Parliamentary brief
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BMA briefing – Terminally Ill Adults (End of Life) Bill

Bill Committee, w/c 24 March

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The Terminally Ill Adults (End of Life) Bill: BMA views on the Bill

The BMA is neutral on whether or not the Bill should pass, but our views on what we would want to see in the Bill, should it pass, are outlined in our written evidence and our recent oral evidence to the Committee.

This briefing highlights our views, thus far, on the clauses and amendments published by 24 March 2025. Updates to our briefing will be circulated, as-and-when necessary, regarding any further amendments on which we have taken a view. If you would like any input from the BMA with regards to new, or tabled, amendments, please do get in touch.

N.B. We have only commented on those clauses and/or amendments that are directly related to one of the issues on which the BMA has an agreed position. It should not be inferred that we would/would not support amendments on which we have not commented in this briefing.

Clause 32

Assisted dying as a separate service (but not necessarily separate from the NHS):

There is nothing in the Bill about how an assisted dying service might be delivered, although the possibility of a separate service is mentioned in the explanatory notes. Whilst it is not for the BMA to determine how any assisted dying service should be delivered, our view is that assisted dying should not be part of the standard role of doctors or integrated into existing care pathways – it is not something that a doctor can just add to their usual role.[1] It is likely that most doctors would rarely receive such requests, making it difficult for them to build up the knowledge, experience, and confidence to provide the service to a high standard, which is what all patients would deserve.

The separate service could take the form of a professional network of specially trained doctors from across the country who have chosen to participate, who come together to receive specialised training, guidance, and both practical and emotional support. They would then provide the service within their own locality – for example, in the patient's usual hospital, or their home. Or it could be a combination of some specialist centres and an outreach facility. In our view, having this degree of separation would

[1] The BMA's Consultants Committee passed a motion (Feb 2025) on the Terminally Ill Adults (End of Life) Bill – N.B. this motion does not alter/amend the BMA's established policy on assisted dying, approved by the Association's four councils across the UK – rather, the motion reflects the view of the Consultants Committee. It can be viewed here (motion 19): www.bma.org.uk/media/5ablo1py/cc-2024-25-resolutionspdf-new.pdf

be better for doctors and for patients and would help to ensure consistency, and facilitate oversight, research and audit of the service.

The model proposed in Jersey[2], whereby the Jersey Assisted Dying Service would 'coordinate and deploy the professionals' who would provide the service, provides an example of how this separate service could work.

Clause 33 and linked/grouped amendments – notifications to Chief Medical Officers (CMOs)

Tabled amendments:

- **We support** Amendments 172 & 173 – currently, the Bill only states that the Secretary of State *may*, by Regulations, specify the information that registered medical practitioners should provide to the relevant CMO. We have urged the Committee to ensure that the Bill *requires* (rather than permits) the Secretary of State to make such Regulations – these amendments would achieve that.

BMA policy – the rationale for our position on these amendments

Data collection and publication is essential for transparency and developing trust in the system – therefore, a requirement for data about all assisted deaths to be collected centrally, and for aggregated data to be published on a regular basis, should not be optional.

We would also wish to see a formal mechanism set up to analyse this information (from all assisted deaths), with a view to making recommendations about how the system could be improved to ensure the compassionate, safe, and practical operation of the Act.

[2] A separate assisted dying service – 'the Jersey model' – can be viewed on the BMA's website here: www.bma.org.uk/media/c4qhenaf/bma-flow-chart-jersey-model.pdf