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HOUSE OF COMMONS
LONDON SW1A 0AA

May 2025: Terminally Ill Adults (Assisted Dying) Bill.

Many constituents have written to me to share their views about the Terminally Ill Adults (End of Life) Bill which was recently debated in Parliament. The Bill has been through a lengthy committee stage in the House of Commons and has returned for debate in the main Chamber at Report Stage.

The Bill is a private member's bill, meaning it has been introduced by an MP who is not a government minister, however it must go through the same stages as a government bill if it is to become law. This includes a Second Reading, Committee Stage, Report and Third Reading in both the Commons and the Lords, followed by Royal Assent. You may find it informative to read the impartial briefing produced by the House of Commons Library [here](#).

At Second Reading I supported the Bill, on the basis that robust safeguards must be in place to protect the vulnerable from coercion, and that good palliative care must be available, so that choice of death for each individual is a genuine one. You can read my rationale in detail [here](#).

I hoped that further safeguards would be added to the Bill as initially drafted. I had four areas of particular concern:

- that some people would feel compelled to choose an assisted death, particularly if they were disabled or vulnerable;
- that some people would be asked to make a choice about their death when they did not have the capacity to do so;
- that some medical professionals would be required to facilitate an assisted death when they wished not to; and
- that high quality palliative care is not universally available and would leave some individuals without a meaningful choice.

The Committee was comprised of MPs who had both supported and opposed the Bill at Second Reading, and from a range of parties. It had a majority of supporting MPs, reflecting the vote at Second Reading. The committee took evidence from a wide range of professionals, and it sat for around 90 hours to scrutinise the Bill on a line-by-line basis. This is consistent with the process for Government-led legislation.

A number of amendments were made, and I have attached a summary of the changes to the Bill prepared by its sponsor, Kim Leadbeater MP. My particular concerns were addressed as follows:

There has been clarification that being disabled or having a mental health disorder, or other condition, does not on its own make an individual eligible to choose an assisted death, and that there must also be a terminal illness diagnosis.

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Amendments have also ensured that there must be appropriate training in place to identify cases of domestic abuse or coercion, and that appropriate social care and health professionals should be consulted by the doctor to assist their decision-making.

The amendments created a multi-disciplinary panel, consisting of a social worker, psychiatrist and legal expert, overseen by a judge, to assess all applications, and to help ensure that anyone who felt compelled to choose an assisted death is identified.

There was clarification that a person must be over 18 before they can have the initial discussion about an assisted death, and a requirement that there can be no discussion of assisted dying in isolation but that all other options including treatment and palliative care must also be discussed.

Further amendments ensure that those with physical disabilities, learning disabilities and autism are consulted when the guidance for implementation is drawn up, and improve the process for accessing an independent advocate if necessary.

Amendment 6 requires a doctor to refer an individual to a psychiatrist for a mental capacity assessment if there are any doubts about their capacity to make a decision. I was also reassured by the evidence provided by Sir Chris Witty to the Committee that the Mental Capacity Act 2005, used by the Bill to determine capacity, is used every day by doctors when treating patients for a huge range of conditions and that they have great experience in determining capacity.

A further amendment ensures that a doctor who does not wish to take part in the assisted dying process is not required to refer the patient to a doctor who will, but only to provide the patient with further information. On the first day of Report Stage, on 13th May, the House also amended the legislation to ensure that the right to opt out from providing assistance under the Bill was extended to any professional involved, and further amendments are proposed to ensure that those professionals can not suffer any detriment from doing so, which I hope the House will support.

Finally, the implementation period of the Bill was extended to four years, and I hope that this period will allow improvements to palliative care before any implementation takes place.

As of 13th May, the House has only voted on one initial new clause, and the Speaker will decide which amendments will be selected for a separate vote nearer the next day of Report Stage debate. I intend to support an amendment which proposes that 'an assessment of the availability, quality and distribution of appropriate health services to persons with palliative and end of life care needs' should be made at the earliest opportunity in the reporting on the implementation of the legislation.

The Bill returns to the House for its second day of Report Stage debate on 13th June and I intend to take the same approach of supporting those amendments that improve the safeguards and access to palliative care. I will continue to listen carefully to all arguments before casting my vote at Third Reading.



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Terminally Ill Adults (End of Life) Bill

In Committee Stage amendments were made that: **strengthened safeguards, brought clarity, ensured opt outs, improved accessibility, strengthened enforcement, and improved oversight**

