement***

*This amendment requires the Secretary of State to have regard to the importance of safety, and of ensuring the availability and quality of voluntary assisted dying services in England, when making regulations under this clause.*

BARONESS BROWN OF SILVERTOWN  
BARONESS GREY-THOMPSON

759 Clause 41, page 33, line 12, 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 persons whom the body has assessed under section 10(1);  
(c) the number of persons whom the body has assessed under section 11(1);

- (d) the number of persons to whom assistance has been provided under section 25(2);
- (e) the cost and revenue associated with providing such assistance;
- (f) any other matter that the Secretary of State may specify.”

***Member's explanatory statement***

*This amendment would require private providers to publish annual statements of the numbers of people assisted at each stage, and their associated costs and revenue.*

BARONESS FINLAY OF LLANDAFF

760 Clause 41, page 33, line 12, at end insert –

- “(6A) Any person opting to participate in the Assisted Dying Service must act in that capacity separately from their existing employment, after informing their employer of their involvement.”

BARONESS FINLAY OF LLANDAFF

761 Clause 41, page 33, line 12, at end insert –

- “(6A) Involvement by a clinician in the provision of any part of an assisted dying service must not jeopardise any aspect of the care of other patients for whom the clinician has any responsibility.”

LORD BLENCATHRA

761A Clause 41, page 33, line 12, at end insert –

- “(6A) The Secretary of State may not make regulations under this section until they have published a report assessing the impact of the proposed regulation.”

***Member's explanatory statement***

*This amendment seeks to ensure further scrutiny of secondary legislation made under the section, in line with the findings of the DPRRC.*

LORD BLENCATHRA

761B Clause 41, page 33, line 12, at end insert –

- “(6A) Regulations under this section must ensure –
  - (a) equitable access to assisted dying services between regions,
  - (b) that waiting times for assisted dying are monitored,
  - (c) that the impact of the Act on waiting times for palliative care is monitored, and
  - (c) that annual performance data on assisted dying services is published.”

***Member's explanatory statement***

*This amendment seeks to ensure that assisted dying service operates fairly and transparently across England and Wales.*

LORD FALCONER OF THOROTON

761C Clause 41, page 33, line 13, after “section” insert—

““general duties” means—

- (a) in relation to an integrated care board, the duties under sections 14Z32 to 14Z44 of the National Health Service Act 2006;
- (b) in relation to NHS England, the duties under sections 13C to 13P of that Act;
- (c) in relation to the Secretary of State, the duties under sections 1A to 1F of that Act;”

***Member's explanatory statement***

*This amendment defines “general duties” for the purposes of this clause.*

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Clause 41 stand part of the Bill.*

**Clause 42**

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

762 Clause 42, page 33, line 20, at end insert—

- “(1A) Within one month of the day on which this Act is passed, the Secretary of State must specify the bodies to provide voluntary assisted dying services in Wales.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Secretary of State specifies which organisations will provide assisted dying services in Wales within one month of the Act passing.*

LORD MACKINLAY OF RICHBOROUGH

763 Clause 42, page 33, line 24, at end insert—

- “(2A) Regulations under this section must prohibit the involvement of NHS Wales in the provision of voluntary assisted dying services in Wales.”

***Member's explanatory statement***

*The amendment, linked with others in the name of Lord Mackinlay of Richborough seeks to prohibit any service under the Bill from being provided by the NHS.*

BARONESS FINLAY OF LLANDAFF  
BARONESS COFFEY

764 Clause 42, page 33, line 25, leave out subsections (3) and (4)

***Member's explanatory statement***

*This is to ensure decisions by the Senedd, under devolved competencies, are respected and Westminster cannot impose legislative changes without revision of the Government of Wales Act in consultation with the Senedd.*

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

765 Clause 42, page 33, line 27, leave out subsection (4)

***Member's explanatory statement***

*This amendment, and others in the name of Lord Goodman, seek to give effect to the recommendations set out in the Delegated Powers and Regulatory Reform Committee's report into the Bill.*

BARONESS KEELEY  
BARONESS GOUDIE  
LORD CARLILE OF BERRIEW

766 Clause 42, page 33, line 30, at end insert—

“(4A) Regulations under this section may not make any provision that would place any duty on a care home or hospice regulated by Care Inspectorate Wales to perform any function under or in connection with this Act on their premises.”

***Member's explanatory statement***

*This amendment seeks to ensure there is no obligation on a care home or hospice in Wales to permit the provision of assistance in accordance with this Act on their premises.*

BARONESS FINLAY OF LLANDAFF

767 Clause 42, page 33, line 31, at end insert—

“(5A) Any person opting to participate in the Assisted Dying Service must act in that capacity separately from their existing employment, after informing their employer of their involvement.”

BARONESS COFFEY

767A Clause 42, page 33, line 35, leave out paragraph (b)

***Member's explanatory statement***

*This amendment is connected to amendment 764 which seeks to remove the power of the UK Secretary of State to make provision for voluntary assisted dying services in Wales.*

BARONESS COFFEY  
LORD CARLILE OF BERRIEW

*The above-named Lords give notice of their intention to oppose the Question that Clause 42 stand part of the Bill.*

**After Clause 42**

BARONESS MONCKTON OF DALLINGTON FOREST  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN  
BARONESS BUTLER-SLOSS

768 After Clause 42, insert the following new Clause—

**“Hospices: ban on participation in assisted dying services**

No hospice or care home may perform any function under or in connection with this Act.”

LORD MACKINLAY OF RICHBOROUGH

769 After Clause 42, insert the following new Clause—

**“NHS: ban on participation in assisted dying services**

NHS England and NHS Wales may not perform any function under or in connection with this Act.”

***Member's explanatory statement***

*The amendment, linked with others in the name of Lord Mackinlay of Richborough seeks to prohibit any service under the Bill from being provided by the NHS.*

LORD GOODMAN OF WYCOMBE

770 After Clause 42, insert the following new Clause—

**“Hospices and care homes: no obligation to provide assistance**

No hospice or care home is required to perform any function under or in connection with this Act.”

***Member's explanatory statement***

*This amendment seeks to ensure that no hospice or care home is required to assist in the provision of an assisted death.*

LORD BIRT  
LORD PANNICK

771 After Clause 42, insert the following new Clause—

**“Assisted Dying Help Service**

- (1) The Secretary of State must by regulations establish an Assisted Dying Help Service (“ADHS”) as part of the National Health Service.
- (2) The ADHS must—
  - (a) provide a Personal Navigator for every person requesting assistance under this Act, who acts to ensure that the services required by the person concerned are delivered as required and to the timelines set out in this Act, and records and reports on adherence to those timelines;
  - (b) enable Personal Navigators to assist persons receiving assistance under this Act to obtain exemptions from the timelines set out in this Act (other than the six months specified in section 2(1)) in order to extend those timelines if they wish to do so;
  - (c) refer persons receiving assistance under this Act to a multidisciplinary panel (see section 16);
  - (d) administer a regional structure for the delivery of the services providing assistance under this Act;
  - (e) validate the training and qualifications of and provide licensing for medical practitioners volunteering to advise on or participate in the provision of assistance under this Act;
  - (f) make appointments to the list of persons eligible to sit on Assisted Dying Review Panels, validate their training, and appoint such panels (see Schedule 2);
  - (g) provide publicly available information on assisted dying;
  - (h) provide support to anyone who is eligible to receive assistance under this Act in relation to—
    - (i) seeking assistance under this Act, and
    - (ii) alternative courses of action;
  - (i) provide immediate and continuously-available support for individuals seeking assistance under this Act throughout the process of receiving that assistance, including responding immediately to requests for advice and assistance raised between 8am and 6pm on any day of the year;
  - (j) provide support services for the family, friends and carers of individuals seeking assistance under this Act;
  - (k) ensure that patients are aware of their right to withdraw from the assistance process at any stage;

(l) advise medical practitioners on their rights not to participate in the provision of assistance under this Act.”

LORD MACKINLAY OF RICHBOROUGH  
 BARONESS HOLLINS  
 LORD HARPER  
 BARONESS LAWLOR

*As an amendment to Amendment 771*

**771ZZA** In subsection (1), leave out “as” and insert “which must not be”

LORD MACKINLAY OF RICHBOROUGH  
 LORD HARPER

*As an amendment to Amendment 771*

**771ZA** In subsection (2)(a), after “concerned” insert “, including any referrals made during the process of approval for assisted death under this Act.”

***Member's explanatory statement***

*A personal navigator should help to secure access to all end of life care options and support, not preference Assisted Dying.*

BARONESS COFFEY

*As an amendment to Amendment 771*

**771ZB** After subsection (2)(l), insert –

“(m) be regulated by the Care Quality Commission.”

LORD HAMILTON OF EPSOM

**771A** After Clause 42, insert the following new Clause –

**“NHS: exclusive provider of assisted dying services**

NHS England and NHS Wales are the only organisations that may provide medical services under or in connection with this Act.”

**Clause 43**

BARONESS COFFEY

**771B** Clause 43, page 34, line 3, leave out subsections (1) to (4) and insert –

“(1) A person commits an offence if they –

(a) publish, print, distribute or design (anywhere) advertisements whose purpose or effect is to promote a voluntary assisted dying service;

- (b) cause the publication, printing, distribution or designing of such advertisements.
- (2) A person who commits an offence under subsection (1) is liable—
  - (a) on summary conviction, to imprisonment for a term not exceeding the general limit in a magistrates' court or an unlimited fine, or both;
  - (b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or an unlimited fine, or both."

***Member's explanatory statement***

*This amendment seeks to address the issue raised by the DPRRC report suggesting details regarding establishing, on the face of the Bill, an offence to advertise assisted dying services.*

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

772 Clause 43, page 34, line 5, leave out “a voluntary assisted dying service” and insert “voluntary assisted dying”

***Member's explanatory statement***

*The aim of the amendment is to ensure that advertising for voluntary assisted dying itself is prohibited – and not only, as the wording of this part of the clause seems to suggest, voluntary assisted dying services only.*

BARONESS GREY-THOMPSON

773 Clause 43, page 34, line 8, at end insert—

- “(c) radio, television or internet adverts;
- (d) advertising within 400m of any hospital, medical clinic, GP surgery, medical school, public transport, government buildings, funeral home, anywhere predominately targeted at children and other places deemed at risk of suicide.”

BARONESS GREY-THOMPSON

774 Clause 43, page 34, line 8, at end insert—

- “(c) any crowdfunding or private funding by an organisation, individual or group to advertise or fund an assisted death either nationally or abroad.”

***Member's explanatory statement***

*This amendment would prevent organisations from crowdfunding for an assisted death. This would prevent any organisation advertising online in relation to crowd funding and sourcing financial support for an assisted death.*

LORD JACKSON OF PETERBOROUGH

**774A** Clause 43, page 34, line 9, leave out subsection (2)

***Member's explanatory statement***

*This amendment seeks to remove the Secretary of State's regulatory discretion to create exceptions to the advertising prohibition, to ensure that exceptions are set out on the face of the Bill.*

BARONESS RITCHIE OF DOWNPATRICK  
 BARONESS GOUDIE  
 LORD CARLILE OF BERRIEW

**775** Clause 43, page 34, line 9, leave out from “exceptions” to end of line 10 and insert “for the following types of advertising—

- (a) communication made in reply to a particular request by an individual for information about a voluntary assisted dying service;
- (b) communication which is—
  - (i) intended for health professionals or providers of voluntary assisted dying services, and
  - (ii) made in a manner and form unlikely to be seen by potential service users.”

***Member's explanatory statement***

*This amendment requires exceptions to the prohibition of advertising to be set out on the face of the Bill.*

BARONESS GREY-THOMPSON

**776** Clause 43, page 34, line 10, at end insert—

“(2A) These exceptions may not include—

- (a) public adverts related to organisations with which assisted death is part of their service provision or charitable goals, or shows support of the Act, or
- (b) any advertisements of such providers or services near places with greater risk of suicide including trains and underground stations.”

BARONESS COFFEY

**776A** Clause 43, page 34, line 11, leave out from beginning to “regulations” in line 13

***Member's explanatory statement***

*This amendment removes a Henry VIII power, as recommended by the DPRRC.*

BARONESS RITCHIE OF DOWNPATRICK  
BARONESS GOUDIE  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

777 Clause 43, page 34, line 14, after “Act” insert “or the Suicide Act 1961”

***Member's explanatory statement***

*This amendment would ensure that the Suicide Act 1961 may not be amended by the power to make regulations under this section.*

LORD JACKSON OF PETERBOROUGH

777ZA Clause 43, page 34, line 15, leave out “punishable with a fine” and insert “liable on indictment, to imprisonment for a term not exceeding 14 years or to a fine (or to both)”

***Member's explanatory statement***

*This amendment raises the sentencing provision for breaking the advertising prohibition to align with the sentence for assisting or encouraging suicide under the Suicide Act 1961.*

**After Clause 43**

LORD WOLFSON OF TREDEGAR

777A After Clause 43, insert the following new Clause—

**“Publication of information: website**

- (1) The Secretary of State must publish details of the services provided by the NHS under this Act on a publicly accessible website.
- (2) No information published on the website may encourage a person to access an assisted dying service.”

