Association for
Palliative Medicine
Of Great Britian and Ireland

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

15/01/26

Dear Member of the Senedd / Aelod o'r Senedd,

Regarding the Terminally Ill adults (End of Life Bill) 2024 – Serious Clinical Concerns

We are the professional body representing over 1,400 palliative medicine specialists across Great Britain and Ireland and wish to express profound concerns with the TIA Bill (aka Assisted Dying Bill). Our members, who care daily for patients at the most vulnerable stages of life, warn that the proposed legislation in its present form contains significant and unmitigated risks. As you debate implications in the Senedd for Wales, we encourage you to take some serious considerations into account:

Equity before expansion

- Every patient deserves equitable access to high-quality palliative care before considering assisted dying - this must be guaranteed first.

Protect palliative care

- With critical workforce shortages, inequitable access to palliative care, predominantly charitably funded services, assisted dying must not become a default option.

Conscience matters

- Healthcare professionals and organisations (such as hospices and care homes) must have the unconditional right to opt-out of any involvement without penalty

Inadequate Safeguards endanger patients

- Flawed six-month prognosis, risks of coercion, missing mental health and capacity assessment and patients feeling like a burden as a "legitimate" reason for assisted dying -the current safeguards leave many lives at risk.

Treat suffering, not remove the sufferer

- A difficult or distressing death is traumatic for both loved ones and caregivers. While healthcare professionals strive to prevent such distress, in our experience, these situations are often preventable or manageable with timely, appropriate care. Many stem from late referrals to overstretched palliative services (Here). Evidence shows that early specialist palliative care intervention significantly improves patient outcomes.

True Safeguards Require Direct Clinical Engagement

- In Friday's debate (9/1/26), Lord Falconer cited, and misrepresented, expert evidence presented by our Past President, Dr Sarah Cox. The evidence stressed that clinical decisions by a multiprofessional team, where each member has personally assessed the patient, are inherently more robust. The proposed 'safeguard' of a panel within the Bill fails to replicate this essential protection, as panel members would not be required to meet the patient and independently assess. This renders the panel a mere administrative review, stripping it of the nuance and human understanding that defines compassionate decision-making at the end-of-life. A safeguard that deliberately avoids seeing the patient is no safeguard at all. (Here)

We urge you to review these documents made for you:

- The APM Assisted Dying 'Myth Buster' (Here) – updated Jan 26
- The APM Twenty Key Questions (Here) – updated Jan 26
- This is a video by Dr Kath Mannix outlining what happens during ordinary death (Here)
- The APM 'What is Palliative Care?' (Here)

Alternatively, see all our resources at https://apmonline.org/current-issues/

In matters of life and death, the threshold for safety must be unassailable. The current proposals fall demonstrably short of this standard, exposing vulnerable people to risks we cannot undo - all while the palliative care they deserve remains inequitable and often unavailable. Until these profound concerns are meaningfully addressed, moving onwards with assisted dying would risk normalising irreversible decisions borne from unequal access to care, not genuine choice. We urge extreme caution: the dying need investment in support, not legislation that could compound existing inequities.

Sincerely,

Executive of the APM

Dr Suzanne Kite (President),
Dr Paul Paes (Vice-President)
Dr Natasha Wiggins (Treasurer)
Dr Sarah Cox (Past-President)
And Dr Matthew Doré (Hon Secretary)