Association for
Palliative Medicine
Of Great Britian and Ireland

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20 Key Questions for Peers on the Terminally Ill Adults (End of Life) bill – January 2026

Palliative Care Equity: enabling access for all now and in the future

1. **Funding guarantees**:
    - 1 in 4 dying people lack access to specialist palliative care[1].
    - How will the government ensure assisted dying funding does not worsen this postcode lottery?
    - Why doesn't the Bill specify that funding for assisted dying must not be to the detriment of funding for other clinical services, in particular palliative care services?
2. **Hospice pressures**:
    - Recent parliamentary debates suggested hospices could lose funding if they refuse to provide assisted dying[2]. Amendments explicitly protecting institutions (such as hospices) to opt-out was rejected, why?
3. **Workforce crisis:**
    - NHS workforce data shows 1 in 8 palliative medicine posts are unfilled. Why has no assessment been made of how assisted dying services will impact the health care and palliative care workforce and services?
4. **Patient choice**:
    - The bill requires patients are just 'informed' of palliative care options - but does not require them to receive such care, nor account for regional disparities if access is minimal or no service is available. Should the legislation first ensure that nationwide, high-quality palliative care is equitably available before permitting assisted dying?
5. **Socioeconomic Safeguards:**
    - With palliative care access already worse in deprived areas[3], what concrete measures will ensure assisted dying does not become a de facto option for socioeconomically disadvantaged patients?
6. **Ethnic Disparities in End-of-Life Care:**
    - Given evidence that ethnic minority groups often face barriers accessing palliative care[4] what specific measures will ensure assisted dying does not disproportionately impact these communities?
7. **Under-18s**:

   - Why allow doctors to discuss assisted dying with children (future eligibility), calling this a "safeguard"?

8. **Prison population:**
   - Recently, in Canada, MAID has been provided to recently incarcerated people who fulfil the criteria. Will this apply in the UK? Does this offer a means to avoid carrying out a legal sentence when eligible?
9. **Public education on palliative care and normal dying is fundamental to informed decision-making**
   - Why isn't this a requirement within the TIA Bill?

Patient Safety: Inadequate safeguards against harm

10. **Unreliable prognoses**:
    - DWP data shows 20% of patients given a "six-month terminal" prognosis live three years or longer[5]. How will the bill prevent irreversible deaths based on incorrect predictions?
11. **Multiprofessional assessment is the cornerstone of health and social care.**
    - Why isn't this a part of the assessment for assisted dying from the outset?
    - The Panel doesn't assess the patient themselves, rather they tick-box another doctor's assessment. Can a social worker or psychiatrist assess a patient through a non-specialist doctor's assessment?
12. **Undetected coercion**:
    - Only ~5% of coercive control cases result in charges.[6] Why does the bill assess coercion on a 51% likelihood threshold rather than requiring proof "beyond reasonable doubt"?
13. **Feeling like a burden**:
    - The committee stage called this a "legitimate" reason for assisted dying. How will the bill protect vulnerable patients who internalise societal or familial pressures to end their lives prematurely?
14. **Painful deaths from lethal medications**:
    - Prof. Mark Taubert warns of "distressing deaths," and Dr Joel Zivot states assisted suicide is "often very painful"[7] due to lethal medications. Why omit MHRA approval or mandatory disclosure of risks?
15. **Treatment delays as a driver**
    - If a patient seeks assisted dying due to NHS treatment delays, must this be approved under the eligibility criteria? The bill's committee confirmed this would qualify as 'personal choice' - does this risk conflating access issues with genuine consent?
16. **Inadequate acknowledgement of professional skills and experience.**
    - Why doesn't the bill specify the experience and skills required by the professionals involved, e.g. 10 years post-registration?

Professional Conscience and System Integrity

17. **Protection for Healthcare Professionals:**
    - Why does the bill not explicitly protect doctors, nurses and the wider multidisciplinary team from any involvement, and potential discrimination if they conscientiously object to any involvement at any level of assisted dying?
    - Why have the impacts of disallowing organisational opt-out not been embraced, both for hospices and care homes, their patients and staff, and the wider healthcare system that depends on their services?
18. **Rejected data collection:**
    - Why were amendments rejected that mandated the collection of demographic data and patient rationale data on applicants and the timely assessment of this data?
19. **Doctor-Initiated Discussions:**
    - What specific safeguards exist to prevent vulnerable patients from being unduly influenced, given that doctors may raise assisted dying with patients who haven't mentioned it?
20. **Treatment:**
    - Is assisted dying by lethal medications, a ‘medical treatment’ in your view? If so, no medical treatments are decided by an eligibility criteria alone, why this one?

References

1. Hospice UK (2023), Palliative Care Access Report
2. Hansard (2025), Committee Stage Debates
3. King’s Fund (2023), Inequalities in End-of-Life Care
4. Aker, N., Griffiths, S., Kupeli, N. et al. Experiences and access of palliative and end-of-life care for older people from minority ethnic groups: a scoping review. BMC Palliat Care 23, 228 (2024).
5. DWP (2023), Terminal Illness Prognosis Accuracy
6. Home Office (2022), Coercive Control Prosecution Rates
7. Taubert et al. (2024), BMJ Pain in Assisted Dying; Zivot (2023), Emory University testimony