***Member's explanatory statement***

*This amendment seeks to probe whether the Secretary of State will make information about NHS assisted dying services available on a website.*

**After Clause 44**

LORD GOODMAN OF WYCOMBE  
LORD ROOKER

778 After Clause 44, insert the following new Clause—

**“Notifications of refusals to Commissioner**

- (1) The Secretary of State must by regulations make provision requiring a registered medical practitioner to notify the Commissioner when a request for assistance has been refused.

(2) Regulations under this section must—

- (a) specify that notifications under subsection (1) must include the reason for the refusal;
- (b) specify the manner in which a notification must be given;
- (c) make provision about enforcement of the regulations.”

***Member's explanatory statement***

*This amendment seeks to ensure that medical practitioners must notify the Commissioner in instances where they refuse a request for an assisted death.*

**Clause 45**

BARONESS GREY-THOMPSON

779 Clause 45, page 35, line 17, at end insert—

“(5) Notwithstanding UK GDPR provisions, all information relevant to carrying out functions under this Act must be retained for no less than 25 years.”

**Clause 46**

LORD SANDHURST

780 Clause 46, page 35, line 31, at end insert—

“(4) The Secretary of State must by regulations make provision for how Assisted Dying Review Panels will deal with the personal information of a person whose eligibility for assistance they are assessing, including sensitive information relating to their health.”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to detail how Assisted Dying Review Panels are to deal with personal information, to prompt Parliament to consider how to address this issue.*

**After Clause 46**

LORD CARLILE OF BERRIEW

781 After Clause 46, insert the following new Clause—

**“Further duties of independent persons**

(1) The independent person who acted in relation to section (*Assistance with suicide*) must report to the Court following the conclusion of his or her duties under this Act within such time as may be specified in regulations made by the Secretary of State, and their report must include—

- (a) confirmation of the independent person's compliance with the requirements of this Act, and

- (b) in the event the applicant has died, confirmation that the applicant had a clear, settled and informed intention to take his or her life immediately before the independent person handed over the lethal dosage of drugs to the applicant.

(2) If the applicant dies following the ingestion of the lethal dosage of drugs, the independent person must submit the report to—

- (a) the Chief Coroner,
- (b) the National Confidential Inquiry into Suicide and Homicide,
- (c) the medical practitioner with whom the applicant was registered prior to the applicant's death, and
- (d) any person specified by the Secretary of State by regulations.”

***Member's explanatory statement***

*This proposed new Clause sets out notification requirements following assisted suicide, including a requirement to report all such deaths to the Chief Coroner.*

**Clause 47**

BARONESS FINLAY OF LLANDAFF

782 Clause 47, page 36, line 7, leave out “six months (subject to subsection (3))” and insert “12 months, for a minimum of 20 years”

BARONESS FINLAY OF LLANDAFF

783 Clause 47, page 36, line 8, leave out subsection (3)

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

784 Clause 47, page 36, line 8, at end insert—

“(3A) When preparing a report under this section, the Secretary of State must consult the Welsh Ministers.”

***Member's explanatory statement***

*This amendment requires the Secretary of State to consult the Welsh Ministers when preparing a report under Clause 47.*

BARONESS FINLAY OF LLANDAFF

785 Clause 47, page 36, line 9, leave out “the first” and insert “each”

BARONESS RITCHIE OF DOWNPATRICK  
LORD HUNT OF KINGS HEATH

786 Clause 47, page 36, line 12, at end insert “and a strategy to ensure that this Act does not create unmet need or reduce quality of provision.”

LORD FALCONER OF THOROTON

786A Clause 47, page 36, line 18, at end insert—

“(6) The report for the first reporting period must include an assessment of the impact of this Act (if any) on the bringing and outcomes of actions under the Fatal Accidents Act 1976 in cases where—

- (a) a person was injured by another’s act or omission and that injury would have caused the person’s death (had the person not died as mentioned in paragraph (b)), and
- (b) the person’s death was caused by their self-administration of an approved substance that was provided to them in accordance with this Act.”

*Member's explanatory statement*

*This amendment requires the first report published under clause 47 to include an assessment of the Bill's impact on actions under the Fatal Accidents Act 1976.*

BARONESS FINLAY OF LLANDAFF  
BARONESS HOLLINS

787 Clause 47, page 36, line 18, at end insert—

“(6) The report must provide information on—

- (a) the processes involved in and outcomes of the panels’ decisions;
- (b) outcomes of monitoring of mode of action, timings and complications regarding drugs and substances used to bring about death;
- (c) monitoring of safety concerning dispensing of drugs and substances and disposal of any unused drugs and substances;
- (d) ways that retrospective and prospective research on all aspects of assisted dying is being supported;
- (e) the recording, collating and analysing of all data on applicants for and recipients of an assisted death;
- (f) any incomplete documentation;
- (g) all adverse incidents reported regarding any aspect of the processes;
- (h) all complaints regarding any part of the assisted dying service and the outcomes of the complaints investigation process.”

**After Clause 47**

LORD GOODMAN OF WYCOMBE

788 After Clause 47, insert the following new Clause—

**“Reporting by medical practitioners**

The coordinating and independent doctors must submit an anonymised report to the Commissioner detailing the justification and decision-making processes for each case in which an individual has been assisted to end their life.”

***Member's explanatory statement***

*This amendment seeks to ensure that every assisted death is reported to the Commissioner, along with information on the justification and decision-making processes.*

**Clause 48**

BARONESS GREY-THOMPSON

BARONESS NICHOLSON OF WINTERBOURNE

789 Clause 48, page 36, line 26, after “from” insert “deaf and”

BARONESS GREY-THOMPSON

789A Clause 48, page 36, line 28, at end insert—

- “(2A) The Board must have co-chairs.
- “(2B) One of the co-chairs must be a deaf or disabled person with relevant lived experience.
- “(2C) The co-chair for the purposes of subsection (2B) must be recruited by the Office for the Commissioner of Public Appointments.”

BARONESS GREY-THOMPSON

789B Clause 48, page 36, line 28, at end insert—

- “(2A) A majority of the members of the Board must be deaf or disabled people with relevant personal or professional lived experience of terminal illness.”

BARONESS GREY-THOMPSON

789C Clause 48, page 36, line 28, at end insert—

- “(2A) The Secretary of State must arrange for members of the board to be remunerated for their time.”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

790 Leave out Clause 48 and insert the following new Clause—

**“Disability Advisory Board**

- (1) The Commissioner must establish a Disability Advisory Board (“the Board”), within the period of 6 months beginning with the day on which the first appointment under section 4 (appointment of Commissioner) is made.
- (2) The Board is to consist of at least 6, and not more than 10, members appointed by the Commissioner.
- (3) Each member of the Board is to hold and vacate office in accordance with the terms and conditions of the member's appointment.
- (4) The members of the Board must include—
  - (a) at least one person with a disability who lives in England, and at least one person with a disability who lives in Wales, appearing to the Commissioner to have relevant knowledge and expertise;
  - (b) at least one other person appearing to the Commissioner to represent the interests of people with disabilities;
  - (c) at least one person appearing to the Commissioner to have relevant professional expertise (including in particular health professionals and social care professionals).
- (5) The Commissioner may pay such remuneration or allowances to members of the Board as the Commissioner may determine.
- (6) The Board must—
  - (a) within 6 months of being established, produce a report about the implementation of this Act in relation to people with disabilities and give a copy of it to the Commissioner and the Secretary of State;
  - (b) thereafter, produce an annual report about the implementation of this Act in relation to people with disabilities and the operation of this Act in relation to people with disabilities, and give a copy of it to the Commissioner and the Secretary of State.
- (7) The Commissioner may provide staff, premises, facilities or other assistance to the Board.”

***Member's explanatory statement***

*This amendment replaces Clause 48, which requires the Commissioner to establish a Disability Advisory Board and makes provision about the Board, with a new clause that contains substantially similar provision but incorporates various drafting changes.*

BARONESS GREY-THOMPSON  
*As an amendment to Amendment 790*

791 In subsection (1), leave out first “Commissioner” and insert “Secretary of State”

BARONESS GREY-THOMPSON

*As an amendment to Amendment 790*

792 In subsection (4)(a), leave out first “person with a disability” and insert “disabled person”

BARONESS GREY-THOMPSON

*As an amendment to Amendment 790*

*This amendment replaces Amendment 796 and corrects its position on the Marshalled List.*

792A In subsection (4)(a), leave out second “person with a disability” and insert “disabled person”

BARONESS GREY-THOMPSON

*As an amendment to Amendment 790*

793 In subsection (4)(a), leave out “Commissioner” and insert “Secretary of State”

BARONESS GREY-THOMPSON

*As an amendment to Amendment 790*

794 In subsection (4)(b), leave out “Commissioner” and insert “Secretary of State”

BARONESS GREY-THOMPSON

*As an amendment to Amendment 790*

795 In subsection (4)(c), leave out “Commissioner” and insert “Secretary of State”

BARONESS GREY-THOMPSON

796 [Withdrawn]

#### **Clause 49**

BARONESS COFFEY

797 Clause 49, page 37, line 1, leave out “an appropriate national authority” and insert “the Secretary of State”

BARONESS COFFEY

798 Clause 49, page 37, line 2, leave out “appropriate national authority” and insert “Secretary of State”

LORD BIRT  
LORD PANNICK

799 Clause 49, page 37, line 3, at end insert—

“(ba) provide independent regulatory oversight of the Assisted Dying Help Service, and”

BARONESS COFFEY

800 Clause 49, page 37, line 4, leave out “each appropriate national authority” and insert “the Secretary of State”

LORD CARLILE OF BERRIEW

801 Clause 49, page 37, line 6, leave out subsection (2)

BARONESS GREY-THOMPSON  
BARONESS MORRIS OF BOLTON  
BARONESS O'LOAN

802 Clause 49, page 37, line 15, at end insert—

“(2A) The annual report must include anonymised information and statistics on—

- (a) the point in their clinical diagnosis at which people entered the assisted dying process;
- (b) the average time from requesting assisted dying to it taking place;
- (c) how many people who had begun the assisted death process died by suicide (and at what point);
- (d) how many people were refused assisted death and subsequently died by suicide;
- (e) how many people who died by assisted death had been involved in domestic abuse (either as a victim or perpetrator);
- (f) the number of times reporting took more than seven days at any point in the assisted dying process;
- (g) anonymised records of which medical personnel carried out assessments and the assisted dying process;
- (h) whether there were complications or lack of complications and the average time it took for persons to die once the drugs were administered;
- (i) how many times the drugs did not work when administered;
- (j) the average age of people when the conversation about assisted death began and the average length of time it took to go through the process;
- (k) what approved substances were used in each case and if they changed, and why;
- (l) whether, and if so, what, services have experienced funding cuts as a result of allocation of resources to fund the implementation of this Act;

- (m) complaints against doctors carrying out functions under this Act;
- (n) the reasons given for requesting the assisted death process, broken down by protected characteristic.

(2B) Where any doctor has five or more complaints made about their conduct in relation to functions under this Act in any calendar year, the Commissioner must launch a formal investigation.”

BARONESS GREY-THOMPSON

803 Clause 49, page 37, line 18, after “characteristics” insert –

- “(aa) where the characteristic under paragraph (a) is disability, what the impairment is,”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

804 Clause 49, page 37, line 20, at end insert –

- “(3A) An annual report must contain the most recent report of the Disability Advisory Board under section (*Disability Advisory Report*) that the Commissioner has received.”

***Member's explanatory statement***

*This amendment requires the Commissioner's annual report to contain the most recent report of the Disability Advisory Board, made under the new clause replacing clause 48, that the Commissioner has received.*

BARONESS GREY-THOMPSON  
BARONESS BUTLER-SLOSS  
BARONESS FOX OF BUCKLEY

805 Clause 49, page 37, line 20, at end insert –

- “(3A) The Commissioner's report must include anonymised data on –
  - (a) the number of cases where safeguarding concerns were identified,
  - (b) the nature of those concerns, and
  - (c) the outcomes of any subsequent investigations or interventions.”

***Member's explanatory statement***

*The purpose of this amendment is to provide transparency and monitoring of safeguarding concerns, allowing continual improvement of protective measures.*

BARONESS GREY-THOMPSON

806 Clause 49, page 37, line 20, at end insert –

- “(3A) An annual report must include –

- (a) a specific assessment of the impact of the Act on disabled persons, including patterns of eligibility applications, socio-economic factors, and reports of coercion or discrimination, and
- (b) an analysis of any further legislative safeguards which may be necessary to protect disabled persons.”

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

807 Clause 49, page 37, line 20, at end insert—

“(3A) The annual report must also include information regarding—

- (a) the number of applicants referred by coordinating or independent doctors to suicide-prevention or mental-health support services,
- (b) any patterns or trends in suicide or self-harm identified by the Commissioner as potentially associated with the operation of this Act, and
- (c) any recommendations made by the Commissioner for improving suicide-prevention safeguards under this Act.”

