Citizens' Jury: exploring public views on assisted dying

Information and evidence pack

Hopkins Van Mil

NUFFIELD COUNCIL ON BIOETHICS

Contents

About

In 2023, the Nuffield Council on Bioethics (NCOB) commissioned a project to explore how people living in England think and feel about assisted dying, including the underlying ethical, social, and practical complexities. Hopkins Van Mil (HVM), a specialist deliberative social research agency conducted a Citizens' Jury as part of this project.

The Citizens' Jury exploring public views on assisted dying took place over an 8-week period from April to mid-June 2024. 30 Jury members who were recruited and selected to be broadly representative of the English population came together to answer and deliberate on the following questions:

1. **Should the law in England be changed to permit assisted dying?**
    - What are the most important reasons in favour of permitting assisted dying?
    - What are the most important reasons against permitting assisted dying?
2. **If the law is changed to permit assisted dying in England, what should it include? What should it exclude?**
3. **If the law is not changed to permit assisted dying in England, are there any recommendations or changes to assisted dying policy that should be made?**

The Jury heard from a broad range of experts and witnesses and received written comprehensive, balanced, and accessible stimulus materials giving background information about assisted dying. Hard copies of the stimulus materials were also provided at the venue for the in-person sessions. The Content Group created for the Citizens' Jury provided support and advice to ensure the overall evidence, content, and stimulus materials presented to the Citizens' Jury were balanced, comprehensive and accessible. The Citizens' Jury heard and received:

- 20 presentations from experts and witnesses
- 9 fact-giving information sheets
- 5 briefing papers from campaigning and advocacy groups
- 1 panel discussion
- 5 lived experience films
- 4 reflections from the Jury Friends

Each witness giving a presentation spoke for 5-10 minutes on a topic that was relevant to the Jury questions. Some speakers were asked to speak as 'informants' and some were asked to speak as 'advocates'. **Informants:** were asked to explain a range of views, options and opinions that exist a topic. **Advocates:** were asked to present a personal opinion or, where relevant, the opinion of the organisation they were there to represent.

This document contains the evidence and information that the Jury members received throughout the process, including links to expert witness presentations.

Webinar

Introductory Webinar – An introduction to the Jury's purpose and topic

17th April 2024, 6-8pm

Activity	Speaker	Topic
Introduction & Welcome Guidelines & Process	**Henrietta Hopkins** Lead Facilitator; Director of Hopkins Van Mil	An introduction to the Citizens' Jury
Citizens' Jury Welcome	**Anne Kerr** Chair of the Advisory Board; Professor of Science and Technology Studies, Head of School, Social and Political Sciences, University of Glasgow	Introduction to the purpose of the Jury
Witness Presentation & Q&A	**Alan Renwick** Professor of Democratic Politics and Deputy Director of the Constitution Unit, University College London *(Informant)*	An introduction to listening and thinking
Witness Presentation & Q&A	**Sarah Chan** Chancellor's Fellow and Reader in Bioethics at the Usher Institute, University of Edinburgh *(Informant)*	An introduction to ethical thinking
Presentation & Q&A	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, Informant)* **Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester *(Jury Friend, Informant)*	Terminology, definitions and our Jury question

Jargon Buster

1. Terminology

There is no universally agreed terminology when discussing the debate on assisted dying. A range of terms are used internationally, and different people have preferences for different terminology. Terms around the topic of assisted dying often lack a common definition and they can take on different meanings in different countries and when used by different people.

But what exactly do we mean when we talk about assisted dying? This **Jargon Buster** includes some of the main words and phrases that might come up in our discussions with a brief explanation of what they mean. You do not have to learn the words or work on them before taking part.

Not sure what a term means? Throughout the Citizens' Jury, we will add further words and phrases related to the topic that need an explanation to the glossary of terms and abbreviations.

What is assisted dying?

Assisted dying: The involvement of healthcare professionals in providing lethal drugs intended to end a patient's life at their voluntary request, subject to a set of conditions. This covers:

- Healthcare professionals prescribing lethal drugs to eligible patients to take themselves. This is sometimes referred to as 'physician-assisted dying' or 'physician-assisted suicide'.

- Healthcare professionals administering lethal drugs to eligible patients with the intention of ending that patient's life. This is sometimes referred to as '(voluntary) euthanasia'.

Why are we using the term 'assisted dying'?

We have chosen to use the term 'assisted dying' to talk about all types of physician-assisted deaths, including healthcare professionals prescribing lethal drugs to patients to take themselves to end their own lives and healthcare professionals administering lethal drugs (sometimes referred to as (voluntary) euthanasia). The choice of terminology used throughout the *exploring public views on assisted dying* project, and in associated publications, are not intended to endorse or reflect any particular stance on the law on assisted dying.

Terminology in jurisdictions that permit assisted dying

The legal definitions and terms of assisted dying vary by jurisdiction around the world and are often debated. The meaning and use of the terms are not always consistent or universally agreed upon. For example, in Canada, **"**Medical Assistance in Dying" (MAiD) is commonly used, with Quebec in Canada also using the term "Medical Aid in Dying", which is slightly different to the term MAiD. In Australia, "Voluntary Assisted Dying" (VAD) is commonly used. Other jurisdictions around the world use the terms "assisted suicide" and "euthanasia", and "physician-assisted dying".

2. Glossary of terms

Term	Explanation
Administering	When referred to in the assisted dying discussion, situations where a healthcare professional would administer lethal drugs to eligible patients with the intention of ending their life. This is sometimes referred to as 'euthanasia'.
Autonomy	Often described in terms of the right or ability to make your own decisions – to 'self-rule' - according to your own values and beliefs. There are, however, different ways of understanding 'autonomy' and what it means. There may also be situations in which someone's autonomy is or should be limited. For example, the law protects a person's right to refuse unwanted treatment more extensively than their interest in asking to receive wanted treatment.
Advance decision to refuse treatment (ADRT)	This is made by people with capacity to explain what medical treatment they do not want in the future if they become ill and if a time comes when they lack capacity and cannot make the decision or communicate their wishes. This is sometimes referred to as a 'living will' but the legal name is 'advance decision to refuse treatment' (ADRT). An ADRT is legally binding if it complies with the provisions in the Mental Capacity Act in England, Wales, and in Northern Ireland.[4] If they do not, they will still be taken into account as advance statements – see next section.

[4] AgeUK (2023) *Advance decisions, advance statements and living wills,* available at: www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs72_advance_decisions_advance_statements_and_living_wills_fcs.pdf.

Advance statement	Is a written statement that lets people describe their wishes, beliefs, and preferences about future care, should a person be unable to make or communicate a decision or express a preference at the time. Although an advance statement is not legally binding, the person's previous wishes are a very important factor when deciding what is in their best interests.[5] In other jurisdictions, the term 'advance request' is also used.
Best interests	There is no agreed single definition of best interests. It is broader than an individual's medical interests, also encompassing an individual's wishes and feelings, beliefs and values. The Mental Capacity Act Code of Practice notes "When working out what is in the best interests of the person who lacks capacity to make a decision or act for themselves, decision-makers must take into account all relevant factors that it would be reasonable to consider, not just those that they think are important. They must not act or make a decision based on what they would want to do if they were the person who lacked capacity."[6]
Capacity	The ability to make a decision. The Mental Capacity Act 2005 provides a legal framework in England and Wales for making decisions on behalf of people aged 16 or over who cannot make decisions themselves. Under this Act, "a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain". A person is said to be unable to make a decision for himself if "he is unable to understand the information relevant to the decision, to retain that information, and to use or weigh that information as part of the process of making the decision, or to communicate his decision (whether by talking, using sign language or any other means)."[7]

[5] Ibid; and NHS (2023) *Advance statement about your care wishes*, available at: https://www.nhs.uk/conditions/end-of-life-care/planning-ahead/advance-statement/.
[6] Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice,* available at: https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf.
[7] Mental Capacity Act 2005.

