Association for Palliative Medicine
Of Great Britain and Ireland

Tel: 01489 668332 **Email:** Office@compleat-online.co.uk **Website:** www.apmonline.

Association for Palliative Medicine of Great Britain and Ireland

Twenty One Key Questions for MPs on the Terminally Ill Adults (End of Life) Bill 2024 post committee stage

1. Patient Safety: Inadequate Safeguards Against Harm

1. **Unreliable prognoses**:
    - DWP data shows 20% of patients given a "six-month terminal" prognosis live three years or longer[1]. How will the bill prevent irreversible deaths based on incorrect predictions?
2. **Undetected coercion**:
    - Only ~5% of coercive control cases result in charges.[2] Why does the bill assess coercion on a 51% likelihood threshold rather than requiring proof "beyond reasonable doubt"?
3. **Feeling like a burden**:
    - The committee 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?
4. **Depression & suicide risk**:
    - The panel assesses the doctors' assessment and has no requirement to see the patient. Why was an amendment rejected requiring mandatory psychiatric assessment for treatable depression or suicide risk before approving an assisted dying request?
5. **Painful deaths from lethal medications**:
    - Prof. Mark Taubert warns of "distressing deaths," and Dr Joel Zivot states assisted suicide is "often very painful"[3] due to lethal medications. Why omit MHRA approval or mandatory disclosure of risks?
6. **Family exclusion**:
    - Why was an amendment rejected that would have ensured families are informed before an assisted death? —The bill allows individuals to die without their loved ones' knowledge and leaving families to face this devastating loss only when collecting the body.
7. **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?

Association for Palliative Medicine
Of Great Britain and Ireland

Tel: 01489 668332 **Email:** Office@compleat-online.co.uk **Website:** www.apmonline.

2. Palliative Care Equity: Protection Against Erosion

8. **Funding guarantees**:
    - 1 in 4 dying people lack access to specialist palliative care[4]. How will the government ensure assisted dying funding does not worsen this postcode lottery?
9. **Hospice pressures**:
    - Recent parliamentary debates suggested hospices could lose funding if they refuse to provide assisted dying[5]. Amendments explicitly protecting institutions (such as hospices) to opt-out was rejected, why?
10. **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 health care and palliative care workforce and services?
11. **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 nationwide, high-quality palliative care is equitably available before permitting assisted dying?

3. Professional Conscience and System Integrity

12. **Protection for Healthcare Professionals:**
    - Why does the bill not explicitly protect doctors, nurses and the wider multidisciplinary team from any involvement, and discrimination if they conscientiously object to any involvement at any level of assisted dying?
13. **Rejected data collection:**
    - Why were amendments rejected that mandated collection of demographic data and patient rationale data on applicants and the timely assessment of this data?
14. **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?
15. **Emergency change in situation**
    - Why does the bill not include an emergency pause mechanism for cases where a patient's prognosis unexpectedly improves or new evidence of coercion emerges after approval but before administration?

4. Vulnerable Groups and Wider Impacts

16. **Ignoring Expert Warnings:**
    - Given that eating disorder charities unanimously warned about risks to vulnerable patients including anorexia nervosa, why have all their proposed safeguarding amendments been rejected?

Association for Palliative Medicine
Of Great Britain and Ireland

Tel: 01489 668332 **Email:** Office@compleat-online.co.uk **Website:** www.apmonline.

17. **Preventing Mission Creep:**
    - In Canada, assisted dying (MAID) has expanded to include poverty and homelessness as contributing factors - what specific legislative wording in this bill will prevent similar expansion here?
18. **Socioeconomic Safeguards:**
    - With palliative care access already worse in deprived areas, what concrete measures will ensure assisted dying does not become a de facto option for socioeconomically disadvantaged patients?
19. **Ethnic Disparities in End-of-Life Care**
    - Given evidence that ethnic minority groups often face barriers accessing palliative care[9] what specific measures will ensure assisted dying does not disproportionately impact these communities?
20. **Under-18s**:
    - Why allow doctors to discuss assisted dying with children (future eligibility), calling this a "safeguard"?
21. **Doctor-Initiated Discussions:**
    - What specific safeguards exist to prevent vulnerable patients being unduly influenced, given that doctors may raise assisted dying with patients who haven't mentioned it?

References

1. DWP (2023), Terminal Illness Prognosis Accuracy
2. Home Office (2022), Coercive Control Prosecution Rates
3. Taubert et al. (2024), BMJ Pain in Assisted Dying; Zivot (2023), Emory University testimony
4. Hospice UK (2023), Palliative Care Access Report
5. Hansard (2025), Committee Stage Debates
6. BEAT et al. (2024), Joint Statement on Assisted Dying
7. Canadian MAID Expansion Reports (2023-24)
8. King's Fund (2023), Inequalities in End-of-Life Care
9. 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).

The principal idea and themes of some questions were taken from Dan Hitchins work with permission and thanks Dr Matthew Doré.