***Member's explanatory statement***

*This amendment adds a new reporting requirement under Clause 49 requiring the Voluntary Assisted Dying Commissioner to include in each annual report data and analysis relating to suicide-prevention, including referrals to support services, trends in suicide or self-harm, and recommendations for improving safeguards.*

BARONESS COFFEY

808 Clause 49, page 37, line 23, leave out paragraph (b)

***Member's explanatory statement***

*This amendment would remove the requirement for the Commissioner to consult the Chief Medical Officer for Wales when preparing an annual report. The amendment, in combination with other amendments in the name of Baroness Coffey, seeks to remove the application of these provisions in Wales.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

809 Clause 49, page 37, line 24, leave out “such” and insert “the Disability Advisory Board and such other”

***Member's explanatory statement***

*This amendment requires the Commissioner to consult the Disability Advisory Board when preparing an annual report.*

BARONESS COFFEY

**810** Clause 49, page 37, line 27, leave out “An appropriate national authority” and insert “The Secretary of State”

BARONESS COFFEY

**811** Clause 49, page 37, line 30, leave out “or Senedd Cymru (as the case may be)”

BARONESS COFFEY

**812** Clause 49, page 37, line 32, leave out subsection (6)

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

**813** Clause 49, page 37, line 35, at end insert –

“(8) The Commissioner must consult the National Suicide Prevention Strategy Advisory Group, or any successor body designated by the Secretary of State, when preparing that part of the annual report which relates to suicide-prevention under subsection (1)(a) and subsection (2).”

***Member's explanatory statement***

*This amendment requires the Commissioner to consult the National Suicide Prevention Strategy Advisory Group, or any successor body, when preparing the suicide-prevention section of the annual report, ensuring coordination with the Government's wider suicide-prevention strategy.*

**After Clause 49**

LORD SANDHURST

**814** After Clause 49, insert the following new Clause –

**“Independent monitor**

- (1) Within six months of the day on which this Act is passed, the Secretary of State must establish an independent monitor to investigate, monitor and report on the operation of this Act.
- (2) The independent monitor's functions must include –
  - (a) monitoring the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it,
  - (b) investigating, and reporting to an appropriate national authority on, any matter connected with the operation of the Act which the appropriate national authority refers to the Commissioner, and

- (c) submitting an annual report to each appropriate national authority on the operation of the Act.
- (3) The annual 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 10(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 11(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 19(6).
- (4) 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.
- (5) When preparing an annual report, the independent monitor must consult—
  - (a) the Commissioner,
  - (b) the Chief Medical Officer for England,
  - (c) the Chief Medical Officer for Wales, and
  - (d) such persons appearing to the Commissioner to represent the interests of persons who have protected characteristics as the Commissioner considers appropriate.
- (6) 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.
- (7) In this section “appropriate national authority” means the Secretary of State or the Welsh Ministers.
- (8) In this section “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 amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to establish an independent monitor to investigate, monitor and report on the Act's operation, to prompt Parliament to consider how best to ensure there is independent oversight of the scheme.*

LORD EVANS OF RAINOW

815 After Clause 49, insert the following new Clause—

**“Clinical audits**

The Commissioner must commission auditors to conduct clinical audits of assisted dying records and processes, including direct observation of health professionals and panels engaging with simulated patients.”

***Member's explanatory statement***

*The Commissioner must commission auditors to conduct clinical audits of assisted dying records and processes. This is one of two linked amendments.*

**Clause 50**

LORD GOODMAN OF WYCOMBE

816 Clause 50, page 37, line 38, leave out “5-year” and insert “3-year”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the review of the Act is published after three years, rather than five.*

LORD GOODMAN OF WYCOMBE

816A Clause 50, page 38, line 1, leave out “5-year” and insert “3-year”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the review of the Act is published after three years, rather than five.*

LORD GOODMAN OF WYCOMBE

817 Clause 50, page 38, line 1, leave out “five” and insert “three”

***Member's explanatory statement***

*This amendment, connected to others in the name of Lord Goodman, seeks to ensure that the review of the Act is published after three years, rather than five.*

BARONESS BERGER

818 Clause 50, page 38, line 11, after “support” insert “including bereavement services”

***Member's explanatory statement***

*This amendment would require the Secretary of State to include an assessment of the availability, quality and distribution of bereavement services as part of the review of the operation of the Act 5 years after it passes.*

LORD REES OF EASTON

819 Clause 50, page 38, line 14, after “disabilities” insert “, persons from Black, Asian and Minority Ethnic communities, and other persons who have protected characteristics as the Secretary of State considers appropriate,”

***Member's explanatory statement***

*This amendment would require the Secretary of State to assess the impact of the Bill on people from BAME communities, and others with protected characteristics as he or she may decide, as part of the post-implementation review.*

BARONESS NOAKES

820 [Withdrawn]

BARONESS FOX OF BUCKLEY

821 Clause 50, page 38, line 15, at end insert—

- “(ca) an assessment of the impact of this Act on—
  - (i) health professionals within the NHS workforce, and
  - (ii) the workforce supporting the regulated Care Home sector;”

***Member's explanatory statement***

*This amendment would ensure the impact of the Act on frontline staff working in medical provision and care, who are affected by the law change, is assessed.*

BARONESS FOX OF BUCKLEY

822 Clause 50, page 38, line 15, at end insert—

- “(ca) an assessment of the impact of this Act on—
  - (i) societal attitudes to suicide,
  - (ii) attitudes to suicide among people aged between 14 and 24 years, and
  - (iii) suicide prevention initiatives;”

***Member's explanatory statement***

*This amendment would ensure the impact of the Bill on societal attitudes to suicide and suicide prevention is assessed*

LORD GOODMAN OF WYCOMBE

823 Clause 50, page 38, line 19, at end insert—

- “(f) the effect of the Act on—
  - (i) the National Health Service,
  - (ii) medical staff within and outside of the National Health Service,

- (iii) palliative care within and outside the National Health Service,
- (iv) disabled people as well as those with learning disabilities,
- (v) people with autism, and
- (vi) people at risk of coercion;

(g) the extent to which—

- (i) the system of proxies and advocates under sections 21 and 22 operates effectively;
- (ii) conscientious objection to the Act by medical professionals is respected;
- (iii) the regulatory regime for approved substances under section 37 operates effectively;
- (iv) the role of the Voluntary Assisted Dying Commissioner operates effectively;
- (v) assisted deaths are effectively monitored and, if necessary, investigated.”

***Member's explanatory statement***

*This amendment seeks to increase the scope of the review of the Act required by Clause 50.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**824** Clause 50, page 38, line 19, at end insert—

“(4) The Secretary of State must consult the Welsh Ministers when undertaking the review under subsection (1)(a).”

***Member's explanatory statement***

*This amendment requires the Secretary of State to consult the Welsh Ministers when carrying out the review under this clause of the operation of the Act (resulting from this Bill).*

LORD SANDHURST

**825** Clause 50, page 38, line 19, at end insert—

“(4) The Secretary of State must, during the period of 12 months beginning at the end of the initial 2-year period—

- (a) review each code issued under section 39(1) or 39(2) (codes of practice), and
- (b) lay a report of the review before Parliament.

(5) “The initial 2-year period” means the period of two years beginning with the day on which this Act is passed.”

**After Clause 50**

LORD CARLILE OF BERRIEW  
BARONESS O'LOAN  
THE LORD BISHOP OF SOUTHWARK

**826** After Clause 50, insert the following new Clause—

**“Funding for provisions of this Act: protection for hospice funding**

No funding required for the implementation or operation of this Act may be redirected from existing budgets allocated to hospice care.”

LORD MOYLAN  
BARONESS FINLAY OF LLANDAFF

**827** After Clause 50, insert the following new Clause—

**“Public expense: limitations**

No provision in this Act, other than the investigation and prosecution of offences under sections 34, 35 and 36, may be carried out at public expense.”

***Member's explanatory statement***

*This would ensure that the provision of assistance and the steps leading up to it are not a charge to the public purse, while allowing the offences created by the Bill to be investigated and prosecuted at public expense.*

BARONESS FRASER OF CRAIGMADDIE  
LORD CARLILE OF BERRIEW

**828** After Clause 50, insert the following new Clause—

**“Consultation with Health and Care Professions Council on allied health professionals**

- (1) The Secretary of State must within a year of the day on which this Act is passed consult with the Health and Care Professions Council on whether any other health professionals in addition to those defined as doctors or registered health professionals in section 56 should be permitted to participate in the provision of any service under, connected to or in accordance with this Act.
- (2) The Secretary of State must publish the findings of the consultation within three months of its conclusion.”

LORD SANDHURST  
LORD CARLILE OF BERRIEW

829 After Clause 50, insert the following new Clause—

**“Victims of occupational diseases”**

Within one year of the day on which this Act is passed, the Secretary of State must prepare and publish, and lay before Parliament, a report assessing the impact of this Act on the availability of remedies under the Fatal Accidents Act 1976 to dependants of victims of occupational diseases where—

- (a) the victim (A) has been caused an injury within the meaning of section 7(1) of the Damages Act 1996 (interpretation of “personal injury”) as the result of the wrongful act, neglect or default of another person (B),
- (b) as a result of the injury set out at paragraph (a), A becomes terminally ill within the meaning of section 2,
- (c) A dies as a result of the self-administration of an approved substance pursuant to this Act, and
- (d) prior to A’s death, an action would have lain against B pursuant to paragraph (a) above, but can no longer lie because—
  - (i) A’s death was caused by such self-administration of an approved substance in accordance with the provisions of this Act, and
  - (ii) such self-administration broke the chain of causation.”

***Member's explanatory statement***

*As the Bill is currently drafted it is probable that when a victim of an occupational disease such as asbestos cancer opts for an assisted death, their dependants will probably lose their right under the Fatal Accidents Act 1976 to sue the alleged tortfeasor said to have caused the disease, unless the Bill specifically provides otherwise (which currently it does not). This amendment seeks a review to establish the position.*

BARONESS RITCHIE OF DOWNPATRICK  
LORD HUNT OF KINGS HEATH  
LORD FARMER  
BARONESS O'LOAN

830 After Clause 50, insert the following new Clause—

**“Impact of this Act on palliative and end of life care”**

- (1) Within six months of the day on which this Act is passed, the Secretary of State must publish a review of the impact of this Act on palliative and end of life care.
- (2) The review under subsection (1) must include an assessment of the impact of this Act on the current availability, quality and distribution of appropriate health and care 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, and
  - (c) information about palliative care and how to access it.”

**Member's explanatory statement**

*This amendment would require the Secretary of State to review the impact of this Act on palliative and end of life care.*

BARONESS LAWLOR

**831** After Clause 50, insert the following new Clause—

**“Training**

- (1) Official guidance on training in relation to this Act must be published on the day on which this Act receives Royal Assent.
- (2) Student courses for medical, pharmacy, social care and other health professionals and for health administrators may not include induction in or training for participation in or involvement in this Act.”

BARONESS HOLLINS  
BARONESS O'LOAN

**832** After Clause 50, insert the following new Clause—

**“Confirmation before assisted dying**

- (1) No person may access provisions under this Act relating to assistance to end their own life unless a consultant in palliative medicine entered on the Specialist Register kept by the General Medical Council has confirmed in writing that all appropriate specialist palliative and end-of-life care options, including psychological, emerging or non-standard treatments, have been discussed and, so far as reasonably practicable, tried or considered.
- (2) A refusal by the person to accept referral to, or participation in, specialist palliative care shall not of itself be sufficient to satisfy the requirement in subsection (1).”

BARONESS HOLLINS  
BARONESS O'LOAN

**833** After Clause 50, insert the following new Clause—

**“GMC specialist register for functions under this Act**

- (1) A registered medical practitioner must not—
  - (a) carry out any function under this Act, or
  - (b) prescribe any substance approved for the purposes of this Act, unless the practitioner is entered in the Specialist Register for Assisted Deaths kept by the General Medical Council.
- (2) The Secretary of State must by regulations make provision for the General Medical Council to—
  - (a) establish and maintain the Specialist Register for Assisted Deaths, and

(b) determine and publish the criteria (including training, qualifications and experience) for entry in that register.”

***Member's explanatory statement***

*This amendment would require that only doctors entered on a specialist GMC register may perform functions under the Act.*

LORD SANDHURST

834 After Clause 50, insert the following new Clause—

**“Supports available for participation in the panel process**

The Secretary of State must, within six months of the day on which this Act is passed, lay a report before both Houses of Parliament detailing the supports that will be available to a person seeking the provision of assistance under this Act to participate in the panel process.”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to report to Parliament within six months of the Act passing on the supports that will be available to a person to participate in the panel process, to prompt Parliament to consider what kinds of supports would need to be available.*

BARONESS FRASER OF CRAIGMADDIE

835 After Clause 50, insert the following new Clause—

**“Delivery of provisions by privately funded organisations**

- (1) No provisions under this Act may be provided directly by the National Health Service, an NHS Trust or any body or agency holding itself out to be a part of the NHS.
- (2) The Secretary of State must, by regulations, establish a framework for the commissioning of privately funded organisations to deliver provisions under this Act.
- (3) Regulations under subsection (2) must provide for—
  - (a) a definition of “privately funded organisations”,
  - (b) the means through which NHS providers can commission privately funded organisations to provide services under this Act,
  - (c) the data sharing arrangements between NHS providers and privately funded organisations to ensure necessary patient records are available for delivery of provisions under this Act, and
  - (d) a system for regulating the provision of services by privately funded organisations.”