CPR	Cardiopulmonary resuscitation (CPR) "embraces all the procedures from basic first aid to the most advanced medical interventions that can be used to restore the breathing and circulation in someone whose heart and breathing have stopped."[8]
DNACPR	This stands for 'Do not attempt cardiopulmonary resuscitation (CPR)'. DNACPR means if your heart or breathing stops your healthcare team will not try to restart it. This is sometimes called 'Do Not Resuscitate' (DNR) and/or 'Do Not Attempt Resuscitation' (DNAR) but they all refer to the same thing.[9]
End-of-life care	Support for people who are in the last months or years of their life. Different health and social care professionals may be involved in end-of-life care.[10]
Healthcare professionals	Members of the medical, dental, pharmacy and nursing professions and any other persons who through their professional activities may administer, prescribe, purchase, recommend or supply a medicine.[11]
Hospice	An organisation or institution that provides care for people when medical treatment is no longer expected to cure the disease or prolong life. Hospice care can be provided in the patient's own home.
Jurisdiction*	An area with an official power to make legal decisions and judgements
Lethal drugs	When referred to in the assisted dying discussion, a type or dose of medication prescribed or administered with the intent to end a person's life. Sometimes these are referred to as life-ending drugs.
Life-sustaining treatment	A treatment that replaces or supports ailing bodily functions to keep a person alive. Examples include ventilators for breathing, nutritional support through

[8] Resuscitation Council UK (2024) *FAQs: basic life support (CPR)*, available at: www.resus.org.uk/home/faqs/faqs-basic-life-support-cpr.
[9] NHS (2023) *Do not attempt cardiopulmonary resuscitation (DNACPR) decisions*, available at: www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/.
[10] NHS (2022) *What end of life care involves*, available at: https://www.nhs.uk/conditions/end-of-life-care/what-it-involves-and-when-it-starts/; and NHS England (2024) *Palliative and end of life care*, available at: https://www.england.nhs.uk/eolc/.
[11] Association of the British Pharmaceutical Industry (2023) *Definitions – disclosure*, available at: https://www.abpi.org.uk/reputation/disclosure-uk/about-disclosure-uk/definitions-disclosure/#:~:text=Healthcare%20professionals%20(HCPs)%20are%20defined.

	feeding tubes, dialysis machines that take over the kidney's function, or antibiotics.
Palliative care	An approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-limiting illness, usually progressive. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial or spiritual.[12] Many healthcare professionals provide palliative care as part of their jobs and some people need additional specialist palliative care teams.
Palliative sedation	This involves the use of special drugs called sedatives to relieve severe suffering by making a patient calm, unaware, and reducing a patient's level of consciousness. Palliative sedation may be used for patients who are dying to make them more comfortable.
Persistent vegetative state (PVS)	An irreversible condition resulting from brain damage, characterised by a lack of consciousness, thought and feeling, although some reflex activities, such as breathing, continue. It is sometimes referred to as a 'permanent vegetative state'. The word 'vegetative' can be upsetting for relatives and it is now more common to refer to the umbrella term 'Prolonged Disorders of Consciousness'[13] (a term that also covers minimally conscious states).
Policy*	Is 'a plan, course of action, or set of regulations adopted by government, businesses, or other institutions designed to influence and determine decisions or procedures'.[14]
Policymaker*	Is a broad term that covers all people responsible for making or amending policy, especially in politics.
Lasting Power of Attorney (LPA)	In England and Wales, a nomination by one person ('the donor') of another person ('the attorney') to make decisions on their behalf at a time in the future when the donor may lack the capacity to make those

[12] WHO (2021) *Palliative care*, available at: www.who.int/news-room/fact-sheets/detail/palliative-care.
[13] UK Parliament POST (2022) *Prolonged disorders of consciousness*, available at: https://post.parliament.uk/research-briefings/post-pn-0674/.
[14] NCCPE (2024) *A guide to working with policy makers*, available at: https://www.publicengagement.ac.uk/resources/guides/guide-working-policy-makers ; and UK Department for International Development, 2005.

	decisions. LPAs may cover either property and financial or health and welfare decisions.
Prescribing	When referred to in the assisted dying discussion, situations where a healthcare professional would prescribe lethal drugs to eligible patients to take themselves. This is sometimes referred to as 'physician-assisted dying' or 'physician-assisted suicide'.
Refusal of medication/treatment	The decision to refuse medication, life-sustaining treatments, nutrition and/or hydration. If a person has capacity, the refusal is binding.
Safeguards	Measures or actions that are designed to protect people from harm, risk, or danger.
Sedative	A drug that tends to calm or soothe. (Related terms include: 'palliative sedation' listed above).
Slippery slope	Is an argument that claims an initial event or action will be likely to trigger, or risk triggering, a series of other events, leading to an undesirable outcome.
Suffering	There is no agreed definition of the term suffering. It is often described in terms of conscious endurance of pain or distress.
Suicide	An act when someone intentionally takes their own life.
Terminal illness	An inevitably progressive condition, diagnosed by a registered healthcare practitioner, which cannot be reversed by treatment and can be reasonably expected to cause the individual's death.
Withholding or withdrawing life-sustaining treatment	This refers to a decision to end life-sustaining treatments (such as ventilators for breathing, nutritional support through feeding tubes, dialysis machines that take over the kidney's function or medication) that would otherwise prolong the patient's life. This decision can be made by a patient with capacity at any time, or through an advance decision, or by the healthcare team in the patient's best interests, taking into account the patient's previous views about treatment withdrawal.

*Terms added throughout the Citizens' Jury

3. Abbreviations

The table below details a list of abbreviations that may be used in the discussions. Throughout the Citizens' Jury, we will continue to add abbreviations to the table that come up.

