

# THE TERMINALLY ILL ADULTS (END OF LIFE) BILL: The problem with assisted suicide panels

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When Kim Leadbeater MP launched the Terminally Ill Adults (End of Life) Bill, her supporters claimed that it would have the most rigorous safeguards of any assisted suicide legislation in the world. People were assured that every application would require the approval of a High Court judge. This was a significant selling point of the Bill and convinced many MPs to vote for it. At least 61 MPs said in the run-up to the debate that the High Court safeguard was a key reason for their support, while a further 20 cited “judicial protections”.<sup>1</sup>

On Monday 10 February, Ms Leadbeater announced that the sign-off by a High Court Judge was to be scrapped in favour of an “expert panel”. These “death panels”, as the media have termed them – constituting a three-person committee made up of a social worker, a lawyer and a psychiatrist – were inserted into the Bill at Committee stage.

Ms Leadbeater told the media that what she was proposing could be termed “judge plus”. However, the Bill as amended no longer requires any involvement by serving judges.

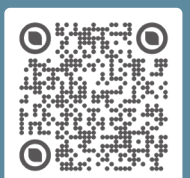
Although Ms Leadbeater insists that this amendment does not weaken the safeguards of the Bill, she has admitted that if it becomes law future changes cannot be ruled out.<sup>2</sup> Such changes are virtually certain since assisted suicide laws across the globe have invariably seen the gradual lowering of the guardrails meant to protect the vulnerable.

The new scheme also shifts oversight from the Health Secretary to a “voluntary assisted dying commissioner”, who would receive the necessary paperwork and appoint the membership of the panels. The job of the panels would be to verify that the Bill’s broad and loosely defined eligibility criteria had been met. That is:

- an applicant has a progressive, life-limiting illness (including conditions such as diabetes or an eating disorder) and is not expected to live beyond a further six months;
- has the capacity to decide to end his or her life and has made a clear settled wish to do so;
- has made this decision without coercion or pressure.

There is no clear guidance on how the panel should evaluate terminal illness and mental capacity or whether a decision was fully informed and arrived at freely.

Although the proposal for a High Court judge to sign off each application was criticised on ethical, legal and practical grounds, (the former President of the Family Court Division said it was incompatible with the role of the judiciary)<sup>3</sup> many of the problems associated with that proposal also apply to the new scheme.



**1. INSUFFICIENT CAPACITY TO MEET POTENTIAL DEMAND.** Supporters of the Bill estimate that around 3% of adults may seek assisted suicide,<sup>4</sup> about 17,000 cases annually.<sup>5</sup> Both the Royal College of Psychiatrists and the British Association of Social Workers have raised the question of lack of personnel. In 2022, there were 13,241 deaths reported under Canada’s Medical Assistance in Dying scheme, 4.1% of total deaths.<sup>6</sup> If this rate were replicated in England and Wales it would result in 23,663 cases. A rate similar to the Netherlands in 2023 (5.4 per cent) would mean approximately 31,393 deaths.<sup>7</sup> In these circumstances, it would be difficult for panels to provide more than superficial protection for the vulnerable.

**2. BUILT-IN BIAS IN FAVOUR OF ASSISTED SUICIDE.** The members of each panel would inevitably be drawn from the relatively small number of social workers, lawyers and psychiatrists already convinced of the “right to die”. This bias makes it much more likely that panels will act simply as a rubber stamp. In some jurisdictions, a similar situation has given rise to a relatively small number of doctors involved in a disproportionate number of deaths. For example, of the 108 deaths by euthanasia or assisted suicide in Queensland in 2023, 23 doctors participated in some way with 11 to 20 patients, and 14 dealt with over 20 patients.<sup>8</sup>

**3. LACK OF TRANSPARENCY.** The Bill stipulates that panels must hear from at least one of the doctors who approved the application and may, if they wish, question them. They must also hear from the applicant or other people, but there is no requirement to question them. There is no opportunity for arguments against the application to be heard. Panels could effectively meet in secret since the applicant’s family (including the next of kin) need not be informed. The Bill’s supporters claim this simply respects medical confidentiality, but assisted suicide is not medical treatment and has no therapeutic benefits. The World Medical Association is opposed to assisted suicide and euthanasia,<sup>9</sup> while the American Medical Association holds that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer”.<sup>10</sup>

**4. LACK OF OVERSIGHT.** If a panel rejects an application, this decision can be appealed if it contains an error of law, is irrational, or procedurally unfair. There is no mechanism to challenge a decision when an application is approved. The Bill makes no provision for independent investigation or legal representation for those who might seek to challenge the evidence submitted to the panel. This raises the alarming possibility that patients could die based on erroneous decisions.

Kim Leadbeater says that her amended Bill is now safer, fairer and more workable, but despite the numerous changes introduced during the committee stage, the same fundamental problems remain – the eligibility criteria are poorly defined, capable of broad interpretation and open to future expansion, and conscience protection (especially for hospices) is inadequate and the bureaucratic system of so-called death panels cannot offer the kind of robust safeguards that the proponents of the Bill originally promised.

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3. <https://transparencyproject.org.uk/assisted-dying-what-role-for-the-judge/>
4. “How many people would use the new law each year?”, *BBC*, 12 November 2024. <https://www.bbc.co.uk/news/live/cx2nyrr0w7rt?post=asset%3A1f30cc48-9c63-409f-b6f3-a44dde42ac0#post>
5. Dr Kieran Mullan MP, “Terminally Ill Adults (End of Life) Bill (Money), *Hansard*, vol 760, col 1035, 22 January 2025. [https://hansard.parliament.uk/commons/2025-01-22/debates/A9C9EF44-7075-4537-A056-4418DE786619/TerminallyIllAdults\(EndOfLife\)Bill\(Money\)](https://hansard.parliament.uk/commons/2025-01-22/debates/A9C9EF44-7075-4537-A056-4418DE786619/TerminallyIllAdults(EndOfLife)Bill(Money))
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