BARONESS GREY-THOMPSON

836 After Clause 50, insert the following new Clause—

**“Review of the impact of this Act on disabled people**

- (1) The Secretary of State must, within three years of the day on which this Act is passed, appoint an independent person to conduct a review of the impact of the Act on disabled people, including—
  - (a) demographic analysis of people seeking assistance under the Act,
  - (b) the adequacy of safeguards contained in the Act,
  - (c) whether any disability-related inequalities have arisen, and
  - (d) whether there has been any systematic neglect of disabled people.
- (2) The Secretary of State must, within three months of receipt of the report of the review under subsection (1), lay the report before both Houses of Parliament.”

BARONESS GREY-THOMPSON

837 After Clause 50, insert the following new Clause—

**“Impact of this Act on availability of death-in-service benefits**

Within six months of the day on which this Act is passed, the Secretary of State must publish a review of the impact on this Act on the availability of death-in-service benefits to the dependants of persons who are diagnosed with a terminal illness (within the meaning of section 2) while in employment.”

LORD GOODMAN OF WYCOMBE

838 After Clause 50, insert the following new Clause—

**“Independent monitoring body**

- (1) The Secretary of State must establish an independent monitoring body within two months of the day on which this Act is passed.
- (2) The membership of the monitoring body must include at least one expert in—
  - (a) medicine,
  - (b) law,
  - (c) ethics, and
  - (d) patient advocacy.
- (3) The monitoring body must—
  - (a) oversee the procedure for eligible adults ending their life under this Act;
  - (b) collect data on every case of assisted dying under this Act;
  - (c) conduct regular reviews to ensure compliance with the safeguards under this Act;
  - (d) investigate potential abuses or procedural errors when they arise;

- (e) monitor the performance of anyone providing training under this Act;
- (f) monitor the impact of this Act on faith-based institutions and on palliative care institutions.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Goodman, seeks to establish an independent monitoring body, which will review the implementation of the Act and receive reports on assisted deaths from doctors.*

LORD GOODMAN OF WYCOMBE

839 After Clause 50, insert the following new Clause—

**“Training: palliative care options**

Before discharging any functions under this Act, a healthcare professional must have received training on end-of-life care to ensure they are equipped to discuss palliative care options in addition to assisted dying.”

***Member's explanatory statement***

*This amendment seeks to ensure that all healthcare professionals receive training on end-of-care, so they are better equipped to inform patients on the merits of palliative care as an alternative to assisted dying.*

LORD GOODMAN OF WYCOMBE

840 After Clause 50, insert the following new Clause—

**“Review: effect on NHS**

- (1) Within three months of the day on which this Act is passed, the Secretary of State must appoint a committee to review the impact of assisted dying on the National Health Service.
- (2) The committee must include representatives of—
  - (a) senior NHS professionals,
  - (b) NHS providers from the private, voluntary and independent sectors,
  - (c) patient advocates,
  - (d) ethicists, and
  - (e) legal experts.
- (3) The Committee must report within three years of appointment.”

***Member's explanatory statement***

*This amendment seeks to establish a committee reviewing the impact of the Act on the NHS.*

LORD GOODMAN OF WYCOMBE

841 After Clause 50, insert the following new Clause—

**“Review: delegated powers**

- (1) Within six months of the day on which this Act is passed, and annually thereafter, the Secretary of State must prepare a report on the use of delegated powers under this Act.
- (2) The report must review, in particular, any regulations which make provision for—
  - (a) the procedure under sections 5 to 22, and
  - (b) the approval of substances under section 27 (meaning of “approved substance”).

***Member's explanatory statement***

*This amendment seeks to ensure that the Secretary of State publishes an annual review of the use of delegated powers under this Act.*

LORD GOODMAN OF WYCOMBE

842 After Clause 50, insert the following new Clause—

**“Review: effect of the Act on palliative care**

- (1) Within six months of the day on which this Act is passed, the Secretary of State must commission a review of the effect of this Act on palliative care.
- (2) The review must be undertaken by a committee composed of—
  - (a) senior medical professionals,
  - (b) representatives of the private, voluntary and independent sectors,
  - (c) ethicists,
  - (d) patient advocates, and
  - (e) legal experts.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Goodman, seeks to ensure that the Act cannot come into force until a review of the effect of the Act on palliative care has reported.*

LORD AHMAD OF WIMBLEDON

843 After Clause 50, insert the following new Clause—

**“Referendum on assisted dying**

- (1) A referendum is to be held on whether adults who are terminally ill in England and Wales should be able to request and be provided with assistance to end their own life.
- (2) The Secretary of State must, by regulations, appoint the day on which the referendum is to be held.

(3) The day appointed must be no later than 31 December 2027.”

***Member's explanatory statement***

*This and another amendment in my name provide for a referendum to provide a stronger mandate for the commencement of the legislation with such significant impacts on society and the NHS.*

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

**844** After Clause 50, insert the following new Clause—

**“Assisted dying: devolution to Wales**

(1) The Government of Wales Act 2006 is amended as follows—

(a) in Schedule 7A (reserved matters), after paragraph 199 insert—

“This Schedule does not reserve assisted dying or any other matter to the extent that it relates to assisted dying.”;

(b) in paragraph 4(2)(b) of Schedule 7B (general restrictions), for “(including offences relating to suicide)” substitute “(excluding offences relating to suicide and other homicide offences to the extent that they relate to suicide)”.

(2) The Welsh Ministers may by regulations make further provision under this section in respect of transitional or consequential matters.”

***Member's explanatory statement***

*This amendment would allow for Senedd Cymru to legislate on assisted dying services in Wales.*

BARONESS FINLAY OF LLANDAFF

**845** After Clause 50, insert the following new Clause—

**“Access to specialist palliative and end-of-life care**

(1) The Secretary of State must, within 12 months of the day on which this Act is passed and every 12 months thereafter, publish and lay before Parliament a report on the state of access to specialist palliative and end-of-life care in England and Wales and the impact of the implementation of this Act on that access, which must include an assessment of—

(a) the state of the commissioning and delivery of specialist and general palliative care services, including the workforce, funding and data-sharing arrangements needed to support those services, and the impact of the implementation of this Act on that commissioning and delivery;

(b) the service standards used by Integrated Care Boards, including whether there is access to specialist palliative care advice 24 hours a day, 7 days a week, and the impact of the implementation of this Act on those standards;

(c) whether there is education and training in place to ensure that, and research evidence that shows that, all health and social care staff can meet palliative care needs at the right time, in the right place and to the right level of

competence, and the impact of the implementation of this Act on that education and training.

- (2) The first such report must recommend short-, medium- and long-term milestones and outcome measures for services, enabling the delivery of access to specialist palliative and end-of-life care and the impact of the implementation of this Act on that access to be measured annually.”

***Member's explanatory statement***

*This new clause, together with an amendment to Clause 58 in the name of Baroness Finlay of Llandaff, requires an assessment of specialist palliative and end-of-life care services before assisted dying provisions can be commenced.*

BARONESS BERRIDGE

**846** After Clause 50, insert the following new Clause—

**“Statutory guidance on pressure**

- (1) The Secretary of State must publish guidance on pressure being applied to or felt by a person to seek assistance under this Act.
- (2) This guidance must—
  - (a) provide case studies, and
  - (b) explain how professionals delivering services under this Act comply with any legal duties,
relating to pressure under this Act.”

BARONESS FINLAY OF LLANDAFF

**847** After Clause 50, insert the following new Clause—

**“Funding for this Act**

No provisions under this Act may be funded out of any existing funding for specialist palliative care services and related specialist services.”

LORD HUNT OF KINGS HEATH  
BARONESS GREY-THOMPSON

**848** After Clause 50, insert the following new Clause—

**“Impact on disabled persons under existing legislation**

Nothing in this Act shall be interpreted or applied so as to disapply or limit any duty, entitlement or safeguard providing rights, protections or benefits to disabled persons under—

- (a) the Equality Act 2010,
- (b) the Care Act 2014,

- (c) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, or
- (d) any other enactment.”

LORD GOODMAN OF WYCOMBE

**848A** After Clause 50, insert the following new Clause—

**“Mandatory training for health and social care staff**

- (1) The Secretary of State must, by regulations, ensure that all health and social care staff involved in the provision of voluntary assisted dying (VAD) under this Act receive appropriate training, as set out in subsections (2) and (3).
- (2) The training must be divided into three tiers tailored for staff with different levels of involvement in the provision of VAD.
- (3) The three tiers of training under subsection (2) must be designed as follows—
  - (a) Tier 1 must include a 90-minute e-learning module and a 60-minute online interactive session with a facilitator, aimed at staff who require general awareness of VAD services,
  - (b) Tier 2 must include a one-day in-person training session, aimed at staff who require more in-depth knowledge and training to deliver the VAD service, and
  - (c) Tier 3 must include an advanced two-day in-person training package, aimed at staff who are likely to lead the VAD service and act as the coordinating doctor.”

***Member's explanatory statement***

*This amendment seeks to establish a system of mandatory training for health and social care staff involved in the provision of voluntary assisted dying under this Act.*

LORD WEIR OF BALLYHOLME

**848B** After Clause 50, insert the following new Clause—

**“Audits**

The Secretary of State must, by regulations made by statutory instrument, make provision for an auditing scheme to ensure that the responsibilities in sections 8 to (Involvement in assistance for only one person at a time) are properly discharged.”

BARONESS HOLLINS

**848C** After Clause 50, insert the following new Clause—

**“Registered medical practitioners**

Registered medical practitioners are only eligible to participate in the operations of this Act if they meet all of the following conditions—

- (a) they are fully registered with the General Medical Council,
- (b) they are included in the specialist register maintained by the General Medical Council under section 34D of the Medical Act 1983 (The Specialist Register),
- (c) their primary specialty on the specialist register is geriatric medicine, palliative medicine, medical oncology, or clinical oncology, and
- (d) they are included in the Assisted Dying Specialist Register maintained by the General Medical Council for the purposes of this Act.”

***Member's explanatory statement***

*This amendment restricts participation in the operations of the Act to consultant level specialists in defined fields, and requires their inclusion on a dedicated Assisted Dying Specialist Register maintained by the General Medical Council.*

LORD HARPER

**848D** After Clause 50, insert the following new Clause –

**“Duties of care providers**

- (1) A registered service provider shall have a duty of care to protect persons for whom they provide services who are taking any step under this Act (“protected persons”).
- (2) A registered service provider shall have a duty of candour to promptly report to the Commissioner –
  - (a) any concerns over the capacity of a protected person to take any steps under this Act, or
  - (b) any concerns over the voluntariness of a decision to take any steps under this Act by a protected person, with particular regard to the impact of coercion or pressure.
- (3) The Commissioner must, on receiving a report under subsection (2), transmit it without delay to, as may be appropriate –
  - (a) the protected person’s coordinating doctor,
  - (b) the protected person’s independent doctor, or
  - (c) the panel reviewing the protected person’s application.
- (4) On receiving a report under subsection (3), the Commissioner must, without delay, prevent the protected person from taking any further steps under this Act and direct a review of that person’s capacity to be carried out jointly by a qualified psychiatrist and qualified social worker (“the qualified professionals”).
- (5) The Secretary of State must by regulations –
  - (a) specify the qualifications of the qualified professionals under subsection (4), and
  - (b) impose requirements prohibiting anyone with a conflict of interest, including a financial relationship to a registered service provider or a voluntary assisted dying service, from serving as a qualified professional.
- (6) An assessment under subsection (4) must have particular regard to –

- (a) the risk of financial abuse specifically,
- (b) the risk of domestic abuse,
- (c) the risk of coercive control,
- (d) the risk of specific abuse based on age or other conditions,
- (e) the risk of any pressure by other people on the protected person's decision, and
- (f) the impact of any disability the protected person may have.

(7) The Secretary of State must by regulations make provision for the conduct of assessments under subsection (4) and ensuring compliance with subsection (6).

(8) The Secretary of State must by regulations –

- (a) impose requirements on registered service providers as to the keeping of records related to this section,
- (b) impose requirements on registered service providers to actively investigate and enquire as to the capacity or voluntariness of decisions of a protected person taking or considering steps under this Act,
- (c) make provision specifying the duty of candour under subsection (2), and
- (d) impose requirements prohibiting the distribution by registered service providers of excepted advertising material under section 45(3) of this Act.

(9) Reviews and assessments of registered service providers by the Care Quality Commission under section 46 of the Health and Social Care Act 2008 must review and assess compliance with this section and regulations made under it.

(10) The Care Quality Commission must take action under section 17 of the Health and Social Care Act 2008 to cancel the registration of a registered service provider where it finds there has been any breach of an obligation under this section or regulations made under it.

(11) In this section, “registered service provider” has the same meaning as in section 45(10) of the Health and Social Care Act 2008.”

***Member's explanatory statement***

*This amendment imposes positive obligations on providers of care services to safeguard people under their care with respect to steps taken under this Act.*

LORD HARPER

**848E** After Clause 50, insert the following new Clause –

**“Current and former members of the Armed Forces and Reserve Forces**

Within one year of the day on which this Act is passed, the Secretary of State must prepare and publish, and lay before Parliament, a report assessing the impact of this Act on the availability of compensation for dependants of current and former members of the Armed Forces and Reserve Forces who have died under the provisions of this Act.”

***Member's explanatory statement***

As the Bill stands, current and former members of HM Armed Forces or Reserved Forces would be deprived of compensation earned through their honourable service should they make use of assisted dying. This is because sub-paragraph 12(1)(g) of the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011 excludes death as the result of self-inflicted injuries from compensation where such death cannot be connected to a “result of a mental illness caused by service”.