Abbreviation	Term
AD	Assisted dying
AoMRC	Academy of Medical Royal Colleges
APM	Association of Palliative Medicine
BMA	British Medical Association
DHSC	Department of Health and Social Care
MAiD	Medical Assistance in Dying
NHS	National Health Service
HCP	Healthcare professional
GMC	General Medical Council
PAD	Physician-Assisted Dying
PAS	Physician-Assisted Suicide
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RCP	Royal College of Physicians of London
RPS	Royal Pharmaceutical Society
USA	United States of America
VAD	Voluntary Assisted Dying
VE	Voluntary Euthanasia

Session One

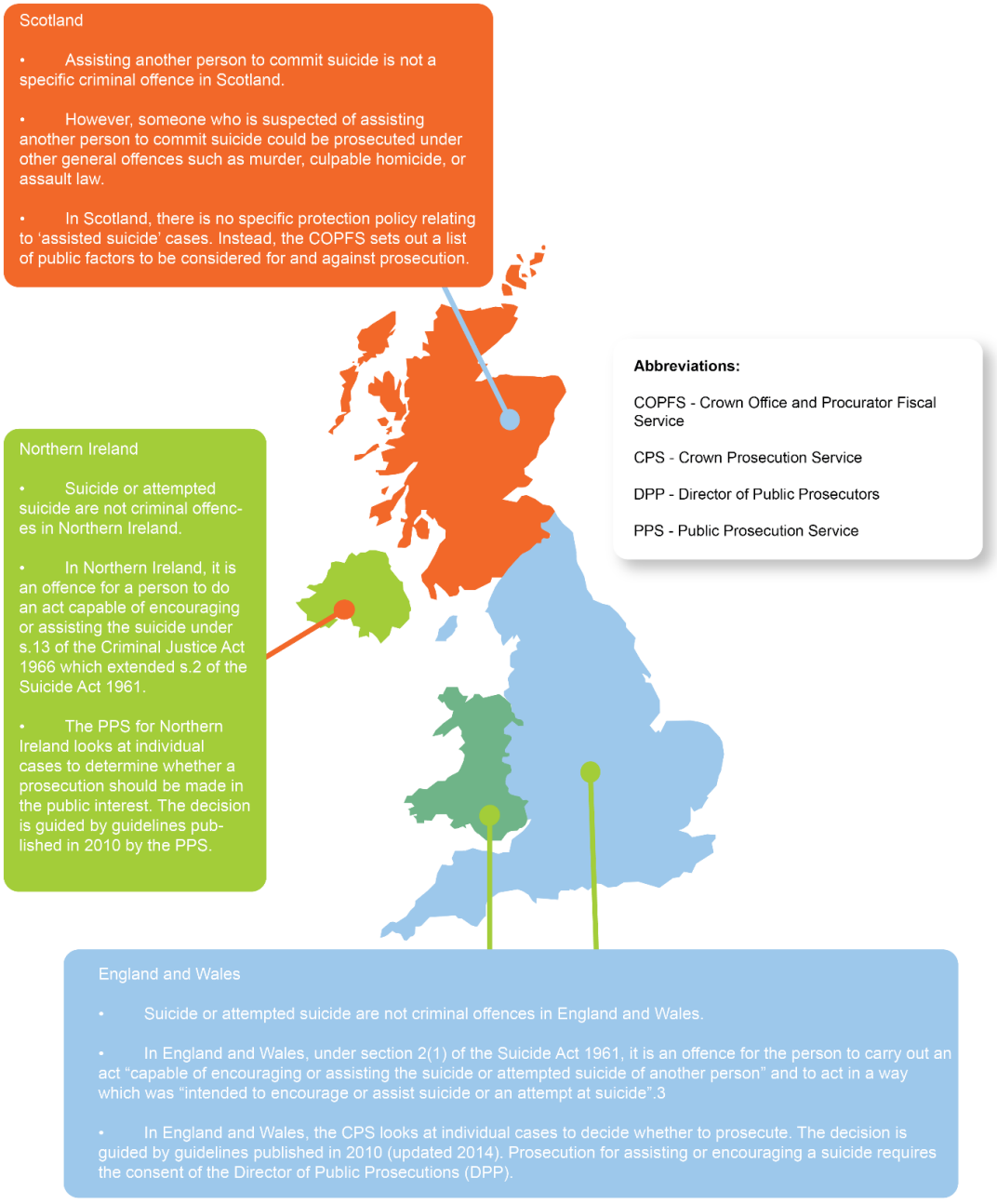
Session One – The UK context

24th April 2024, 6-9pm

Activity	Speaker	Topic
Witness Presentation & Q&A	**Adam McCann** Associate Professor of Criminal Law and Criminal Justice, University of Reading *(Informant)*	The UK Context
Video		An introduction to Parliament
Witness Presentation & Q&A	**Isra Black** Associate Professor in Law and Vice Dean International in the Faculty of Laws, University College London *(Informant)*	An overview of the components of assisted dying (part 1)
Witness Presentation & Q&A	**Annabel Price** Consultant Liaison Psychiatrist, Addenbrooke's Hospital; Visiting Researcher, Department of Psychiatry, University of Cambridge; Associate Specialist Director for Palliative Care, Cambridge Institute of Public Health. *(Informant)*	An overview of the components of assisted dying (part 2)
Jury Friends' reflections	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, Informant)* **Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester *(Jury Friend, Informant)*	
Jury deliberation		

What is the law on assisted dying in the UK?

Euthanasia is illegal across the UK under the Homicide Act 1957 and could be prosecuted as murder or manslaughter.[1] However, assisted suicide (and suicide) are dealt with differently in Northern Ireland, Scotland, and England and Wales[2] (see the 'Jargon Buster' Jury material for further notes on terminology, including on 'assisted dying').



(1) Homicide Act 1957.
(2) House of Commons Library (2022) *The law on assisted suicide*, available at: https://commonslibrary.parliament.uk/research-briefings/sn04857/.
(3) Suicide Act 1961, section 2.

Prosecution policy in England and Wales

What is the policy on prosecution in England and Wales?

The Crown Prosecution Service (CPS) prosecutes criminal cases that are investigated by the police and other investigative organisations in England and Wales. The CPS must follow a set of principles outlined in the Code for Crown Prosecutors when deciding whether to start or continue a prosecution.[15]

A policy called the "*Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide*" was published by the Director of Public Prosecutions (DPP) in February 2010 and was then updated in October 2014.[16] This policy was issued after a series of high-profile legal cases.

What does the policy say?

The policy lists public interest factors, tending in favour and against prosecution, to consider when deciding whether to prosecute assisted suicide cases.[17] The consent of the DPP is required before an individual is prosecuted.

The public interest factors **in favour** of a prosecution are:

1. the victim was under 18 years of age;
2. the victim did not have the capacity (as defined by the Mental Capacity Act 2005) to reach an informed decision to commit suicide;
3. the victim had not reached a voluntary, clear, settled and informed decision to commit suicide;
4. the victim had not clearly and unequivocally communicated his or her decision to commit suicide to the suspect;
5. the victim did not seek the encouragement or assistance of the suspect personally or on his or her own initiative;
6. the suspect was not wholly motivated by compassion; for example, the suspect was motivated by the prospect that he or she or a person closely connected to him or her stood to gain in some way from the death of the victim;
7. the suspect pressured the victim to commit suicide,

[15] Crown Prosecution Service (2024) *The Crown Prosecution Service*, available at: www.cps.gov.uk/.
[16] Crown Prosecution Service (2014) *Policy for prosecutors in respect of cases of encouraging or assisting suicide*, available at: www.cps.gov.uk/sites/default/files/documents/legal_guidance/assisted-suicide-policy.pdf.
[17] Ibid.

