

Amendments and Voting Outcomes during the Committee Stage of the Terminally Ill Adults (End of Life) Bill

A list of key amendments intended to strengthen the Bill proposed during the Committee Stage of the Terminally Ill Adults (End of Life) Bill which were voted down, followed by a list of those that were agreed to. These lists are intended to summarise the main changes accepted and rejected, and do not cover every proposed amendment.

Amendments Voted Down

- - Higher threshold for decision-making (Olney 35 and NCI) – Voted down 15-8
- - Prohibit "encouraging" someone towards assisted suicide (Paul 82) – Voted down 15-8
- - Prohibit "undue influence" prompting someone to choose assisted suicide (Bool 23) – Voted down 15-8
- - Prohibit "manipulating" someone to choose assisted suicide (Campbell 114) – Voted down 15-8
- - "Burden amendment": must be acting for one's own sake, not others' (Cleverly 94) – Voted down 15-8
- - Must have a meeting with a palliative care specialist (Maskell 281) – Voted down 15-8
- - Not "terminal illness" if progress of illness can be "controlled or substantially slowed" (Bool 9) – Voted down 15-8
- - 6-month diagnosis must have "reasonable certainty" (Shah 48) – Voted down 15-8
- - Not "terminal illness" if caused by voluntary stopping eating and drinking (Shah 402) – Voted down 15-8
- - Strengthen language to say disability and mental illness aren't eligible (Bool 11) – Voted down 15-8
- - Not 'terminal illness' if result of comorbidities from disability or mental illness (Maskell 283) – Voted down 15-8
- - Raise burden of proof for capacity (Francis 322) – Voted down 15-8
- - Capacity must include understanding care and treatment options (Spencer 50) – Voted down 15-8
- - Capacity must be beyond reasonable doubt (Paul 398) – Voted down 15-8
- - Doctors must not bring up assisted suicide unless patient says they want it (Webb 8) – Voted down 15-8
- - Doctors must not bring up assisted suicide unless patient mentions the subject (Campbell 124) – Voted down 15-8
- - Doctors must not bring up assisted suicide to children (Francis 319) – Voted down 15-8

- - Patients with autism or learning disabilities must be given extra support (Francis 339) – Voted down 13-8
- - Doctors must follow any new statutory guidance for institutions on Down syndrome (Hinds 368) – Voted down 13-7
- - Doctor must ensure patient has 'no remediable suicide risk factors which pose a significant risk to their life' (Murrison 270) – Voted down 13-7
- - Doctor must consult a specialist in patient's condition (Maskell 285) – Voted down 13-7
- - Assisted suicide process can't begin in first 28 days after terminal diagnosis (Shah 276) – Voted down 14-7
- - First discussion must be documented and entered in patient's medical record (Dixon 345) – Voted down 14-8
- - Patient must be referred to multidisciplinary team at start of process (Kruger 425) – Voted down 14-8
- - Any efforts to dissuade patient from suicide must be recorded (Maskell 288) – Voted down 14-8
- - Doctors must base assessment on "provided evidence" (Maskell 294) – Voted down 13-8
- - Doctors must have completed medical training (Maskell 290) – Voted down 13-9
- - Doctor can refuse assisted suicide application if "particular circumstances... make it inappropriate" to proceed (Kruger 420a) – Voted down 15-7
- - Applicant can't seek assisted suicide "because of an impairment of judgment arising from a mental disorder" (Hobhouse 363) – Voted down 12-9
- - Applicant must speak to mental health professional who will make a report (Hillier 14) – Voted down 14-8
- - Second doctor must be a psychiatrist (Joseph 1) – Voted down 15-7
- - Doctor must ask why applicant wants assisted suicide (Paul 468) – Voted down 15-7
- - Applicant must be told that drugs might fail (Maskell 305) – Voted down 13-9
- - Applicant must be told risk of lethal drug complications including pain (Kruger 362) – Voted down 13-9
- - Second opinion on eligibility only if patient's circumstances change (Olney 458) – Voted down 14-8
- - Doctor must remain in room the whole time until death (Francis 429) – Voted down 13-8
- - Doctor must record and make detailed report on drug complications (Maskell 436) – Voted down 14-7
- - Health Secretary must make regulations about failed drug procedures (Abbott 532) – Voted down 12-9
- - Lethal drugs must be approved by Medicines and Healthcare products Regulatory Agency (Kruger 465) – Voted down 16-6
- - Lethal drugs can only be approved if Health Secretary believes there is a scientific consensus that they don't cause pain (Kruger 466) – Voted down 15-7

- - Parliament must have chance to vote on choice of lethal drugs, based on report about their effects and possible complications (Kruger 467) – Voted down 15-7
- - Regulated care homes and hospices cannot be subject to any detriment for not providing or permitting assisted suicide (Paul, NC 23) – Voted down 20-3
- - Make it an offence to advertise the services of a doctor for assisted suicide (Dame Harriett Baldwin, NC 9) – Voted down 13-9

Amendments Agreed Without Vote

- - Doctors must ensure access to interpreters (Abbott 414)
- - Psychiatric referral if doubt over patient meeting Mental Capacity Act threshold (Cooper 6)
- - Patient must be informed of "appropriate" palliative care possibilities whether or not available (Atkinson 275)
- - Doctors must offer to make a palliative care referral (meeting not guaranteed) (Billington 108)
- - Doctors must have training (not specified) on capacity and coercion (Leadbeater 185, 198)
- - Doctors must have up-to-date training on learning disability and autism adjustments and safeguarding (Francis 186a)
- - Doctors must have training (not specified) on domestic abuse (Asato 20, 21)
- - When making inquiries if appropriate, first doctor must make inquiries with doctors who know patient if they consider it appropriate (Leadbeater 422)
- - Second doctor must consult medical specialists (Leadbeater 423)
- - Second-opinion doctor must be informed why first doctor refused (Olney 459)