



Association for
Palliative Medicine
Of Great Britain and Ireland

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

Association for Palliative Medicine of Great Britain and Ireland (APM) – Research and Ethics Committee & APM Executive

Conscientious Objection – regarding the 2024 Terminally Ill Adults (End of Life Bill)

The APM believes that the ability to make a conscientious objection to participating in assisted dying is essential. This is set out in the APM evidence submission on 24.01.25 [Terminally-Ill-Adult-Bill-Committee-V11.pdf](#). This outlines the importance of both individual conscientious objection and organisational ability to opt-out.

Individual conscientious objection

1. Should assisted dying become legal, there needs to be mechanisms in which any healthcare professional, throughout the multidisciplinary team, involved in the process of assisted dying, can conscientiously object to being involved in any stage of the process for any reason.
2. For doctors this includes the ability to never be mandated to effect an onward referral when asked for assisted dying.
3. For pharmacists this includes the ability to conscientiously object to preparing the lethal medication.
4. For nurses this includes setting up the relevant equipment (such as drip)
5. For many other professionals in which the APM does not have representation, such as Social Workers and Psychiatrists, we believe the same principles should apply.

Organisational opt-out

1. The APM strongly disagrees with the remarks of the Rt Hon Kit Malthouse MP, who, on 18th March 2025, in the Committee stage of this Bill, asked whether hospices should “still be able to deny what is a legal service, if they are in receipt of public funds.”



2. The APM believes if assisted dying becomes legislation, that organisations, such as hospices, should be able to opt-out of providing assisted dying services at an organisational level.
3. The APM believes it should not become a 'right' to be able to demand location of assisted dying by the patient. There needs to be mutual agreement of relevant parties regarding location.
4. The APM maintains that funding for Assisted Dying, if legalised, must be wholly separate from palliative care funding. This is to ensure that there is no detriment to palliative care services because of assisted dying. Any removal of funding from hospices could be catastrophic.

The APM maintains that if 'choice' is to underpin assisted dying legislation, this principle must extend equally to the healthcare professionals – who must retain the freedom to choose whether to participate in such services.

For genuine choice to exist, the APM emphasises the urgent need for long-term, sustainable funding of specialist palliative care services. While welcoming the 2024 capital investment¹ in hospice infrastructure (covering refurbishments, IT upgrades, and facility improvements), the APM stresses that this one-off allocation fails to address the core financial challenge: staffing costs, which constitute 71% of hospice expenditures.² The consequences of this funding gap are already apparent, with hospices across the UK reducing services due to unsustainable financial pressures³.

The APM asserts that commissioned hospital, hospice and community palliative care services must be fully NHS funded, with clear service specifications, to prevent further erosion of care.

References

1. [Biggest investment into hospices in a generation - GOV.UK](#)
2. [Response to Agenda for Change payment for non-NHS staff in England | Hospice UK](#)
3. [‘Hospices are in retreat’: funding crisis squeezing UK palliative care providers | Hospices | The Guardian](#)