8. the suspect did not take reasonable steps to ensure that any other person had not pressured the victim to commit suicide;

9. the suspect had a history of violence or abuse against the victim;

10. the victim was physically able to undertake the act that constituted the assistance him or herself;

11. the suspect was unknown to the victim and encouraged or assisted the victim to commit or attempt to commit suicide by providing specific information via, for example, a website or publication;

12. the suspect gave encouragement or assistance to more than one victim who were not known to each other;

13. the suspect was paid by the victim or those close to the victim for his or her encouragement or assistance;

14. the suspect was acting in his or her capacity as a medical doctor, nurse, other healthcare professional, a professional carer [whether for payment or not], or as a person in authority, such as a prison officer, and the victim was in his or her care;[15]

15. the suspect was aware that the victim intended to commit suicide in a public place where it was reasonable to think that members of the public may be present;

16. the suspect was acting in his or her capacity as a person involved in the management or as an employee (whether for payment or not) of an organisation or group, a purpose of which is to provide a physical environment (whether for payment or not) in which to allow another to commit suicide.

[15] In October 2014, a footnote was added to 'clarify' this factor: "For the avoidance of doubt the words "and the victim was in his or her care" qualify all of the preceding parts of this paragraph. This factor does not apply merely because someone was acting in a capacity described within it: it applies only where there was, in addition, a relationship of care between the suspect and the victims such that it will be necessary to consider whether the suspect may have exerted some influence on the victim".

The public interest factors **against** a prosecution are:

1. the victim had reached a voluntary, clear, settled and informed decision to commit suicide;
2. the suspect was wholly motivated by compassion;
3. the actions of the suspect, although sufficient to come within the definition of the offence, were of only minor encouragement or assistance
4. the suspect had sought to dissuade the victim from taking the course of action which resulted in his/her suicide
5. the actions of the suspect may be characterised as reluctant encouragement or assistance in the face of a determined wish on the part of the victim to commit suicide;
6. the suspect reported the victim's suicide to the police and fully assisted them in their enquiries into the circumstances of the suicide or the attempt and his or her part in providing encouragement or assistance.

From 1 April 2009 up to 31 March 2024, there have been 187 cases referred to the CPS by the police that have been recorded as 'assisted suicide'. Out of these 187 cases, 127 cases were not taken forward by the CPS and 36 cases were withdrawn by the police. As of the 31 March 2024, the CPS state that:

"There are currently six ongoing cases. Four cases of encouraging or assisting suicide have been successfully prosecuted. One case of assisted suicide was charged and acquitted after trial in May 2015 and eight cases were referred onwards for prosecution for homicide or other serious crime."[16]

[16] Crown Prosecution Service (2024) *Assisted suicide*, available at: www.cps.gov.uk/publication/assisted-suicide.

CPS guidance on failed suicide pacts and 'mercy killings' in England and Wales

The CPS defines failed suicide pacts or so-called 'mercy killings' as "any killing in which the suspect believes they are acting wholly out of compassion for the deceased".[17]

In October 2023, the CPS published updated guidance on homicide offences after a public consultation.[18] The guidance has been updated to help prosecutors consider the public interest when dealing with deaths arising from failed suicide pacts or 'mercy killings'. Each case is considered on its own facts and merits. The announcement sets out that this does not "touch on 'assisted dying', or other similar scenarios which are treated separately in law".[19]

Debates on bills to legalise assisted dying in other UK jurisdictions and the Crown Dependencies

Assisted dying is currently not legal in any other part of the UK or the Crown Dependencies (the Bailiwick of Jersey, the Bailiwick of Guernsey, and the Isle of Man). There have been proposals put forward to legalise assisted dying in many of these.

Scotland: There have been several Member's Bills (the same as Private Member's Bills in the UK parliament) put forward to legalise assisted dying in the Scottish Parliament. In September 2021, Liam McArthur MSP put forward a proposal for public consultation - the Assisted Dying for Terminally Ill Adults (Scotland) Bill. The public consultation received over 14,000 responses, the largest response for a Member's Bill since the Scottish Parliament was created in 1999.[20] The summary of the consultation sets out that a "clear majority" of respondents (76%) were supportive of the proposal, 2% partially supportive, 21% fully opposed, and 0.4% partially opposed.[21] In March 2024, the Member's Bill was introduced. It proposes to allow "terminally ill adults in Scotland, who are eligible, to lawfully request, and be provided with, assistance by health professionals to end their own life".[22]

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[17] Crown Prosecution Service (2022) *Consultation on public interest guidance for suicide pact and 'mercy killing' type cases*, available at: www.cps.gov.uk/consultation/consultation-public-interest-guidance-suicide-pact-and-mercy-killing-type-cases.
[18] Crown Prosecution Service (2023) *Homicide: murder, manslaughter, infanticide and causing or allowing the death or serious injury of a child or vulnerable adult*, available at: www.cps.gov.uk/legal-guidance/homicide-murder-manslaughter-infanticide-and-causing-or-allowing-death-or-serious.
[19] Crown Prosecution Service (2023) *CPS publishes updated homicide prosecution guidance*, available at: www.cps.gov.uk/cps/news/cps-publishes-updated-homicide-prosecution-guidance.
[20] The Scottish Parliament (2022) *Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill – Liam McArthur MSP Summary of Consultation Responses*, available at: www.parliament.scot/-/media/files/legislation/proposed-members-bills/assisteddyingconsultationsummaryfinaldraft.pdf.
[21] The Scottish Parliament (2022) *Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill – Liam McArthur MSP Summary of Consultation Responses*, available at: www.parliament.scot/-/media/files/legislation/proposed-members-bills/assisteddyingconsultationsummaryfinaldraft.pdf.
[22] The Scottish Parliament (2024) *Assisted Dying for Terminally Ill Adults (Scotland) Bill*, available at: www.parliament.scot/bills-and-laws/bills/assisted-dying-for-terminally-ill-adults-scotland-bill/introduced.

Jersey: In 2018, a petition calling for the State Assembly (the parliament of Jersey) to amend Jersey law and permit assisted dying received over 1861 signatures. An online public survey, a GP and doctors' survey and a public meeting followed the petition which indicated public support for proposals to legalise assisted dying.[23] In 2021, the parliament of Jersey ran a Citizens' Jury to consider whether assisted dying should be permitted in Jersey. The final report was published in September 2021 and concluded that 78% of Jersey Assisted Dying Citizens' Jury members agreed that assisted dying should be permitted in Jersey under the following circumstances:

- where a Jersey resident, aged 18 or over, has a terminal illness or is experiencing unbearable suffering and wishes to end their life;
- subject to stringent safeguards including a pre-approval process; a mandatory period of reflection and consideration; with the direct assistance from doctors or nurses only, as opposed to non-medically qualified staff[24].

In March 2024, the assisted dying proposals were presented to the States Assembly and a debate on the proposals is scheduled for 21 May 2024. It has been indicated that if the draft law is approved by the States Assembly, the earliest date that the assisted dying law would come into effect would be Summer 2027[25].

Update (23 May 2024):
On 22 May 2024, The States Assembly in Jersey voted to approve plans to allow assisted dying for those with a terminal illness[26].

The States Assembly debated on two routes which people who have lived in Jersey for longer than a year, are 18 or over and have decision-making capacity could apply for assisted dying.

The first route of establishing an assisted dying service is for adults with a terminal illness who have a life expectancy of 6 months or 12 months if they have neurodegenerative disease. A total of 32 members voted in favour of this route while 14 voted against it.

The second route, for those who are not terminally ill but who have an incurable physical condition causing unbearable suffering, was rejected by a majority of 27 to 19.