Amendment:	From:	Purpose:	Effect:
181	Kim Leadbeater	To clarify that “only because they are a person with a disability or mental disorder (or both)” does not make a person eligible.	Clarified eligibility criteria: Ensures that a disability or mental disorder cannot deem a person eligible for assistance to die, unless they also have a terminal illness.
399	Danny Kruger	To remove medical “condition” as part of the eligibility criteria. Now only “inevitably progressive illness or disease”.	Clarified eligibility criteria: Provides that ‘conditions’, eg frailty, would not deem a person eligible for assistance.
108 183 275	Polly Billington Kim Leadbeater Lewis Atkinson	To ensure that the preliminary discussion of Assisted Dying is joined by a holistic discussion of end-of-life care options.	Strengthened safeguards: Person must be offered consultation with palliative care specialists (108), discussion of assisted dying cannot be in isolation of other healthcare options including palliative care (183), doctor must explain all appropriate (not just available) palliative care options (275).
341	Caroline Johnson	A doctor may refuse to refer a person to another doctor for the preliminary discussion but must supply information if asked for by the patient.	Protected opt outs and improved accessibility: Removes requirement that a non-participating doctor must refer their patient to another; now must only provide information on how to access.
414, 415, 416, 417	Jack Abbott	To “ensure the provision of adjustments for language and literacy barriers, including the use of interpreters”.	Strengthened safeguards and improved accessibility: Increased provision and requirements for use of interpreters throughout the bill.

Amendment:	From:	Purpose:	Effect:
20, 21, 22	Jess Asato	Assessing doctors must have had training in domestic abuse identification.	Strengthened safeguards: All doctors participating in assessments and in provision must have mandatory training on domestic abuse including coercive control and financial abuse.
6	Daisy Cooper	Doctors must refer a person for a mental capacity assessment if they have any doubts about their capacity.	Strengthened safeguards: If assessing doctor has doubts over capacity, now must refer to psychiatrist (no longer discretionary).
422, 423	Kim Leadbeater	The assessing doctor must consult health and social care professionals involved with the person where appropriate. They must also consider consulting health or social care experts.	Strengthened safeguards: Doctors must draw on other healthcare professionals and specialists if appropriate, ensuring broader range of expertise in decision-making.
459	Sarah Olney	The independent doctor must provide a report if they refuse to make a second declaration. Another independent doctor must make a report if they disagree.	Improved oversight: Ensures that 'second opinion' independent doctor has access to any concerns raised by first independent doctor before coming to a decision, ensuring greater transparency.
508	Kim Leadbeater	Maximum sentence of life imprisonment for offences under the act.	Strengthened enforcement: Ensures that any breach of the provisions with the intention of ending another's life are punished in the same way as homicides.
253 321	Claire Hazelgrove Daniel Francis	Cancellations may be signed by the person's proxy. Proxies must write why the person was unable to sign.	Improved accessibility: Strengthened safeguards and improved accessibility: Additional transparency for use of proxies, ensuring panel can understand why they are used (321) and cancellations of declarations can be done in writing by proxy if oral cancellation not possible for any reason (253).

Amendment:	From:	Purpose:	Effect:
498	Kim Leadbeater	Sets out the reasons the coordinating doctor must remove the substance from the person's possession.	Strengthened safeguards: Ensures that life-ending medication must not be left in person's possession if the doctor anticipates it will not be used at that moment.
517	Marie Tidball	The Secretary of State must make "Arrangements for a qualifying person requesting assistance to end their own life to receive the support of an independent advocate".	Strengthened safeguards and improved accessibility: Gives people with learning disabilities, autism, or mental disorders access to independent advocacy to ensure their interests protected, understand their options of end-of-life care are understood.
395, 396	Daniel Francis	When the Chief Medical Officer creates guidance they must consult people with learning disabilities.	Strengthened safeguards: This and other amendments ensures interests of people with learning disabilities are recognised and protected throughout.
NC 27, Clause 44	Marie Tidball	Commission must establish a Disability Advisory Board within six months of appointment to advise on implementation and on impact of law.	Strengthened safeguards and improved oversight: Ensures the interests of disabled people are represented centrally within the Voluntary Assisted Dying Commission to monitor impact and implementation.

VAD Commissioner and Expert Panel

Clause:	Name:	Purpose:	Effect:
NC 14, Clause 4	Voluntary Assisted Dying Commissioner	To institute a VAD Commissioner, who must be or have been a judge of the Supreme Court, the Court of Appeal or the High Court, to oversee and review the process for people in England and Wales.	Improved oversight: Instead of individual High Court judges taking decisions, a very senior judge will be appointed to head up a Commission to oversee, implement, and review the process.
Schedule 2, NC 16, Clause 14	Assisted Dying Review Panels	The expert panel is to be made up of a “ <i>legal member</i> ” who must hold or have held high judicial office, be a KC, or have been requested to act as a judge in the Court of Appeal or High Court; a “ <i>psychiatrist member</i> ” who must be a registered medical practitioner, practising psychiatry, and be registered in a psychiatry specialism by the GMC; and a “ <i>social worker member</i> ” registered as a social worker by Social Work England or Social Work Wales.	Strengthened safeguards: In addition to the senior judge overseeing the process, the Commissioner will appoint a panel consisting of a senior lawyer, a psychiatrist, and a social worker. This added expertise will ensure that decisions include a greater range of expertise, particularly on mental capacity and on social factors including pressure, influence and coercion.
NC 21, Clause 15	Determination by panel of eligibility for assistance	The panel must hear from an assessing doctor and the person making the application.	Strengthened safeguards: Panel must hear from a doctor and the person, and may question either. May also choose to hear from any other person, ensuring panel can take a fully informed decision and explore reasoning where necessary.