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Promoting positive care pathways at end of life

What you need to know about the assisted suicide legislation in UK

A vote is expected soon in Westminster (June 2025) on the Terminally Ill Adults (End of Life) Bill introduced in 2024 by the Labour Party's Kim Leadbeater MP.

What is the UK Bill about?

It allows for the self-administered death (assisted suicide) for mentally capable adults with a terminal illness who are expected to die from their illness within six months.

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What are the key points about the UK Bill?

- It allows for the self-administered death (assisted suicide) for mentally capable adults with a terminal illness who are expected to die from their illness within six months.
- Disabilities or mental disorders are not in themselves considered as grounds for assisted suicide.
- Decisions whether an individual is eligible for legal assisted suicide will be made by a commissioner and multidisciplinary review panel appointed for this purpose.
- It revises the NHS charter giving assisted suicide the same status as health care.

Why are many in the UK opposed to this Bill?

- It normalises the view that some lives are not worth living, such as people who are elderly, frail, or disabled. This will have a devastating impact on many vulnerable people in society who are effectively voiceless.
- Terminal prognosis of death within 6 months is notoriously hard to predict.
- Vulnerable individuals could be coerced by others towards assisted suicide.
- Some could perceive a 'duty to die' to avoid being a burden on loved ones.
- Assisted suicide is not risk-free and does not guarantee a 'good death' – complications have been recorded including drug regurgitation, seizures, and even regaining consciousness.
- Eligibility criteria have rapidly expanded in other countries after assisted suicide or euthanasia has been legalised.
- Psychiatrists have warned that legalising assisted suicide will undermine suicide prevention work.
- Assisted suicide presents a cheaper life-taking alternative, rather than investing in universal care for the mental and physical health needs of suffering people.

What's not in the UK bill:

The fact that these amendments were proposed but rejected raises serious concerns about how assisted dying would be carried out in practice if legalised.

- No requirement for 'reasonable certainty' on prognoses of six months left to live.
- No restriction against doctors raising assisted suicide with patients unprompted.
- No requirement for a consultation with a palliative care consultant.
- No requirement for a doctor to be physically present during an assisted suicide procedure.

Similarities and differences between UK bill and 2024 Irish proposals

The proposals for Ireland that emerged from the 2024 Joint Committee on Assisted Dying have some important differences from the UK Bill.

- The UK Bill only allows for assisted suicide whereas the Irish Committee also recommended euthanasia (i.e. a healthcare professional deliberately and directly ends a patient's life).
- The Irish proposals spoke of a pain requirement, whereas the UK Bill doesn't.
- Both speak of a terminally-ill diagnosis of six months, although the Irish Committee allowed for twelve months in certain circumstances.

However, the UK and Irish proposals are similar on some significant points.

- Both see assisted suicide within state healthcare laws and procedures.
- Both allow for the possibility of advertising and promoting assisted suicide, effectively putting the taking of life on par with saving it.
- Both see no role for next-of-kin in the process.
- Both fail to protect care homes or hospices who wish to opt out from losing funding.

Autonomy cannot be allowed to trump protection for the vulnerable

In Ireland the political arguments in favour of euthanasia and assisted suicide initially focused on unbearable suffering, but quickly moved from there onto the claim that a person should have the freedom to choose for themselves when they wish to die. Whilst the Irish Committee supported assisted dying on the basis of pain, the proposed British legislation is more honest in acknowledging that the main argument is personal autonomy.
With this in mind, it's important to remember the primary reason for law is to protect the weak and vulnerable, while seeking to manage competing claims in society. Legalising assisted dying affirms an outlook that dismisses the intrinsic value of many in our society who are most vulnerable.

IN CONCLUSION

The UK Bill discussed here, and the proposals of the Oireachtas Joint Committee on Assisted Dying, are both social experiments that open a Pandora's box of questions and choices. How do we draw a line between assisted suicide and suicide prevention? When care is expensive and killing is cheap, which will prevail? Who will decide, and how will they decide, whose lives are worth living?
We urge everyone who is concerned about the prospect of assisted dying becoming legal to use opportunities that may arise from the discussions on the UK assisted dying bill to promote awareness of the devastating impact these proposals could have.

Legalising assisted suicide is not a safe, rational or appropriate response to addressing suffering at the end of life. This brief review is to encourage you to continue to make your voice heard across society.

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