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[23] The Jersey's States Assembly (2024) *Jersey assisted dying citizens' jury*, available at: www.gov.je/Caring/AssistedDying/pages/citizensjuryonassisteddying.aspx.
[24] The Jersey's States Assembly (2021) *Final report from Jersey assisted dying citizens' jury*, available at: www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5452
[25] The Jersey's States Assembly (2024) *Assisted dying in Jersey*, available at: www.gov.je/Caring/AssistedDying/pages/assisteddying.aspx.
[26] The Guardian (22 May 2024) *Jersey approves plans to allow assisted dying for terminally ill adults*, available at: https://www.theguardian.com/society/article/2024/may/22/jersey-approves-plans-assisted-dying-terminally-ill-adult-residents; and BBC News (22 May 2024) Assisted dying plans for terminally ill approved, available at: https://www.bbc.co.uk/news/articles/c6ppl7e551do.

The process for drafting a law is expected to take about 18 months, and a debate will take place by the end of 2025. If the law is approved, the earliest for it to come into effect would be the summer of 2027[27].

Isle of Man: The Tynwald (the parliament of the Isle of Man) has discussed the issue of assisted dying several times. Most recently in June 2023, a Private Member's Bill seeking to legalise assisted dying to "enable certain adults who are terminally ill to be provided at their request with specified assistance to end their own life; and for connected purposes" in the Isle of Man passed its first reading. On 31 October 2023, the Bill passed its second reading and commenced its Committee stage on 7 November 2023.[28] The Isle of Man parliamentary committee report on the assisted dying bill was published in March 2024 and outlined several conclusions on changes to the Assisted Dying Bill. The Bill will soon be debated by Members of the House of Keys (MHKs) on 23 April.[29]

The States of Guernsey: In 2018, the Guernsey parliament debated assisted dying legislation where proposals were rejected.[30] The States of Guernsey have not considered legalising assisted dying since this rejection.

[27] Ibid.
[28] BBC News (31 October 2023) *Proposed Isle of Man assisted dying laws progress to next stage*, available at: www.bbc.co.uk/news/world-europe-isle-of-man-67273819.
[29] House of Keys Committee on the Assisted Dying Bill (2024), *House of Keys Committee on the Assisted Dying Bill report*, available at:
www.tynwald.org.im/spfile?file=/business/pp/Reports/2024-PP-0048.pdf; and
BBC News (2 April 2024) *MHKs given time to consider assisted dying report*, available at:
www.bbc.co.uk/news/articles/c4nvv0zjq2vo.
[30] The Guernsey Press (18 May 2018) *Assisted dying proposal defeated in the States,* available at:
https://guernseypress.com/news/2018/05/18/assisted-dying-proposal-defeated-in-the-states/.

An assisted dying policy timeline

Key
- Bills debated
- Cases

Diane Pretty
Diane Pretty had motor neurone disease, and asked for a guarantee that her husband would not be prosecuted if he assisted her to die.Her case was rejected by the House of Lords, who held that the 'right to life' did not confer a 'right to die'. They also held that the 'right to a private life' did not include a right to choose the timing and manner of death.

The Joffe Bill
Lord Joffe's Assisted Dying for the Terminally Ill Bill reached Committee Stage in the House of Lords. It would allow doctors to prescribe lethal drugs to terminally ill adults (with 6 months or less to live) for them to self-administer. The Bill did not progress further after the 2005 General Election was called.

Margo MacDonald's End of Life Assistance (Scotland) Bill
Margo MacDonald's End of Life Assistance (Scotland) Bill reached First Stage debate in the Scottish Parliament. It would allow doctors to provide lethal drugs to terminally ill adults or those who were "permanently physically incapacitated"for them to either self-administer or for a third party to administer to them. It was defeated by 85 votes to 16.

2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012

Pretty v UK
Diane Pretty took her case to the European Court of Human Rights, which also rejected her case.The Court did hold, however, that a right to choose how to end her life was part of a right to private life – but that the UK's ban on assisted dying could be justified to protect vulnerable people.

Debbie Purdy
Debbie Purdy had multiple sclerosis and argued that the law in the UK was insufficiently clear as to when someone will be prosecuted for assisting another person's death. She argued that the Director of Public Prosecutions (DPP) must publish guidelines on how a decision to prosecute a case of assisted dying will be made. She won her case at the House of Lords and the DPP was compelled to publish guidelines.

The DPP publishes guidelines for prosecutors in England and Wales
Similar guidelines were published in Northern Ireland; the Scottish Lord Advocate is clear that the guidelines do not apply in Scotland and that Scotland – specific guidelines will not be published.

1. This timeline has been informed by a timeline produced by the British Medical Association, "How have the law and BMA policy developed over the last twenty years?" (2022) https://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying/
2. House of Commons Health and Care Select Committee https://committees.parliament.uk/work/6906/assisted-dyingassisted-suicide/

Please refer to the handout:
'What is the law on assisted dying in the UK?' for more information on the UK policies in this timeline.

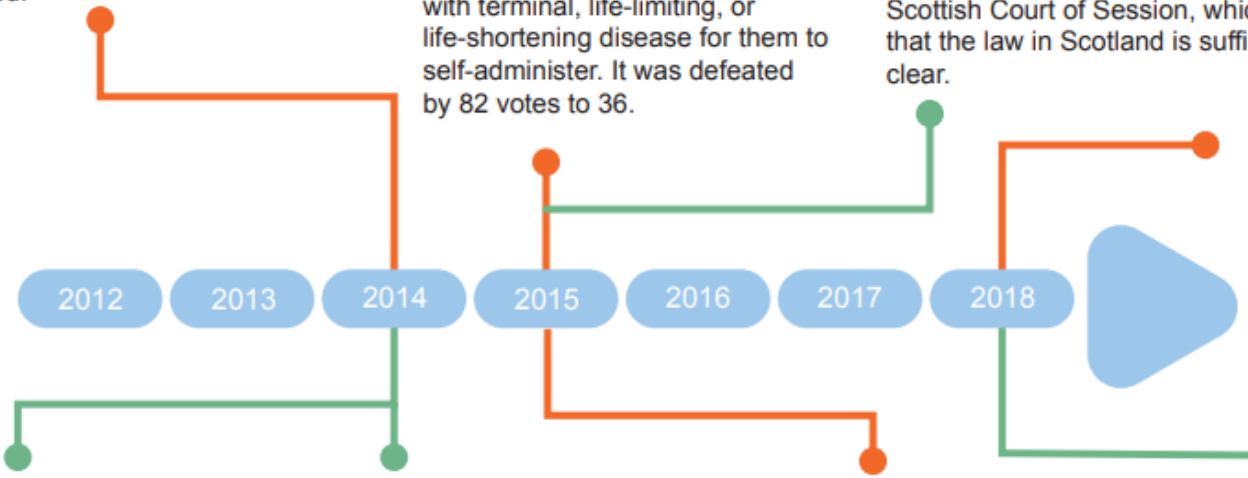
An assisted dying policy timeline

Key
- Bills debated
- Cases

The Falconer Bill
Lord Falconer's Assisted Dying Bill passed Second Reading in the House of Lords. It would allow doctors to prescribe lethal drugs to terminally ill adults (with 6 months or less to live) for them to self-administer.The Bill did not progress further after the 2015 General Election was called.

