

NHS AND CLINICAL SYSTEM CONCERNS

Senior health leaders warn the Bill may have unintended consequences for NHS capacity, funding, and patient safety.

“...to introduce assisted dying while palliative care is underfunded and inequitably delivered, as is currently the case, brings evident and substantial risk.”¹⁹

- Simon Stevens, former Chief Executive of NHS England

“My worry is not only that we will not get palliative care funded wholly but that the money for assisted dying will come out of palliative care.”²⁰

- Lord Hunt of Kingsheath, former Chief Executive of the NHS Confederation and former President of the Royal Society for Public Health

“a legion of unintended consequences... such legislation is inherently unstable”²¹

- Sir David Haslam, former Chair of NICE and former President and Chairman of the Royal College of GPs

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“Deficiencies in protecting patients and professionals: RCP publishes its position on the Terminally Ill Adults (End of Life) Bill” Royal College of Physicians News and Opinion, <https://www.rcp.ac.uk/news-and-media/news-and-opinion/deficiencies-in-protecting-patients-and-professionals-rcp-publishes-its-position-on-the-terminally-ill-adults-end-of-life-bill/>

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House of Lords Select Committee oral evidence (HL Bill 204), Dr Luke Geoghan, <https://publications.parliament.uk/pa/ld5901/ldselect/hltiabil/204/204.pdf>

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Ibid, Dr Suzy Lishman

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<https://www.libertyhumanrights.org.uk/issue/assisted-dying-faqs/>

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WHO SAYS THE BILL IS UNSAFE?

Quotes from experts on the Terminally Ill Adults (End of Life) Bill

JULY 2026

HEALTH PROFESSIONALS AND ROYAL COLLEGES

Medical bodies warn the Bill does not provide adequate safeguards and may increase risks for patients.

“With too many unanswered questions about the safeguarding of people with mental illness, the College has concluded that it cannot support the Bill in its current form.”¹

- Royal College of Psychiatrists

“Notably the proposed mechanisms of decision making are not in line with good clinical and professional practice.”²

- Royal College of Physicians

“Vulnerable patients...are not adequately protected by the current bill. The NHS workforce does not currently have the resource required to meet these additional demands.”³

- Royal Colleges of Physicians and Psychiatrists (Joint Statement)

PALLIATIVE CARE EXPERTS

Specialists in palliative and end-of-life care warn that poor provision and limited safeguards could influence decisions and increase risk.

“The bottom line is that this Bill will be safer than the status quo for one (important) group. But it will be less safe than the status quo for another (also important, and potentially much larger) group.”

- Prof. Katherine Sleeman, Professor of Palliative Care, King’s College London; Director of the NIHR Policy Research Unit in Palliative and End of Life Care

“(the TIA Bill’) as it stands is not good law, as it...applies a test for determining their ability to seek assistance which is not fit for its purpose.”

“We therefore consider that the problems with the Bill are so great that the House of Commons should pause legislating on assisted dying/assisted suicide.”⁴

- KCL Complex Life and Death Decisions Group

“We oppose the current bill...as we have serious concerns about the risks of coercion for vulnerable older people, and the lack of effective safeguards within the bill currently proposed.”⁵

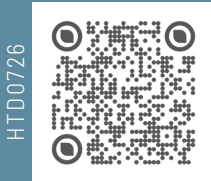
- Gold Standards Framework Centre



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OLDER PEOPLE AND VULNERABLE ADULTS

Experts in ageing and care warn the Bill may expose vulnerable groups to risk due to inadequate safeguards and unequal access to care.

“The BGS has significant concerns that the bill does not contain sufficient safeguards for older people...the original bill contained no specific safeguards to protect them from abuse or coercion, including societal pressures that may make them feel a burden.”⁶

- British Geriatrics Society

“We are not confident that effective legal safeguards can be developed to protect older people from harm... we are also concerned that palliative and end-of-life care needs for older people are just not being met...”

- Prof. Martin J Vernon, British Geriatrics Society Ethics and Law Special Interest Group

“We believe that the Bill as drafted is flawed, and the risks to older, vulnerable people, residing within social care environments are substantial.”⁷

- OSJCT (care provider)

DISABILITY AND EQUALITY CONCERNS

Disability rights organisations warn the Bill could create pressure on disabled people and worsen inequality.

“One of the most damaging pieces of legislation in recent times.”⁸

- Disability Rights UK

“Should we be helping you to be less of a burden to the state? That is what it looks like to a lot of people with Down syndrome.”⁹

- Ken Ross OBE, Founding Officer, The National Down Syndrome Policy Group

MENTAL HEALTH AND SUICIDE PREVENTION

Experts in suicide prevention warn that safeguards may be insufficient and risks are significant.

“It is really clear that the safeguards described in the current Bill are not adequate. Because of the issues around coercive control, the issues around the mental health challenges and the fact that the definitions are not yet sophisticated enough, we feel we cannot support it in its current form.”

*“...Often we know that people are making that decision about assisted dying because of that experience of being a burden. Again, for people with mental health problems, that is a perpetual experience. Bearing in mind those factors, it **does not feel safe to me within the current context.**”¹⁰*

- Dr Sarah Hughes, Chief Executive, Mind

“The Bill’s definition of “terminal illness” risks including people living with certain treatable mental health conditions, such as anorexia nervosa or severe depression.”¹¹

- Mind (written evidence)

*“[We had this] previously unchallengeable idea that human life is worth it, despite everything... now we’re in a situation where on this particular issue people want to chip away at that at that historical consensus. And for me that’s **very dangerous.**”¹²*

- Prof. Sir Louis Appleby, Government suicide prevention adviser

SOCIAL CARE AND INEQUALITY

Social care professionals warn that under-provision and inequality may influence decisions about assisted death.

“If you are not getting the care services and support services that you are entitled to, an assisted death may be something that you would not have considered otherwise... If you are poor... even more pressure is applied to you.”

[When asked if powers given to social workers are enough to make the Bill safe] “Not enough”.¹³

- Dr Luke Geoghegan, British Association of Social Workers

DOMESTIC ABUSE AND COERCION RISKS

Safeguarding experts warn that removing oversight and redefining assisted deaths may increase risks of coercion and concealment.

[When asked whether the safeguards are adequate] “No”

“We do have concerns that the safeguards within the Bill at present are not sufficient to support those who are being coerced, particularly those who will be at their most vulnerable...”¹⁴

- Cherryl Henry-Leach, Chief Executive, Standing Together Against Domestic Abuse

“the risk... is that re-categorising assisted deaths... may have the unfortunate and unintended consequence of tending to obscure and conceal those risks, making it easier for persons who want... to exercise coercion, pressure or deception, to do so.”¹⁵

- Thomas Teague, former Chief Coroner of England and Wales

*[when asked if it would be safe to remove the coroner’s oversight] “No, I do not believe it **would be safe.**”¹⁶*

- Dr Suzy Lishman

LEGAL AND CONSTITUTIONAL CONCERNS

Legal experts and campaigners warn that safeguards and parliamentary scrutiny are insufficient.

“...We can only support legalising assisted dying if it works safely for everyone. This Bill doesn’t.”¹⁷

- Liberty

“lamentably short of providing adequate safeguards”¹⁸

- Sir James Munby, former President of the Family Division of the High Court