

LIVES WORTH LIVING GUIDE TO RESPONDING TO THE *TERMINALLY ILL ADULTS (END OF LIFE) BILL*: CALL FOR EVIDENCE

JANUARY 2025

Kim Leadbeater's Terminally Ill Adults (End of Life) Bill had its second reading on Friday 29 November 2024. Unfortunately, MPs voted at this stage to progress the bill by 330 votes to 275.

Ms Leadbeater has now put together a committee to examine the bill. This committee has just put out a call for evidence, asking for written submissions about the bill.

While the committee's members were chosen by Ms Leadbeater, this remains **an important opportunity to pose difficult questions, to air challenging evidence, and to highlight deficiencies that were neglected in the rush to second reading.**

We need to make it clear to MPs that this bill is not safe and should be abandoned.

No formal deadline has been declared, but we know that time is short. The committee will start taking oral evidence by **20th January**, so for the most realistic chance to have your evidence considered and taken into account, please submit it by then.

They ask for evidence from people with relevant expertise. While this is not specified, it could include, but is not limited to, medical or legal expertise, as well as experience of disability, in the social care sector, or of caring for someone with disability or illness.

WHAT SHOULD MY SUBMISSION CONTAIN?

Please call on your own expertise and experience to write your evidence.

Your personal or professional experience may make you well placed to explain why particular provisions in the Bill are inadequate, unworkable, or not properly thought through – for example, healthcare professionals could speak to the difficulty of predicting a six-month life expectancy, while social workers (who are overlooked by the Bill) could talk about difficulties in assessing capacity and coercion.

Non-specialists could highlight the aspect(s) of the Bill they find most startling – for example, the heavy reliance on the role of the High Court despite this being ill-defined and the courts having nowhere near the capacity needed to handle the anticipated workload.

You could reuse content that you have used in letters to your MP. You can also use our [eight-page briefing](#) on the bill, which highlights some of the specific failures of the bill. You can take information from the briefing, **but it must not be just reproduced verbatim.**

The committee's role is to examine the bill clause by clause, so please concentrate on criticisms of the content of this particular bill, rather than general arguments against assisted suicide. If possible, please reference the section of the bill you are talking about. Our briefing refers to particular sections of the bill (for example, "section 15 of the Bill allows for the person requesting assisted death..." and some of the key clauses of the Bill are quoted below.

HOW SHOULD MY EVIDENCE BE PRESENTED?

Full guidance from the committee can be found here:

<https://www.parliament.uk/business/news/2025/january/terminally-ill-adults-end-of-life-bill-call-for-evidence>

Key points are:

- Your submission should be emailed to **tiabill@parliament.uk**
- Submissions should be in the form of a Word document. A summary should be provided. Paragraphs should be numbered, but there should be no page numbering. Essential statistics or further details can be added as annexes, which should also be numbered.
- As a guideline, submissions should not exceed 2,000 words.
- Please include in the covering email the name, address, telephone number and email address of the person responsible for the submission. The submission should be dated.

Please note that most submissions will be published on the committee's website.

KEY CLAUSES OF THE BILL

Some key clauses of the bill are given here, many of which are referred to in the briefing (direct quotes in quotation marks). The full text of the bill can be found at

<https://publications.parliament.uk/pa/bills/cbill/59-01/0012/240012.pdf>

Definition of terminal illness

"Clause 2 Terminal illness

(1) For the purposes of this Act, a person is terminally ill if— (a) the person has an inevitably progressive illness, disease or medical condition which cannot be reversed by treatment, and (b) the person's death in consequence of that illness, disease or medical condition can reasonably be expected within 6 months.

(2) For the purposes of subsection (1), treatment which only relieves the symptoms of an inevitably progressive illness, disease or medical condition temporarily is not to be regarded as treatment which can reverse that illness, disease or condition"

Doctors raising the issue of assisted suicide unprompted

“Clause 4 Initial discussions with registered medical practitioners

(2) But nothing in subsection (1) prevents a registered medical practitioner exercising their professional judgement to decide if, and when, it is appropriate to discuss the matter with a person.”

Compelling doctors to refer for assisted suicide

“Clause 4 Initial discussions with registered medical practitioners

(5) A registered medical practitioner who is unwilling or unable to conduct the preliminary discussion mentioned under subsection (3) must, if requested by the person to do so, refer them to another registered medical practitioner whom the first practitioner believes is willing and able to conduct that discussion.”

No right for employers such as hospices or care homes to stop employees from participating in assisted suicide

“Clause 23 No obligation to provide assistance etc

(2) An employer must not subject an employee to any detriment for exercising their right under subsection (1) not to participate in the provision of assistance in accordance with this Act or for participating in the provision of assistance to a person in accordance with this Act.”

Proxies

“Clause 15 Signing by proxy

(1) This section applies where a person intending to make a first declaration or a second declaration—

- (a) declares to a proxy that they are unable to sign their own name (by reason of physical impairment, being unable to read or for any other reason), and*
- (b) authorises the proxy to sign the declaration on their behalf*

...

(5) In this section “proxy” means—

- (a) a person who has known the person making the declaration personally for at least 2 years, or*
- (b) a person who is of good standing in the community.”*

Drugs for assisted suicide

“Clause 18 Provision of assistance

...

(2) The coordinating doctor may, in accordance with this section, provide that person with an approved substance (see section 20) with which the person may end their own life.

Clause 20 Meaning of “approved substance”

(1) The Secretary of State must, by regulations, specify one or more drugs or 35 other substances for the purposes of this Act.”

LIVES WORTH LIVING

A CAMPAIGN OF SPUC PRO-LIFE . SPUC.ORG.UK/LIVESWORTHLIVING