Margo MacDonald's Bill
Margo MacDonald's Assisted Suicide (Scotland) Bill reached First Stage debate in the Scottish Parliament. It would allow doctors to prescribe lethal drugs to people with terminal, life-limiting, or life-shortening disease for them to self-administer. It was defeated by 82 votes to 36.

Gordon Ross
Gordon Ross had Parkinson's Disease and brought a claim arguing that the Lord Advocate in Scotland should be compelled to publish guidance for prosecutors, similar to the DPP's guidelines in England and Wales. His case was rejected by the Scottish Court of Session, which held that the law in Scotland is sufficiently clear.



The States of Guernsey
In 2018, the Guernsey parliament debated assisted dying legislation where proposals were rejected. The States of Guernsey have not considered legalising assisted dying since this rejection.

Tony Nicklinson and Paul Lamb
Tony Nicklinson, who had locked-in syndrome following a stroke and Paul Lamb, who is paralysed from the neck down sought a declaration that the UK law was incompatible with their right to a private life. The Supreme Court rejected the case and held that an issue of this importance was for Parliament to decide.

'Martin'
'Martin', who was paralysed following a stroke, joined the Nicklinson/Lamb appeal. He argued that the DPP's guidance was not sufficiently clear as to whether healthcare professionals who might accompany him to Switzerland would be prosecuted.The Supreme Court rejected his claim – but the DPP did add a new footnote to the guidelines to clarify that the involvement of a healthcare professional, with a specific and professional duty of care to the individual, will be a factor tending in favour of prosecution.

The Marris Bill
Rob Marris came first in the ballot for Private Members' Bills in the House of Commons and introduced a Bill modelled on the Falconer Bill – with an additional requirement for a High Court judge to approve each application for assistance. The Bill was defeated at Second Reading by 330 votes to 118.

Noel Conway
Noel Conway, who had motor neurone disease, brought a legal challenge arguing that the UK's ban on assisted suicide is incompatible with his right to a private life. He proposed a model where a High Court judge would have to agree that someone meets the eligibility criteria. His claim was rejected by the High Court and the Court of Appeal, and his request to appeal was rejected by the Supreme Court. They reaffirmed the decision in Nicklinson, that Parliament was best placed to consider this issue.

An assisted dying policy timeline

Key
- Bills debated
- Cases
- Not debated

Phil Newby and Paul Lamb

In two separate applications, Phil Newby, who has motor neurone disease, and Paul Lamb, who had previously joined Tony Nicklinson's appeal in 2015, sought to challenge the current law on assisted suicide in the UK. In both cases, the High Court refused permission for their cases to proceed to a full hearing, holding that Nicklinson was still the authoritative case on this issue. In November 2020, the Appeal Court refused permission for Mr Lamb to appeal against the High Court's decision.

Baroness Meacher

Baroness Meacher's private members bill fell in May 2022 as it was unable to pass all necessary stages before the parliamentary session ended.

Allinson Bill

An assisted dying private members bill brought by Dr Alex Allinson, GP and Member of House of Keys was launched in the Isle of Man. It passed both its first and second reading and the committee appointed to examine its clauses is expected to publish its report in March 2024.

The Jersey States Assembly

In 2021, the parliament of Jersey ran a Citizens' Jury to consider whether assisted dying should be permitted in Jersey. The final report was published in September 2021. Detailed proposals on a draft law that would allow terminally ill adults or adults with an 'incurable physical condition causing unbearable suffering' to access an 'assisted dying service' were debated and approved by the Jersey States Assembly in May 2024. An assisted dying service for Jersey residents is likely to be in place within three years.

2019 2020 2021 2022 2023 2024

Meacher and McArthur Bills

Baroness Meacher and Liam McArthur (MSP) propose new private members bills in the House of Lords and Holyrood respectively.

The Health and Social Care Select Committee inquiry

The Health and Social Care Select committee launched an inquiry to examine different perspectives on the debate on assisted dying. Their report was published in February 2024.

Scotland: Member's Bills

In September 2021, Liam McArthur MSP put forward a proposal for public consultation the Assisted Dying for Terminally Ill Adults (Scotland) Bill. In March 2024, the Member's Bill was introduced. It proposes to allow "terminally ill adults in Scotland, who are eligible, to lawfully request, and be provided with, assistance by health professionals to end their own life".

Health and Social Care Committee inquiry into "assisted dying/ assisted suicide" 2022-2024

Who?

- **The Health and Social Care Committee** is a group of 11 cross-party MPs (a mix of Conservative, Labour and SNP) appointed by the House of Commons.
- Their role is to scrutinise the work of the Department of Health and Social Care.

When?

- The inquiry was launched by the Committee in **December 2022**.
- The public online form and call for written evidence were opened for responses between **December 2022** and the end of **January 2023**.
- Oral evidence roundtable sessions took place between **May** and **July 2023**.
- The Committee's final report was published on **29 February 2024**.

What/Why?

- The inquiry aimed to bring together a comprehensive and up-to-date body of evidence relating to the assisted dying debate.
- The committee chose to the use term "assisted dying/assisted suicide" in the inquiry and final report.
- The focus of the inquiry was on the "human element" with a specific focus on health and social care. This included palliative care and end-of-life care.
- The final report focuses on England, but examples and data were drawn from the whole of the UK.
- The final report aims to present this body of evidence as a significant and useful resource for future debates in Parliament on the topic of assisted dying.
- The report was not intended to provide a resolution to the debate on whether assisted dying should be legalised in England.

How?

- The committee collected **389 pieces of submitted written evidence**.
- They held **10 roundtable discussions** where they heard from health and social care professionals from around the world, as well individuals with both first and secondhand experience of assisted dying. They heard from **20 witnesses** in 5 sessions from health and social care professionals from around the world, as well individuals with both first and second-hand experience of assisted dying.
- They heard from **20 witnesses** in 5 sessions from health and social care professionals from around the world, as well individuals with both first and second-hand experience of assisted dying.
- They conducted a detailed analysis of **68,000 responses** to a public online form that asked respondents about the extent to which they agreed with the current law in England (that makes assisted dying illegal) and why they felt this way.
- The committee **visited Portland, Oregon** (a state in the US) to learn more about views across the debate on assisted dying in a place where a form of this practice is legal.
- They also **visited the Royal Trinity Hospice** in South London to further understand what can be done to improve palliative care

Key findings from the final report

- It is likely that assisted dying will be legalised in at least one jurisdiction in the UK and Crown Dependencies in the near future. The Committee recommends that the UK Government should proactively consider how to approach a possible divergence in legislation between jurisdictions.
- Access and provision of palliative and end-of-life care across the UK is patchy. The report strongly recommends that the Government does more to improve this.
- In the evidence they received, the Committee did not see any indications of palliative and end-of-life care deteriorating in quality or provision following the introduction of assisted dying.
- Doctors urgently need clearer guidance on how to respond to patients when they share a wish or plan to seek an assisted death abroad.
- The report did not make any recommendations to the Government in relation to revisiting the law on assisted dying in England.

1. House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*, available at: https://committees.parliament.uk/publications/43582/documents/216484/default/.