LORD HAMILTON OF EPSOM

**848F** After Clause 50, insert the following new Clause—

**“Review: on-demand assisted dying services**

- (1) Within one year of the day on which this Act is passed the Secretary of State must publish a review to assess—
  - (a) the effectiveness of the safeguards in this Act, and
  - (b) whether, in their view, the provisions of this Act are susceptible to being misused to provide assisted dying on-demand.
- (2) The Secretary of State must lay the report under subsection (1) before Parliament.”

LORD BLENCAUTHRA

**848G** After Clause 50, insert the following new Clause—

**“Medical treatment**

Nothing in this Act prevents—

- (a) a patient from requesting, or
- (b) a registered medical professional from providing, life-preserving or life-extending medical treatment.”

LORD BLENCAUTHRA

**848H** After Clause 50, insert the following new Clause—

**“Effect on other enactments**

Nothing in this Act shall be treated as having effect for the purposes of any other enactment, including the development of standards of care, clinical guidance or the making of best-interests decisions.”

***Member's explanatory statement***

This amendment seeks to prevent the Act from influencing general clinical standards, for example the Mental Capacity Act’s “best-interests” framework, NICE Guidelines, or the broader legal duty of care owed to all patients.

**Clause 51**

LORD BIRT  
LORD PANNICK

849 Clause 51, page 38, line 34, leave out “Commissioner” and insert “ADHS”

LORD BIRT  
LORD PANNICK

850 Clause 51, page 38, line 35, leave out “Commissioner” and insert “ADHS”

LORD BIRT  
LORD PANNICK

851 Clause 51, page 38, line 37, leave out “Commissioner” and insert “ADHS”

BARONESS COFFEY

*Baroness Coffey gives notice of her intention to oppose the Question that Clause 51 stand part of the Bill.*

**Clause 52**

LORD SANDHURST

852 Clause 52, page 39, line 18, at end insert—

“(d) acting as an independent advocate under section 22.”

***Member's explanatory statement***

*This amendment would ensure that certain people are disqualified from acting as an independent advocate where this is inappropriate.*

LORD GOODMAN OF WYCOMBE

853 Clause 52, page 39, line 27, at end insert—

“(e) anyone who has acted as a domestic carer for the person,  
(f) those with power of attorney or decision-making roles in relation to the person, and  
(g) any health or social care professional who has ever provided care to the person.”

**Member's explanatory statement**

*This amendment seeks to disqualify those who (1) have acted as a domestic carer for, (2) have power of attorney over, or (3) provided health or social care to a person, from acting as their witness or proxy.*

BARONESS FINLAY OF LLANDAFF

854 Clause 52, page 39, line 27, at end insert—

- “(e) any individual who is or has claimed to be the primary provider of unpaid care for the person;
- “(f) any individual who is or has recently been co-habiting with the person;
- “(g) any individual in a romantic or sexual relationship with the person (or with whom the person believes themselves to be in such a relationship).”

**Member's explanatory statement**

*Evidence from cases of homicide by a carer show that carer-stress is often unrecognised. Also, cuckooing can occur as a method of exploitation but is often unrecognised by professionals.*

BARONESS GREY-THOMPSON

855 Clause 52, page 39, line 27, at end insert—

- “(2A) Anyone acting as a witness or proxy must sign a declaration confirming that they are not disqualified from that role by virtue of being an individual listed in subsection (2).”

LORD CARLILE OF BERRIEW

856 Clause 52, page 39, line 29, at end insert—

- “(4) For the purposes of this section, a person is a relative of the applicant if that person is the spouse, civil partner, child, step-child, parent, step-parent, sibling, sibling-in-law, child-in-law, parent-in-law, grandparent or step-grandparent of the applicant.”

LORD GOODMAN OF WYCOMBE

857 Leave out Clause 52 and insert the following new Clause—

**“Eligibility for being a witness or proxy**

- (1) The individuals specified in subsection (2) are eligible to—
  - (a) witness a first declaration by a person under section 8(2)(c)(ii);
  - (b) witness a second declaration by a person under section 19(3)(c)(ii);
  - (c) be a proxy for a person intending to have a document signed by proxy under section 21.

- (2) Those individuals are healthcare professionals trained in—
  - (a) detecting coercion,
  - (b) domestic abuse, and
  - (c) making reasonable adjustments for disabilities and autism.
- (3) No other individual is eligible to be a witness or proxy.”

***Member's explanatory statement***

*This amendment seeks to reverse the requirements of Clause 52 and describe who is eligible for being a witness or proxy, rather than who is disqualified. Eligibility would be limited to individuals are healthcare professionals trained in detecting coercion, domestic abuse, and making reasonable adjustments for disabilities and autism.*

**After Clause 52**

BARONESS O'LOAN  
LORD VERDIRAME  
BARONESS COFFEY

**857A** After Clause 52, insert new following Clause—

**“Prohibition on amending this Act by remedial order**

An order under section 10 of the Human Rights Act 1998 (power to take remedial action) may not amend—

- (a) this Act, or
- (b) the Suicide Act 1961, for purposes related to the operation of this Act.”

LORD FAULKS  
LORD VERDIRAME

**857B** After Clause 52, insert the following new Clause—

**“Effect of certain sections of the Human Rights Act**

Sections 3, 4 and 6 of the Human Rights Act 1998 do not apply in relation to—

- (a) any provision of this Act,
- (b) any provision of the Suicide Act 1961, for purposes related to the operation of this Act,
- (c) any proceedings relating to any such provision, or
- (d) anything done under or for the purposes of any such provision.”

***Member's explanatory statement***

*This amendment builds on the amendment tabled by Baroness O'Loan and seeks to ensure that parliament retains control of any decisions to expand the scope of the Act.*

**Clause 53**

BARONESS COFFEY

*Baroness Coffey gives notice of her intention to oppose the Question that Clause 53 stand part of the Bill.*

**Clause 54**

BARONESS COFFEY

857C Clause 54, page 39, line 37, leave out subsection (1)

LORD FALCONER OF THOROTON

857CA Clause 54, page 40, line 3, leave out “by statutory instrument” and insert “—

- (a) in the case of the Secretary of State, by statutory instrument;
- (b) in the case of the Welsh Ministers, by Welsh statutory instrument.”

***Member's explanatory statement***

*This amendment caters for the regime, created by the Legislation (Procedure, Publication and Repeals) (Wales) Act 2025, for subordinate legislation made by Welsh Ministers.*

LORD HAMILTON OF EPSOM

857D Clause 54, page 40, line 4, leave out subsections (3) and (4) and insert—

- “(3) A statutory instrument made by the Secretary of State containing regulations under this Act is subject to the super-affirmative procedure as set out in section 18 of the Legislative and Regulatory Reform Act 2006.”

***Member's explanatory statement***

*This amendment seeks to increase the level of parliamentary scrutiny of regulations made under this Act to ensure secondary legislation is not used to extend the scope of provisions related to assisted dying.*

LORD SHINKWIN

858 Clause 54, page 40, line 5, after “section” insert “5(7),”

***Member's explanatory statement***

*This amendment relates to an amendment in the name of Lord Shinkwin to Clause 5.*

BARONESS GREY-THOMPSON

859 Clause 54, page 40, line 5, after “8(7),” insert “(Organ donation declarations),”

LORD GOODMAN OF WYCOMBE

860 [Withdrawn]

LORD GOODMAN OF WYCOMBE

861 [Withdrawn]

LORD BLEN CATHRA

861A [Withdrawn]

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT  
LORD ROOKER

862 Clause 54, page 40, line 5, after “11(9),” insert “22,”

***Member's explanatory statement***

*This amendment provides that regulations under clause 22 (independent advocates) are subject to the draft affirmative procedure.*

LORD FALCONER OF THOROTON

862A Clause 54, page 40, line 5, after “11(9),” insert “(Independent advocates: further provision),”

***Member's explanatory statement***

*This amendment provides that regulations under my new clause to be inserted after clause 22 are subject to the draft affirmative procedure.*

LORD FALCONER OF THOROTON

862B Clause 54, page 40, line 5, after “11(9),” insert “27,”

***Member's explanatory statement***

*This amendment provides that regulations under clause 27 are subject to the draft affirmative procedure.*

LORD GOODMAN OF WYCOMBE

*This amendment replaces Amendment 860, which was marshalled in the wrong place in error, and corrects its location in the Marshalled List*

862C★ Clause 54, page 40, line 5, after “11(9),” insert “22(1),”

***Member's explanatory statement***

*This amendment seeks to clarify that the regulation-making power in clause 22 is subject to the affirmative resolution procedure.*

## LORD GOODMAN OF WYCOMBE

*This amendment replaces Amendment 861, which was marshalled in the wrong place in error, and corrects its location in the Marshalled List*

862D★ Clause 54, page 40, line 5, after “11(9),” insert “26(2)(b),”

***Member's explanatory statement***

*This amendment seeks to ensure that the regulation-making power in clause 26 is subject to the affirmative procedure.*

## LORD GOODMAN OF WYCOMBE

863 Clause 54, page 40, line 5, after “11(9),” insert “(*Independent advocates*),”

## LORD GOODMAN OF WYCOMBE

864 Clause 54, page 40, line 5, after “11(9),” insert “(*Conscientious objection to participation in the provision of assisted dying services*),”

## LORD BLENCAETHRA

*This amendment replaces Amendment 861A, which was marshalled in the wrong place in error, and corrects its location in the Marshalled List*

864A★ Clause 54, page 40, line 5, after “11(9),” insert “(*Timelines: reasonable extensions and exclusions*),”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Blencathra, seeks to ensure that statutory timelines are not absolute and can be extended where clinical, safeguarding, or accessibility reasons require more time. It also clarifies treatment of weekends and public holidays and requires written recording of extensions.*

## LORD GOODMAN OF WYCOMBE

865 Clause 54, page 40, line 6, after “39(4)” insert “, 40”

## BARONESS COFFEY

865A Clause 54, page 40, line 6, leave out “or 43” and insert “, 43 or 45(3)(e)”

## LORD CAMPBELL-SAVOURS

866 Clause 54, page 40, line 6, after “43” insert “, or (*Expiry and renewal*)”

***Member's explanatory statement***

*This amendment is linked to another in the name of Lord Campbell-Savours, which provides that for the three years after assistance to end a person's life is first provided, the Act is subject to three*

*annual renewals. This amendment seeks to ensure that the regulations-making provision for the renewal of the Act is subject to the affirmative resolution procedure.*

BARONESS FRASER OF CRAIGMADDIE

867 Clause 54, page 40, line 6, after “43” insert “, or (*Expiry of this Act*)”

BARONESS FRASER OF CRAIGMADDIE

868 Clause 54, page 40, line 6, after “43” insert “, or (*Delivery of provisions by privately funded organisations*)”

LORD GOODMAN OF WYCOMBE

869 Clause 54, page 40, line 6, after “43” insert “, or (*Notifications of refusals to Commissioner*)”

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

870 Clause 54, page 40, line 6, after “43” insert “or (*Expiry and continuation*)”

LORD GOODMAN OF WYCOMBE

871 Clause 54, page 40, line 7, at end insert –

“(3A) If any regulations made under this Act create a criminal or civil offence, then a statutory instrument containing such regulations may not be made 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 seeks to ensure that regulations creating a criminal or civil offence are subject to the affirmative resolution procedure.*

BARONESS COFFEY

872 Clause 54, page 40, line 11, leave out subsection (5)

LORD FALCONER OF THOROTON

872A Clause 54, page 40, line 11, leave out subsection (5) and insert—

“(5) Regulations made by the Welsh Ministers under section 42 are subject to the Senedd approval procedure (see Part 2A of the Legislation (Wales) Act 2019 (anaw 4)).”

*Member's explanatory statement*

*This amendment caters for the regime, created by the Legislation (Procedure, Publication and Repeals) (Wales) Act 2025, for subordinate legislation made by Welsh Ministers.*

**Clause 55**

LORD CARLILE OF BERRIEW  
BARONESS COFFEY

873 Clause 55, page 40, line 16, leave out “8, 10, 11, 19, 26 or”

LORD LANSLEY

874 Clause 55, page 40, line 16, after “11,” insert “17,”

LORD SANDHURST

875 Clause 55, page 40, line 16, after “28,” insert “or issuing one or more codes of practice under section 39,”

*Member's explanatory statement*

*This amendment, which is suggested by the Law Society of England and Wales, would extend the Secretary of State's duty to consult to the issuing of codes of practice.*

LORD LANSLEY

876 Clause 55, page 40, line 18, at end insert—

“(aa) persons or bodies representative of those professional groups who provide clinical advice, reports or decisions, and”

BARONESS GREY-THOMPSON

877 Clause 55, page 40, line 24, at end insert “and

(c) persons appearing to the Secretary of State to have expertise in matters relating to palliative care,”

## LORD FALCONER OF THOROTON

877A Clause 55, page 40, line 27, at end insert –

“(3) Before making regulations under section 42(1), the Welsh Ministers must consult such persons as they consider appropriate.”

