



Association for Palliative Medicine of Great Britain and Ireland Statement following 16/5/25 TIA Reading at Westminster.

The APM's primary concern is, and always will be, the delivery of the highest standard of palliative and end-of-life care for all patients. We believe that quality, equity, and accessibility of palliative care must remain the top priority of any legislative changes in this area.

For any assisted dying framework to be practically viable, it must ensure genuine choice, safety, and equity for patients. Currently, the safety and workability of this Bill is compromised by inadequate safeguards, under-resourced services working under extreme pressure for people approaching the end-of-life and lack of protections for those who are vulnerable. As choice is the underpinning principle of this assisted dying legislation, this principle must extend equally to healthcare professionals and organisations who must be able to choose whether or not to participate.

Assisted dying services must neither divert resources from other end-of-life care which must be available for all patients, nor disadvantage provision of end of life and other services. Funding for assisted dying must be wholly separate from palliative care funding. For genuine choice to exist, the APM emphasises the urgent need for long-term, sustainable funding of specialist palliative care services. The APM asserts that commissioned hospital, hospice and community palliative care services must be fully NHS funded within clear service specifications, to prevent further erosion of care.

We note discussion of a proposed amendment to the TIA Bill in recent days to assess the availability, quality and distribution of health services for those needing palliative and end of life care, and the implications of the TIA Act on those services. [The Independent Commission on Palliative and End of Life Care](#) has already reviewed and reported on this in May 2025. The Commission found that:

- the need for palliative care is rising
- access is uneven across the UK
- specialist palliative care alleviates symptoms and lessens suffering and provides good value for money.

The Commission recommended priority actions to improve access, quality and sustainability of palliative care services. No further assessments are needed to demonstrate the state of palliative care services.

What we need now is a national strategy to ensure that everyone has access to the high quality palliative care that they need, wherever they are, as early as necessary, around the clock. Specialist and generalist palliative care must be fully funded, commissioned and evaluated within clear service specifications, including adequate resource of appropriately trained and supported specialist staff. Community support must include single points of access 24/7 for specialist palliative care advice, rapid response visits, equipment and medication, and build upon partnership working between patients and the paid and unpaid workforce and ensure that the hidden costs of supporting people to die at home are not a barrier.