Eligibility and requirements for assisted dying

1. Eligibility

In jurisdictions where assisted dying is legal, those requesting an assisted death must meet specific criteria to be eligible.

Here are some examples of what is, and is not, permitted in different jurisdictions where assisted dying is legal.

Physical illness

Terminal illness

Must have terminal illness to qualify for assisted dying. For example, a terminal illness that is likely to end life within six months such as in New Zealand and Oregon.

Non-terminal illness

Must have a serious physical illness causing 'unbearable' or 'intolerable' suffering that cannot be relieved such as in Canada. In these jurisdictions a terminal diagnosis is **not** required.

Psychiatric illness

Individuals with psychiatric illness are not eligible for assisted death, for example in New Zealand.

Individuals with psychiatric conditions are eligible, for example in The Netherlands and Belgium.

Advance decisions

Advance directive not allowed

Patient must have capacity to make the decision to go ahead with assisted dying at the time, e.g., as in Oregon.

Advance directive allowed

For example, in The Netherlands patients with advanced dementia, who have a written advance request in place, can receive an assisted death.

Voluntary request

People who have the mental capacity to make the decision and who have made a voluntary request to have an assisted death.

This is a requirement **in all jurisdictions** where some form of assisted dying is legal.

Age

Adults only

Assisted dying restricted to people who are 18 years old and over, for example in New Zealand and Canada.

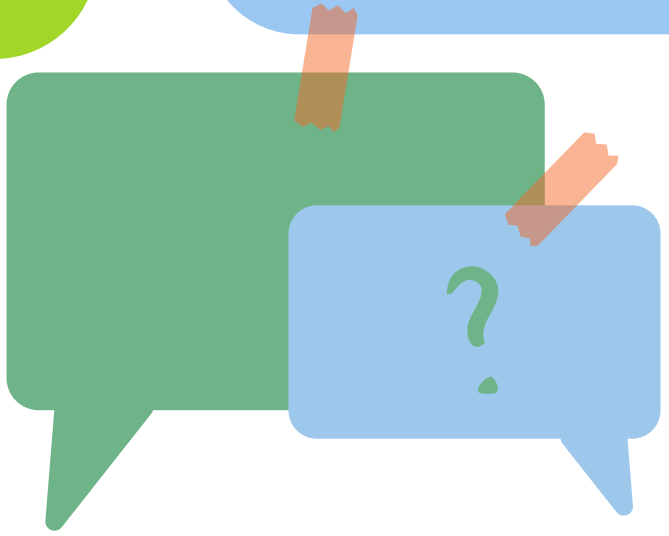
Other age limits

For example, in The Netherlands a patient must be at least 12 years old and have parental consent.

Citizenship/residency

People must be a resident or a citizen of the country in which they are seeking assisted dying e.g., New Zealand.

Not required to be a resident, meaning that foreign citizens are eligible for an assisted death e.g., Switzerland.



2. Overview of requirements

The process for an assisted death differs depending on the jurisdiction that permits assisted dying. The following boxes illustrate some of the requirements at different stages in the process of assisted dying in jurisdictions where it is permitted.

Requirements for assisted dying

Common requirements in relation to requests for an assisted death:

- Request is voluntary
- Person has (in some jurisdictions) mental capacity
- Request is formal, and made in writing
- Request is witnessed by an independent witness and/ or a medical practitioner

In some jurisdictions the request must be made more than once.

Mode of assisted dying

There are two modes of assisted dying:

- Self-administration of lethal drugs prescribed by a healthcare professional.
- Administration of lethal drugs by a healthcare professional*

In some jurisdictions the request must be made more than once.

*See the 'terminology & glossary' for more information.

Medical involvement

Some jurisdictions require two medical professionals (independent of one another) to confirm eligibility criteria have been met. Whether this is a second opinion or a different opinion, such as a psychiatric opinion, varies between jurisdictions.

Reflection/ waiting period

Some jurisdictions require a mandatory reflection/ waiting period e.g., ten days to one month. In some of these jurisdictions this reflection/ waiting period can be reduced if the individual is close to death.

Reporting & data

Some jurisdictions that permit assisted dying set out reporting requirements for individual cases, for example – requirements to report:

- Written requests for an assisted death
- When an assisted death has occurred for example to a review committee.

Some jurisdictions require that date on assisted dying is reported annually, for example the number of reported cases during the year.

Methods, drugs, and complications

An assisted death can involve one of two options (which can also be combined):

- A healthcare professional prescribing the lethal drugs to the patient for the patient's **self-administration**. The patient either swallows the lethal drugs in pill form or as a drink.

- A healthcare professional **administering** lethal drugs. The lethal drugs are administered directly intravenously (through a vein), by a healthcare professional depending on the jurisdiction.

Which drugs are used?

- In jurisdictions where assisted dying is legal, there is consensus that the methods used in assisted dying should be humane, cause death to come quickly, and ensure that the patient suffers no pain or distress.[31]
- Any drugs used for medical purposes are tested to assess effectiveness and safety. If they are deemed safe and effective, they can be approved by a regulatory authority to be used for certain purposes. None of the drugs used for assisted dying are approved by a regulatory authority for the purpose of ending a life/ lethal purpose.[32]
- There is no agreement internationally on which single drug or drug combination is the most effective to end a human life.[33]
- The specific drugs, doses, and monitoring vary across jurisdictions where assisted dying is legal and are also dependent on the availability of drugs.[34]
- Some jurisdictions where assisted dying is legal have published guidance on performing an assisted death.[35] For example, the Netherlands published such

[31] Sinmyee S *et al.* (2019) Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying *Anaesthesia* **74(5)**: 630-7; and Worthington A *et al.* (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: 15-22.

[32] Worthington A *et al*. (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: 15-22.

[33] Dierickx S *et al*. (2018) Drugs used for euthanasia: a repeated population-based mortality follow-back study in Flanders, Belgium, 1998-2013 *Journal of Pain Symptom Management* **56(4)**: 551-9; Sinmyee S, *et al.* (2019) Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying *Anaesthesia* **74(5)**: 630-7; Worthington A *et al.* (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: 15-22; and UK Parliament POST (2022) *Assisted dying*.

[34] Ibid.

[35] See, for example, the Canadian Association of MAiD Assessors and Providers which has released a guidance document on intravenous administration of drugs.

guidance in 2012 and updated it in 2021.[36] The guidance lists which substances, doses, and methods should be used, and which should not be used[37].

- There is a wide variety of combinations of lethal drugs used for assisted dying. Some of these drugs (usually given at high doses) that are used in jurisdictions where assisted dying is legal include:
    - **Sedatives and hypnotics**: to induce unconsciousness and depress breathing.
    - **Analgesics (painkillers) such as strong opioids**: to induce unconsciousness and depress breathing.
    - **Cardiotoxic agents**: that produce toxic responses in the heart muscle.
    - **Neuromuscular blockers**: to paralyse muscles to prevent movement, including breathing.
    - **Antiemetics**: drugs that prevent or reduce nausea and vomiting.[38]

Complications

- Determining the rate of complications associated with assisted dying is difficult to assess. Comprehensive data on the drugs used and complications arising are not reported in all jurisdictions where assisted dying is legal.[39]
- What is classified as a complication varies between jurisdictions. In some jurisdictions, complications are only reported when a healthcare provider is present at the time of death.[40]
- Research from the Netherlands concluded that doctors who assist with an intended self-administered assisted death sometimes end up administering the lethal drugs because of the patient's inability to take the medication, or

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[36] KNMG/KNMP (2012) *Guidelines for the practice of euthanasia and physician-assisted suicide*.