***Member's explanatory statement***

*This amendment requires the Welsh Ministers to consult such persons as they consider appropriate before making regulations under Clause 42(1).*

## LORD FALCONER OF THOROTON

877B Clause 55, page 40, line 27, at end insert –

“(3) Before making regulations under section 27 or 37(1), the Secretary of State must consult –

- (a) the Commission on Human Medicines,
- (b) any person for the time being specified for the purposes of this paragraph in a notice given by that Commission to the Secretary of State, and
- (c) such other persons as the Secretary of State considers appropriate.

(4) Before making regulations under section 37(5), the Secretary of State must consult –

- (a) the committee established under section 20 of the Medicines and Medical Devices Act 2021 (advisory committee for medical devices), and
- (b) such other persons as the Secretary of State considers appropriate.

(5) If a committee (“the section 37 committee”) is established by regulations under section 37(5A) –

- (a) subsection (3) applies as if the references to the Commission on Human Medicines were references to the section 37 committee;
- (b) subsection (4) applies as if the reference to the committee mentioned in that subsection were a reference to the section 37 committee.”

***Member's explanatory statement***

*This amendment imposes an obligation to consult, before making regulations under clause 27 or 37.*

## BARONESS GREY-THOMPSON

878 Clause 55, page 40, line 27, at end insert –

“(3) If the Secretary of State does not consult any persons listed under subsection (2), that must be stated in the Commissioner's annual report under section 49 and the Secretary of State must make a statement to Parliament explaining their reasons for not doing so.”

### After Clause 55

LORD FALCONER OF THOROTON

**878A** After Clause 55, insert the following new Clause—

**“Pre-laying scrutiny of certain proposed regulations under section 37 or 41**

- (1) This section applies in relation to—
  - (a) a statutory instrument containing regulations under section 37 which amend an Act that is not listed in subsection (2);
  - (b) a statutory instrument containing regulations under section 41 which amend an Act that is not listed in subsection (3).
- (2) The Acts referred to in subsection (1)(a) are—
  - (a) the Medicines Act 1968;
  - (b) the Medicines and Medical Devices Act 2021.
- (3) The Acts referred to in subsection (1)(b) are—
  - (a) the National Health Service Act 2006;
  - (b) the Health and Social Care Act 2008;
  - (c) the Health and Social Care Act 2012.
- (4) A draft of the statutory instrument may be laid before Parliament in accordance with section 54(3) on a day (“laying day”) only if the following conditions are met.
- (5) The first condition is that, at least 28 days before laying day, the Secretary of State published—
  - (a) a proposed draft of the instrument, and
  - (b) a statement explaining the effect of relevant amendments contained in the proposed draft instrument.
- (6) The second condition is that, on laying day, the Secretary of State published a scrutiny statement.
- (7) In this section—
 

“relevant amendment” means—

  - (a) in relation to a statutory instrument containing regulations under section 37, an amendment of an Act that is not listed in subsection (2);
  - (b) in relation to a statutory instrument containing regulations under section 41, an amendment of an Act that is not listed in subsection (3);

“scrutiny statement” means a statement containing information about—

  - (a) the steps taken by the Secretary of State to make the proposed draft instrument published in accordance with subsection (5) available to each House of Parliament,
  - (b) the Secretary of State’s response to any recommendations made by a committee of either House of Parliament about the proposed draft instrument, and

(c) any differences between the relevant amendments in the draft instrument that is to be laid and the relevant amendments in the proposed draft instrument mentioned in paragraph (a), and such other information as the Secretary of State considers appropriate.”

***Member's explanatory statement***

*This amendment provides additional scrutiny in relation to regulations under Clause 37 or 41 which amend an Act other than one listed in subsection (2) or (3).*

**Clause 56**

LORD MOYLAN  
LORD CARLILE OF BERRIEW  
BARONESS O'LOAN

879 Clause 56, page 40, line 34, at end insert—

““assistance” in this Act refers to aiding, abetting, counselling or procuring the suicide of a person by a registered medical practitioner in accordance with this Act, and to ancillary activities;”

***Member's explanatory statement***

*This amendment seeks to define the meaning of the term “assistance” as used throughout the Bill.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

880 Clause 56, page 40, line 39, at end insert—

““disability” has the meaning given by section 6 of the Equality Act 2010;”

***Member's explanatory statement***

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

BARONESS FRASER OF CRAIGMADDIE

881 Clause 56, page 40, line 39, at end insert—

““doctor” means a doctor or care professional whose name is on the General Medical Council's medical register and who holds a full, specialist or GP license to practice medicine, permitting them to provide and supervise medical care to patients and has been continuously registered on the medical register of the General Medical Council for at least ten years;”

BARONESS FINLAY OF LLANDAFF  
BARONESS BUTLER-SLOSS

882 Clause 56, page 41, line 16, at end insert—

““medical practitioner” means a person who is a doctor who is registered on the General Medical Council medical register and holds a valid licence to practice;”

BARONESS FRASER OF CRAIGMADDIE

883 Clause 56, page 41, line 18, at end insert—

““registered medical practitioner” means—

- (a) a “doctor”, or
- (b) a nurse or care professional who is licenced to practice in the UK and is currently registered by the Nursing and Midwifery Council and has been continuously registered on the register of the Nursing and Midwifery Council for at least ten years;”

BARONESS FINLAY OF LLANDAFF  
BARONESS HOLLINS

884 Clause 56, page 41, line 27, at end insert—

““specialist palliative care” is care delivered by a multi-professional palliative care team consisting of medical, nursing, and allied healthcare professionals who have undergone specialist training, with at least one of the doctors listed on the specialist register for palliative medicine with the General Medical Council; and such teams are able to provide—

- (a) specialist support in every setting, including private homes, care homes, hospitals, hospices and other community settings, working with local clinical teams,
- (b) specialist level in-patient palliative care beds when required, including admission on an urgent basis,
- (c) specialist palliative care advice, available at all times of day every day, to support health and social care professionals who are providing care to the person and their family,
- (d) support to ensure the right, skilled workforce, equipment and medication is available to deliver this care,
- (e) a point of contact, available for people with palliative care needs if their usual source of support is not accessible,
- (f) information about the person’s needs with all professionals involved in their care, using local information systems across health care providers, subject to patient consent,
- (g) support to ensure patients and their families are able to have relevant open conversations about what matters to them,
- (h) support for the relevant education and training of the health and social care workforce, and

(i) support to enable staff to participate in relevant research and disseminate evidence-based innovations in palliative care.”

**Member's explanatory statement**

*This amendment is based on the WHO definition of specialist palliative care.*

LORD BANNER

885 Clause 56, page 41, line 37, at end insert—

“(5) Section 3 of the Human Rights Act 1998 (interpretation of legislation) does not apply in relation to the interpretation of this Act or in relation to the interpretation of any regulations or other measure (including codes of practice) made pursuant to it.”

**Member's explanatory statement**

*This amendment disapplies section 3 of the Human Rights Act 1998 so as to minimise the risk of the words used in this Bill (or in secondary legislation and other measures that are in future made pursuant to it) being interpreted in an unforeseeable manner.*

**Clause 57**

BARONESS COFFEY

886 Clause 57, page 41, line 39, leave out “Subject as follows,”

BARONESS COFFEY

887 Clause 57, page 41, line 40, leave out subsections (2) and (3)

**Member's explanatory statement**

*This amendment seeks to reduce the extent of the Bill to England and Wales only. It reverses the changes agreed by House of Commons which increased the extent for certain parts of the Bill to Scotland and Northern Ireland. The new provision on extent was not in the Bill originally presented to that House, nor considered at Committee Stage there.*

LORD EMPEY

887A Clause 57, page 41, line 40, leave out “37,”

**Member's explanatory statement**

*This and another amendment in the name of Lord Empey would provide that the clause on regulation of approved substances does not apply to Northern Ireland.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

888 Clause 57, page 41, line 42, leave out “31(8)” and insert “31”

***Member's explanatory statement***

*This amendment provides that all of Clause 31 extends to (i.e. forms part of the law of) Scotland (as well as England and Wales).*

LORD EMPEY

888A Clause 57, page 41, line 42, after “31(8)” insert “, 37”

***Member's explanatory statement***

*This and another amendment in the name of Lord Empey would provide that the clause on regulation of approved substances does not apply to Northern Ireland.*

BARONESS COFFEY

889 Clause 57, page 41, line 42, at end insert –

“(4) This Act applies to England only.”

**Clause 58**

LORD MOYLAN

890 Clause 58, page 42, line 1, at end insert –

“(A1) Section 1 comes into force on such day as the Secretary of State may by regulations appoint, but not before the Secretary of State has issued guidance aimed at preventing any growth of an institutional culture in the medical professions and among hospital managers in favour of assisted death as a means of procuring human organs for transplant.”

***Member's explanatory statement***

*This is to probe the protections the Act might contain to prevent the rise of a coercive or persuasive culture driven by the need for organs for transplant.*

LORD GOODMAN OF WYCOMBE

891 Clause 58, page 42, line 2, leave out subsections (1) and (2) and insert –

- “(1) This section and section (*Review: effect of the Act on palliative care*) come into force on the day on which this Act is passed.
- “(2) The other provisions in this Act may not come into force until the review described in section (*Review: effect of the Act on palliative care*) has reported and the Secretary of State has responded to the review.”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Goodman, seeks to ensure that the Act cannot come into force until a review of the effect of the Act on palliative care has reported.*

BARONESS HOLLINS

892 Clause 58, page 42, line 3, at end insert –

“(1A) Section 3 (assisted dying decision-making framework) comes into force on the day on which this Act is passed, and the remaining provisions of this Act come into force as set out in the rest of this section, except that no other provisions may come into force until the Secretary of State has made the regulations required by that section.”

***Member's explanatory statement***

*This amendment is linked to an amendment in the name of Baroness Hollins to replace Clause 3 of the Bill.*

BARONESS FINLAY OF LLANDAFF

892A Clause 58, page 42, line 3, at end insert –

“(1A) Section (*Access to specialist palliative and end-of-life care*) comes into force on the day on which this Act is passed, and the remaining provisions of this Act come into force as set out in the rest of this section, except that no other provisions may come into force until the Secretary of State has laid before Parliament –

- (a) the report required by that section, and
- (b) a response to that report detailing how the Government will respond to the recommendations in the report in order to increase access to specialist palliative and end-of-life care to levels of universal access for persons seeking assistance to end their life under this Act, to the extent necessary to enable such persons to establish whether such care would affect their wish to be provided with such assistance.”

LORD SANDHURST  
LORD HUNT OF KINGS HEATH

893 Clause 58, page 42, line 4, 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, which is suggested by the Law Society of England and Wales, would 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.*

LORD MOYLAN  
LORD CARLILE OF BERRIEW

894 Clause 58, page 42, line 4, leave out “, except subsection (4) of that section,”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Moylan, would ensure that the scope of illnesses or diseases that count for the purposes of subsection (1) does not increase by “creep” but only by a deliberative act of the Secretary of State made by Statutory Instrument.*

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

895 Clause 58, page 42, line 4, after “that section,” insert “section (Disability Advisory Board)”

***Member's explanatory statement***

*This amendment provides that the new Clause replacing Clause 48 (Disability Advisory Board) comes into force one year after Royal Assent.*

LORD MOYLAN  
BARONESS FOX OF BUCKLEY

896 Clause 58, page 42, line 6, at end insert “subject to section 2(1A)”

***Member's explanatory statement***

*This amendment, connected to another in the name of Lord Moylan, would ensure that the scope of illnesses or diseases that count for the purposes of subsection (1) does not increase by “creep” but only by a deliberative act of the Secretary of State made by Statutory Instrument.*

LORD GOODMAN OF WYCOMBE

897 Clause 58, page 42, line 7, at beginning insert “Subject to subsection (2)”

***Member's explanatory statement***

*This amendment, connected with another in the name of Lord Goodman, seeks to ensure that most of the Act cannot come into force until a review of the effect of the Act on palliative care has reported.*

LORD HUNT OF KING'S HEATH

898 Clause 58, page 42, line 8, at end insert “, provided that the Secretary of State has published a review on—

- (a) the funding implications of this Act for palliative and end of life care;
- (b) how the long-term funding of palliative and end of life care will be affected as a result of this Act.”

***Member's explanatory statement***

*The amendment would require the Secretary of State to review the likely impact of this Act on palliative and end of life care before the provisions referred to in Clause 58(3) come into force.*

LORD AHMAD OF WIMBLEDON

899 Clause 58, page 42, line 8, at end insert “, subject to a majority of electors voting in a referendum as provided by section (Referendum on assisted dying) that adults who are terminally ill should be provided with assistance to end their own life”

***Member's explanatory statement***

*This and another amendment in my name provide for a referendum to provide a stronger mandate for the commencement of the legislation with such significant impacts on society and the NHS.*

LORD MOYLAN

900 Clause 58, page 42, line 9, leave out subsection (4)

***Member's explanatory statement***

*This would ensure that no provision of this Bill, apart from the sections referred to in subsections (1) and (2), would come into effect other than by way of subsection (3) (a regulation made by the Secretary of State).*

LORD JACKSON OF PETERBOROUGH

900A Clause 58, page 42, line 9, leave out subsection (4) and insert –

“(4) The Secretary of State may not make regulations under subsection (3) unless –

- (a) they have launched a public awareness campaign on the distinction between assisted dying and palliative care, and
- (b) this campaign has run for at least 12 months.

(4A) A public awareness campaign under subsection (4) must –

- (a) make clear that palliative care is not intended to bring about the death of the patient, but is rather designed to –
  - (i) improve the quality of life of patients and their families who are facing problems associated with life-threatening illness,
  - (ii) prevent and relieve suffering through the early identification, correct assessment and treatment of pain and other problems,
  - (iii) prevent and relieve suffering of any kind, including physical, psychological, social or spiritual, experienced by adults and children living with life-limiting health problems, and
  - (iv) promote dignity, quality of life and adjustment to progressive illnesses, using best available evidence;
- (b) include information about the kinds of specialist palliative care services available in England and Wales;
- (c) include information about how to access specialist palliative care.”

***Member's explanatory statement***

*This amendment seeks to prevent commencement of the main provisions of the Bill until the Secretary of State has launched a public awareness campaign on the distinction between assisted dying and palliative care.*

LORD SANDHURST

901 Clause 58, page 42, line 12, at end insert “, subject to subsection (5A).”

***Member's explanatory statement***

*This amendment is connected to another amendment in the name of Lord Sandhurst to clause 58.*

BARONESS COFFEY

902 Clause 58, page 42, line 13, leave out subsection (5)

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

903 Clause 58, page 42, line 13, leave out subsection (5) and insert—

“(5) Subsections (3) and (4) do not apply in relation to Wales.

(5A) In relation to Wales, the provisions of the Act not brought into force by subsections (1) and (2) come into force on such day or days as the Welsh Ministers may by regulations appoint (and such regulations may not be made unless a draft of the statutory instrument containing them has been laid before, and approved by a resolution of, Senedd Cymru.”

***Member's explanatory statement***

*This amendment restores, with some changes, a provision passed by the House of Commons Public Bill Committee which provided that Senedd Cymru must pass a resolution before Welsh Ministers can exercise powers to make regulations on voluntary assisted dying services in Wales.*

LORD SANDHURST

904 Clause 58, page 42, line 15, at end insert—

“(5A) The Secretary of State may not make a statutory instrument containing (whether alone or with other provision) regulations which bring sections 25 (provision of assistance), 32 (criminal liability for providing assistance) or 33 (civil liability for providing assistance etc) into force unless—

- (a) the Secretary of State has, by regulations, made provision for all the matters they are required to make provision for under the Act,
- (b) the Secretary of State has issued one or more codes of practice in connection with all the matters described in section 39(1) (codes of practice), and

(c) the Secretary of State after consulting the Chief Medical Officers has published guidance under section 40 (guidance about operation of Act)."

**Member's explanatory statement**

*This amendment, which is suggested by the Law Society of England and Wales, would prevent the Secretary of State from making a commencement order for those provisions relating to the provision of assistance and criminal and civil liability for providing assistance unless all necessary regulations and guidance are in place.*

BARONESS SMITH OF LLANFAES  
LORD THOMAS OF CWMGIEDD

905 Clause 58, page 42, line 16, after "Secretary of State" insert "and (in relation to Wales) the Welsh Ministers"

**Member's explanatory statement**

*This amendment restores, with some changes, a provision passed by the House of Commons Public Bill Committee which provided that Senedd Cymru must pass a resolution before Welsh Ministers can exercise powers to make regulations on voluntary assisted dying services in Wales.*

LORD FALCONER OF THOROTON

905A Clause 58, page 42, line 20, leave out "by statutory instrument" and insert "—  
(a) in the case of the Secretary of State, by statutory instrument;  
(b) in the case of the Welsh Ministers, by Welsh statutory instrument."

**Member's explanatory statement**

*This amendment caters for the regime, created by the Legislation (Procedure, Publication and Repeals) (Wales) Act 2025, for subordinate legislation made by Welsh Ministers.*

**After Clause 58**

LORD CAMPBELL-SAVOURS

906 After Clause 58, insert the following new Clause—

**"Expiry and renewal**

- (1) This Act is repealed unless renewed under the provisions set out in this section.
- (2) Within three months of the first, second and third anniversary of the day on which assistance to end a person's life is first provided under sections 8 to 30 of this Act, the Secretary of State must, by regulations, make provision for the renewal of this Act.
- (3) If the regulations are not approved within three months of the relevant anniversary, then the Act is repealed.

(4) If the Act is renewed following each of the three anniversaries then the Act remains permanently in force.”

***Member's explanatory statement***

*This amendment seeks to provide that for the three years after assistance to end a person's life is first provided, the Act is subject to three annual renewals. If on one of these occasions the Act is not renewed, it permanently expires. Following three years and three successful renewals, the Act remains permanently in force.*

BARONESS FRASER OF CRAIGMADDIE

907 After Clause 58, insert the following new Clause—

**“Expiry of this Act**

- (1) The provisions of this Act expire at the end of five years beginning on the day on which this Act is passed.
- (2) The Secretary of State may by statutory instrument, from 12 months before the end of each five year period, make provision that the provisions of the Act are to continue in effect for a further five years.
- (3) In this section, “five year period” means the period of five years beginning with the day that this Act receives Royal Assent and each subsequent five year period thereafter.”

BARONESS COFFEY  
LORD GOODMAN OF WYCOMBE

908 After Clause 58, insert the following new Clause—

**“Expiry and parliamentary renewal**

- (1) This Act is repealed unless renewed under the provisions set out in this section.
- (2) Within three months of the beginning of each new Parliament—
  - (a) in the House of Commons, the Prime Minister, and
  - (b) in the House of Lords, the Leader of the House,
must table a resolution in their respective House making provision for the renewal of this Act.
- (3) If the resolution is approved in both Houses, then the Act remains in force.
- (4) If the resolution is not approved in both or either House, then the Act is repealed.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Act is renewed at the beginning of each Parliament and permanently repealed if this renewal is rejected.*

BARONESS COFFEY  
LORD GOODMAN OF WYCOMBE

909 After Clause 58, insert the following new Clause—

**“Parliamentary renewal**

- (1) Within three months of the beginning of each new Parliament—
  - (a) in the House of Commons, the Prime Minister, and
  - (b) in the House of Lords, the Leader of the House,must table a resolution in their respective House making provision that sections 1 to 30 remain in force.
- (2) If the resolution is approved in both Houses, then sections 1 to 30 remain in force for the rest of that Parliament.
- (3) If the resolution is not approved in both or either House, then sections 1 to 30 cease to remain in force for the rest of that Parliament.”

***Member's explanatory statement***

*This amendment seeks to ensure that the sections of the Act setting out the assisted dying process are subject to re-approval by both Houses at the beginning of each Parliament.*

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

910 After Clause 58, insert the following new Clause—

**“Expiry and continuation**

- (1) This Act expires at the end of the period of five years beginning with the day on which section 58 (commencement) first brings any provision of this Act into force.
- (2) The Secretary of State may by regulations provide that this Act is to continue in force (with or without modifications) for a period not exceeding five years at a time.
- (3) Regulations under subsection (2) may not be made unless the Secretary of State has laid before Parliament—
  - (a) the most recent report under section 49, and
  - (b) a statement addressing the Government's response to that report and the findings of the review under section 50.
- (4) The expiry of this Act does not affect the validity of anything done under it before expiry.
- (5) The Secretary of State may by regulations make transitional and saving provision in connection with the expiry of this Act for cases where a certificate of eligibility has been granted before expiry.”

***Member's explanatory statement***

*This clause causes the Act to expire after five years unless continued by affirmative resolution, ties any continuation to the Commissioner's monitoring and the statutory review, and provides for orderly wind-down and case handling if the Act expires.*

**Clause 59**

BARONESS FINLAY OF LLANDAFF

**911** Clause 59, page 42, line 22, leave out “End of Life” and insert “Assisted Death”

**Schedule 1**

LORD MOYLAN

**912** Schedule 1, page 43, line 10, at end insert—

- “(4) No public funds may be paid to the Commissioner for the exercise of their duties or the conduct of their operations, including premises or staff employment costs.”

***Member's explanatory statement***

*This establishes that the costs of the Commissioner will not be a charge on public funds.*

BARONESS FINLAY OF LLANDAFF

**913** Schedule 1, page 43, line 10, at end insert—

- “(4) The Commissioner, the Deputy Commissioner and employed or seconded members of the Commissioner's staff may not be appointed if they are or have been employed by, have or had financial or commercial relationships with, or acted in a voluntary capacity for, any agency promoting or providing assisted deaths.”

BARONESS COFFEY

**913ZA★** Schedule 1, page 43, line 16, leave out paragraph 3

***Member's explanatory statement***

*This probing amendment tests why a Deputy Commissioner is needed.*

BARONESS COFFEY

**913ZB★** Schedule 1, page 44, line 2, at end insert “and they may not be reappointed.”

***Member's explanatory statement***

*This keeps appointment of the Commissioner to one term of five years.*

BARONESS COFFEY

**913ZC★** Schedule 1, page 44, line 3, leave out sub-paragraph (3)

***Member's explanatory statement***

*This keeps the appointment of the Commissioner to one term of five years.*

BARONESS COFFEY

**913ZD★** Schedule 1, page 44, line 10, leave out “Secretary of State” and insert “Lord Chancellor”

***Member's explanatory statement***

*This moves accountability to the Lord Chancellor and Ministry of Justice, rather than the Secretary of State in the Department of Health and Social Care. This is one instance of such a change; if pursued at Report stage other related changes would also be proposed.*

LORD WOLFSON OF TREDEGAR

**913A** Schedule 1, page 44, line 15, at end insert—

- “(6) Where a person has concerns about the conduct of the Commissioner they may make representations to the Prime Minister.
- (7) The Prime Minister must consider all representations received under sub-paragraph (6).”

***Member's explanatory statement***

*This amendment seeks to probe the process by which the Voluntary Assisted Dying Commissioner may be held accountable for their conduct.*

LORD MOYLAN

**914** Schedule 1, page 44, line 17, after “may” insert “not”

***Member's explanatory statement***

*This amendment would prevent the Secretary of State from paying remuneration and associated costs to the Commissioner.*

BARONESS COFFEY

**914A★** Schedule 1, page 44, line 23, after “appoint” insert “a maximum of 10”

***Member's explanatory statement***

*This and another amendment in the name of Baroness Coffey requires the Commissioner organisation to be small and efficient.*

BARONESS COFFEY

**914B★** Schedule 1, page 44, line 23, at end insert “including seconded staff.”

***Member's explanatory statement***

*This and another amendment in the name of Baroness Coffey requires the Commissioner organisation to be small and efficient.*

BARONESS COFFEY

**914C★** Schedule 1, page 45, line 1, leave out sub-paragraph (2)

***Member's explanatory statement***

*This amendment seeks to prevent secondees being paid by the Commissioner.*

LORD BIRT  
LORD PANNICK

**915** Schedule 1, page 45, line 19, leave out paragraph (a)

BARONESS GREY-THOMPSON

**916** Schedule 1, page 45, line 23, at end insert—

“(4) The Commissioner must keep records of the numbers of—

- (a) full time,
- (b) part time, and
- (c) seconded,

staff working for them and must include this information in their annual report under section 49.”

LORD MOYLAN

**917** Schedule 1, page 45, line 23, at end insert—

*“Fees payable by those seeking assistance*

8A (1) The Commissioner must, before the start of each financial year, set out fees and charges (which may be staged in line with the procedures established by this Act), payable by those seeking or attaining the provision of assistance.

(2) Fees and charges must be set so that, taking the year as a whole it is reasonably foreseeable that the costs of providing assistance (including materials, premises, professional fees and the Commissioner's remuneration, expenses and costs of operation) do not fall as a charge to public funds.

(3) Such fees and charges are to be collected by the Commissioner and distributed to those with a justified and evidenced claim on them.”

**Member's explanatory statement**

*This amendment provides a mechanism for funding the provision of assistance such that it is not a charge on public funds.*

LORD MOYLAN

918 Schedule 1, page 45, line 25, after “may” insert “not”

**Member's explanatory statement**

*This would prevent the Secretary of State from providing financial assistance to the Commissioner.*

LORD MOYLAN

919 Schedule 1, page 45, line 30, after “may” insert “not”

**Member's explanatory statement**

*This would prevent the Secretary of State from providing staff, premises, facilities or other assistance to the Commissioner.*

BARONESS COFFEY

*Baroness Coffey gives notice of her intention to oppose the Question that Schedule 1 be the First Schedule to the Bill.*

**Schedule 2**

LORD BIRT  
LORD PANNICK

920 Schedule 2, page 47, line 18, leave out “Commissioner” and insert “ADHS”

LORD SANDHURST

921 Schedule 2, page 47, line 21, after “member”)” insert “meets the requirements specified in regulations under sub-paragraph (4) and”

BARONESS COFFEY

921ZA★ Schedule 2, page 47, line 22, at end insert “in England”

**Member's explanatory statement**

*This ensures the judge has served as a judge in the England and Wales jurisdiction.*

BARONESS COFFEY

**921ZB★** Schedule 2, page 47, line 23, leave out paragraph (ii)

***Member's explanatory statement***

*This removes King's Counsel as candidates for legal members of a panel.*

LORD SANDHURST

**921A** Schedule 2, page 47, line 23, after "Counsel" insert "but not as Honorary King's Counsel"

***Member's explanatory statement***

*Many Honorary King's Counsel will not have appeared or acted in legal proceedings, having been appointed Honorary King's Counsel for services to the development of the law outside the courtroom. They will therefore not have the skills or experience required to discharge the function of legal member of the Panel.*

LORD SANDHURST

**921B** Schedule 2, page 47, line 23, at end insert—

“(iia) is a solicitor of not less than 15 years post-qualification, or”

***Member's explanatory statement***

*Solicitors have historically formed a statistically smaller proportion than barristers at the rank of King's Counsel and appointed High Court judge. As drafted, the Bill therefore inadvertently narrows the pool of those with appropriate legal expertise and experience.*

LORD SANDHURST

**922** Schedule 2, page 47, line 26, at end insert—

“(iv) is a member of another category of persons as may be specified by the Secretary of State in regulations,”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would enable the Secretary of State to specify other categories of people eligible for appointment as the legal member of an Assisted Dying Review Panel, to prompt Parliament to consider the eligibility criteria.*

BARONESS COFFEY

**923** Schedule 2, page 47, line 33, leave out “or Social Work Wales”

LORD SANDHURST

923A Schedule 2, page 47, line 34, at end insert—

- “(d) the person has such expertise in relevant matters as is set out in regulations to be made by the Secretary of State.”

***Member's explanatory statement***

*This amendment allows the Secretary of State to specify other categories of expertise - for instance palliative care - qualifying a person for Panel membership, to ensure that Panels are able to consider cases from a fully rounded perspective.*

BARONESS GREY-THOMPSON

924 Schedule 2, page 47, line 34, at end insert—

- “(2A) Where the person requesting assistance is aged 60 or over, the assisted dying review panel must include at least one member with professional expertise in the abuse of older people, or in safeguarding vulnerable adults.”

***Member's explanatory statement***

*The purpose of this amendment is to ensure review panels for older applicants include a safeguarding professional able to identify and assess risks of abuse or coercion.*

LORD SANDHURST

925 Schedule 2, page 48, line 2, at end insert—

- “(4) The Secretary of State must, by regulations, make provision about the training, qualifications and experience that a person must have in order to act as the legal member.”

***Member's explanatory statement***

*This amendment, together with another in the name of Lord Sandhurst to Schedule 2, which have been suggested by the Law Society of England and Wales, would require the Secretary of State to make regulations providing for the training, qualifications and experience needed for a person to act as the legal member on an Assisted Dying Review Panel.*

LORD MURRAY OF BLIDWORTH

925A Schedule 2, page 48, line 2, at end insert—

- “(4) A person may only be appointed to the list following—
  - (a) an independent appointments process involving tests, interviews and role-play,
  - (b) professional vetting, and
  - (c) in the case of a legal member, a recommendation from the Judicial Appointments Commission.”

***Member's explanatory statement***

*It has been stated that Panel members would be “self-selecting”. This amendment seeks to mitigate the risk inherent from such self-selection.*

LORD MOYLAN

926 Schedule 2, page 48, line 9, at end insert—

“(4) In considering the re-appointment of a person to the list of panellists for a second term, the Commissioner must pay no regard to the record of a panel member in making decisions or casting votes as a member of a panel.”

***Member's explanatory statement***

*This is to avoid bias in the reappointment of a person to the list of panel members.*

LORD BIRT  
LORD PANNICK

927 Schedule 2, page 48, line 11, leave out “Commissioner” and insert “ADHS”

LORD SANDHURST

927A Schedule 2, page 48, line 13, leave out from “of” to end of line 16 and insert “three members, of whom one must be a legal member”

***Member's explanatory statement***

*This amendment ensures that Panels are able to consider cases with expertise appropriate to the particular nature of the case.*

BARONESS HOLLINS

928 Schedule 2, page 48, line 16, at end insert—

“(d) a safeguarding expert,  
(e) a physician, and  
(f) a clinical psychologist.

(2A) The person (a “psychiatrist member”) required by subsection (2)(b) must—  
(a) be a consultant psychiatrist,  
(b) be registered in one of the psychiatry specialisms in the Specialist Register kept by the General Medical Council,  
(c) have demonstrable experience of working in palliative care, and  
(d) be entered in the Assisted Dying Specialist Register maintained by the General Medical Council for the purposes of this Act.

(2B) The person (a “safeguarding expert”) required by subsection (2)(d) must be a safeguarding expert with substantial professional experience in identifying

and addressing coercion, abuse, or exploitation, and with substantial experience in adult safeguarding or in the police service.

(2C) The person (a “physician”) required by subsection (2)(e) must be—

- (a) a consultant physician with demonstrable expertise in palliative care and end-of-life care,
- (b) entered on the Specialist Register kept by the General Medical Council in one of the following specialities—
  - (i) geriatric medicine,
  - (ii) palliative medicine,
  - (iii) medical oncology, or
  - (iv) clinical oncology, and
- (c) entered in the Assisted Dying Specialist Register maintained by the General Medical Council for the purposes of this Act.

(2D) The person (a “clinical psychologist member”) required by subsection (2)(f) must be—

- (a) be a practitioner psychologist registered with the Health and Care Professions Council,
- (b) holds specialist registration as a clinical psychologist, and
- (c) be entered in the Assisted Dying Specialist Register maintained by the Health and Care Professions Council for the purposes of this Act.”

*Member's explanatory statement*

*This amendment expands the Assisted Dying Review Panel to six members and sets out the required professional qualifications and experience for each.*

LORD MOYLAN

**929** Schedule 2, page 48, line 16, at end insert—

“(2A) In appointing members to a panel, the Commissioner must pay no regard to the record of a member in making decisions or casting votes as a member of a previous panel.”

*Member's explanatory statement*

*This is to avoid bias in the appointment of panel members to panels.*

LORD SANDHURST

**929A** Schedule 2, page 48, line 16, at end insert—

“(2A) In making the arrangements for determining the membership of a panel, the Commissioner must have regard to the nature of the expertise required to determine the particular circumstances of the person to whom the referral relates.”

***Member's explanatory statement***

*This amendment ensures that Panels are able to consider cases with expertise appropriate to the particular nature of the case.*

BARONESS COFFEY

**929B★** Schedule 2, page 48, line 16, at end insert—

“(2A) A panel member can only be part of a panel determining applications a maximum of 25 applications per year.”

***Member's explanatory statement***

*This is a probing amendment to consider the maximum number of applications to be heard to 25 a year.*

LORD BIRT  
LORD PANNICK

**930** Schedule 2, page 48, line 17, leave out “Commissioner” and insert “ADHS”

LORD FALCONER OF THOROTON  
LORD GODDARD OF STOCKPORT

**931** Schedule 2, page 48, line 18, leave out “, including coercive control and financial abuse”

***Member's explanatory statement***

*This amendment omits provision that duplicates the effect of the definition of “domestic abuse” in Clause 56(2) (which includes controlling or coercive behaviour and economic abuse).*

BARONESS FINLAY OF LLANDAFF

**932** Schedule 2, page 48, line 19, at end insert—

“(4) The Commissioner must ensure there are at least three panels per region in England, and three in Wales.”

BARONESS COFFEY

**932A★** Schedule 2, page 48, line 21, leave out sub-paragraph (1)

***Member's explanatory statement***

*This removes the legal member as automatically being the chair*

BARONESS BUTLER-SLOSS

**933** Schedule 2, page 48, line 32, after “decide” insert “exceptionally”

***Member's explanatory statement***

*This amendment is to require panels to sit in public almost always.*

BARONESS COFFEY

**933A★** Schedule 2, page 48, line 32, at end insert “for any part of the panel hearing that directly involves the applicant interacting with the panel.”

***Member's explanatory statement***

*This amendment seeks to give some privacy on request to the applicant, though not for all the panel.*

LORD SANDHURST

**934** Schedule 2, page 48, line 32, at end insert—

“(3) The Secretary of State must, by regulations, make provision for how the chair of a panel is to decide whether to grant the person’s request that the panel sit in private, including the factors to be taken into account and the process they should follow.”

***Member's explanatory statement***

*This amendment, which is suggested by the Law Society of England and Wales, would require the Secretary of State to detail in regulations how Panel chairs are to decide requests to sit in private, to prompt Parliament to consider how this should be addressed.*

LORD SANDHURST

**934A** Schedule 2, page 48, line 32, at end insert—

“(3) For purposes of the law of contempt, where a panel determines a referral in public, then unless the panel provides to the contrary, publication of information about the person to whom the referral relates shall be treated as contempt of court, as if (in any relevant legislation) for the word “court” were substituted “panel”.  
(4) Proceedings in relation to any contempt arising by operation under subsection (3) must be brought in the King’s Bench Division.”

***Member's explanatory statement***

*The Panel is not a court, but will be hearing very sensitive information in public hearings (by default). These amendments seek to ensure that such sensitive information about the person is not made public.*

LORD BIRT  
LORD PANNICK

**935** Schedule 2, page 48, line 34, leave out “Commissioner” and insert “ADHS”

LORD BIRT  
LORD PANNICK

936 Schedule 2, page 49, line 2, leave out “Commissioner” and insert “ADHS”

LORD MURRAY OF BLIDWORTH

937 Schedule 2, page 49, line 2, leave out “may” and insert “must”

***Member's explanatory statement***

*This amendment, and two others in the name of Lord Murray of Blidworth, address an issue raised by Select Committee witnesses namely that the Commissioner is not under an obligation to give guidance to the panel on procedure, which could mean it is entirely at each panel's discretion how they work. These amendments make the provision of guidance mandatory, following consultation.*

LORD MURRAY OF BLIDWORTH

938 Schedule 2, page 49, line 3, at end insert—

“(1A) The guidance referred to in sub-paragraph (1) must be informed by consultation with—

- (a) the Tribunal Procedure Committee,
- (b) experts in domestic abuse,
- (c) experts in old age psychiatry,
- (d) experts in neurodivergence, and
- (e) disability groups.”

***Member's explanatory statement***

*This amendment and two others in the name of Lord Murray of Blidworth addresses an issue raised by Select Committee witnesses namely that the Commissioner is not under an obligation to give guidance to the panel on procedure, which could mean it is entirely at each panel's discretion how they work. These amendments make the provision of guidance mandatory, following consultation.*

BARONESS FINLAY OF LLANDAFF

939 Schedule 2, page 49, line 5, at end insert—

“(3) Guidance issued by the Commissioner under this paragraph must include provision about the panel's duties under section 17(3A)–(4B), including—

- (a) when and how the panel should seek safeguarding and psychosocial evidence,
- (b) the assessment of interconnected, recurrent and cumulative stressors, and
- (c) the avoidance of contact where there is a risk of coercion, pressure or other harm.”

***Member's explanatory statement***

*This consequential amendment (relating to Baroness Finlay's other amendments to Clause 17) ensures the Commissioner's practice and procedure guidance addresses how panels seek and evaluate the specified information.*

LORD LANSLEY  
LORD HUNT OF KINGS HEATH

**940** Schedule 2, page 49, line 5, at end insert—

“8A The following standards and guidelines are specified for the purposes of section 17—

- (a) The National Institute for Health and Care Excellence (NICE) guideline [NG31] “Care of dying adults in the last days of life 2015”,
- (b) The NICE guideline [NG142] “End of life care for adults: service delivery 2019”,
- (c) The NICE quality standard [QS13] “End of life care for adults 2021”,
- (d) “Palliative and End of Life Care”, Statutory Guidance for Integrated Care Boards (September 2022), and
- (e) for persons resident in Wales, additionally, “Quality Statement for palliative and end of life care for Wales 2022”.”

***Member's explanatory statement***

*This amendment and others in the name of Lord Lansley seek to strengthen the functions of the Assisted Dying Review Panel, by requiring it, before making a determination, to be satisfied that the applicant has access to nationally-recognised standards of end-of-life care and that the request is not occasioned by remediable deficiencies in care.*

LORD MCCOLL OF DULWICH  
LORD TAYLOR OF HOLBEACH  
LORD GOVE

**941** Schedule 2, page 49, line 5, at end insert—

“*Financial dependence report*

8A The social worker member must—

- (a) conduct an independent assessment of whether any person is financially dependent on, or stands to benefit financially or materially from, the applicant's death,
- (b) report those findings to the panel in writing, and
- (c) advise the panel whether any such financial relationship could be considered to create coercive pressure or impair the voluntariness of the applicant's decision.”

***Member's explanatory statement***

*This amendment gives the social worker member a specific duty to assess financial dependence and potential financial pressure on the applicant. It ensures that social and economic factors capable of influencing consent are independently evaluated as part of the panel's safeguarding function.*

BARONESS MACLEAN OF REDDITCH

**941A** Schedule 2, page 49, line 9, after “decision” insert “, along with a copy of the report containing recommendations to address any unmet social and palliative care needs,”

***Member's explanatory statement***

*This amendment would require the panel to produce a report containing recommendations to address any unmet social and palliative care needs, regardless of whether they decide to grant a certificate of eligibility.*

LORD BIRT  
LORD PANNICK

**942** Schedule 2, page 49, line 14, leave out “Commissioner” and insert “ADHS”

LORD CARLILE OF BERRIEW  
BARONESS HOLLINS

*The above-named Lords give notice of their intention to oppose the Question that Schedule 2 be the Second Schedule to the Bill.*



# Terminally Ill Adults (End of Life) Bill

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NINTH MARSHALLED  
LIST OF AMENDMENTS  
TO BE MOVED  
IN COMMITTEE OF THE WHOLE HOUSE

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*4 February 2026*

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