[37] Royal Dutch Medical Association (2021) *Euthanasia.*

[38] Dierickx S *et al*. (2018) Drugs used for euthanasia: a repeated population-based mortality follow-back study in Flanders, Belgium, 1998-2013 *Journal of Pain Symptom Management* **56(4)**: 551-9; Sinmyee S *et al.* (2019) Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying *Anaesthesia* **74(5)**: 630-7; Worthington A *et al.* (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: 15-22; and UK Parliament POST (2022) *Assisted dying*.

[39] UK Parliament POST (2022) *Assisted dying*.

[40] Emanuel EJ *et al*. (2016) Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe *JAMA* **316(1)**: 79-90; Worthington A *et al*. (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: 15-22; and UK Parliament POST (2022) *Assisted dying*.

because of problems with the completion of a self-administered assisted death.[41]

- Complications that have been reported from swallowing lethal drugs include vomiting, regurgitation, seizures, prolongation of death, and regaining consciousness.[42]
- Complications that have been reported from administering lethal drugs intravenously (through a vein) include difficulty finding a vein and the person dying slower or quicker than anticipated.[43]

[41] Groenewoud JH *et al*. (2000) Clinical problems with the performance of euthanasia and physician-assisted suicide *New England Journal of Medicine* **342(8)**: 551-6.

[42] Groenewoud, JH *et al*. (2000) Clinical problems with the performance of euthanasia and physician-assisted suicide in *New England Journal of Medicine* **342(8)**: 551-6; Emanuel EJ *et al*. (2016) Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe *JAMA* **316(1)**: 79-90; Sinmyee S *et al.* (2019) Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying *Anaesthesia* **74(5)**: 630-7; Worthington A *et al.* (2022) Efficacy and safety of drugs used for 'assisted dying' *British Medical Bulletin* **142(1)**: [42]-22; and UK Parliament POST (2022) *Assisted dying*

[43] Zworth M *et al*. (2020) Provision of medical assistance in dying: a scoping review *BMJ Open* **10(7)**: e036054; and UK Parliament POST (2022) *Assisted dying*.

Example: Oregon Death with Dignity Act (USA) – reported complications.
(See other material on international examples for more information on Oregon).

- In Oregon, information about complications is reported only when a doctor or another health care provider is present at the time of death.

- Between 1998 and 2021, 2,176 people have had an assisted death in Oregon. Out of these, 38 individuals were reported as having difficulty ingesting/regurgitating, 3 individuals were reported having seizures, and 17 individuals were reported having a complication classified as 'other'. No complications were reported in 848 individuals. The presence or absence of complications was reported as 'unknown' in 1,270 individuals as no healthcare professional was present. 9 individuals were reported to have regained consciousness after swallowing the lethal drugs[44]

- In the 2022 annual report, 278 people had an assisted death from swallowing lethal drugs. Among these, 5 individuals were reported having difficulty ingesting/regurgitating, none were reported having seizures, and 1 individual was reported having a complication classified as 'other'. No complications were reported in 66 individuals. The presence or absence of complications was reported as 'unknown' in 206 individuals as no healthcare professional was present. In 2022, nobody was reported as having regained consciousness after swallowing the lethal drugs[45]

- In the 2023 annual report, 367 people had an assisted death from swallowing lethal drugs. Out of these, 8 individuals were reported as having difficulty ingesting/regurgitating, 1 individual was reported to have had a seizure, and 1 individual was reported to have a complication classified as 'other'. No complications were reported in 92 individuals. The presence or absence of complications was reported as 'unknown' in 265 individuals as no healthcare professional was present. In 2023, nobody was reported as having regained consciousness after swallowing the lethal drugs.[46]

[44] Oregon Health Authority (2023) *Oregon Death with Dignity Act 2023 Data Summary*
[45] Oregon Health Authority (2022) *Oregon Death with Dignity Act 2022 Data Summary*
[46] Oregon Health Authority (2023) *Oregon Death with Dignity Act 2023 Data Summary*

Session Two

Session 2 – The international context and case studies

8th May 2024, 6-9pm

Activity	Speaker	Topic
Witness presentation & Q&A	**Adam McCann** Associate Professor of Criminal Law and Criminal Justice, University of Reading *(Informant)*	The international context
Witness presentation & Q&A	**Thomas McMorrow** Associate Professor and Undergraduate Program Director of Legal Studies, Ontario Tech University *(Informant and advocate)*	Case study – Canada
Witness presentation & Q&A	**Mary Shariff** Professor of Law and Director of Master of Human Rights Program, University of Manitoba *(Informant and advocate)*	Case study – Canada
Witness presentation & Q&A	**Nancy Berlinger** Senior Research Scholar, Hastings Centre, Garrison New York *(Informant and advocate)*	Case study – Oregon, USA
Witness presentation & Q&A	**Lydia Dugdale** Professor of Medicine and Director of the Centre for Clinical Medical Ethics, Columbia University *(Informant and advocate)*	Case study – Oregon, USA
Jury Friends' reflections	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, Informant)* **Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester *(Jury Friend, Informant)*	
Jury deliberation		

International examples

1. Examples based on terminal diagnosis

For jurisdictions where assisted dying is legal on the basis of a terminal diagnosis, we have provided further information on **New Zealand**, **Oregon (USA)**, and **Victoria (Australia)**. The terminology within each of these jurisdictions varies. Throughout these materials, however, we will continue to use the term ‘assisted dying’ unless specified otherwise.

Where needed, we have distinguished between self-administration of the lethal drugs (following a prescription from a healthcare professional) and administration by a healthcare professional.

New Zealand – legal since 2021

Law

End-of-Life Choice Act 2019 became legal in 2021. Self-administration of lethal drugs is permitted. Administration by a doctor or a nurse practitioner is permitted if requested by an individual.

Process

The patient must be the one to raise assisted dying with someone in their healthcare team. Healthcare professionals are not allowed to suggest it as an option. A doctor assesses whether a person is eligible and a second independent doctor is also required to assess whether a person is eligible. If one or both of these doctors thinks that the person might not be competent to make a decision, a psychiatrist may carry out a third assessment.

Advance decisions recognised

No - advance directives cannot be used for assisted dying in New Zealand.

Data

Data is published annually. The latest report is available here. The first full year report was published in 2023 and covers the time between April 2022 and March 2023. For this period, 328 people had an assisted death, and most of these individuals (306) chose to have the lethal drugs administered by a healthcare professional and 22 people chose to self-administer the lethal drugs.[1]

Eligibility criteria

A patient must:

- Be aged 18 years or over;
- Be a citizen/resident of New Zealand;
- Be competent to make an informed decision; and
- Have a terminal illness that is likely to cause their death within six months, experiencing unbearable suffering that cannot be relieved in a manner that the person considers tolerable, and is in an advanced state of irreversible decline in physical capability.

Conscientious objection

Yes - healthcare practitioners are not required to participate. They are required to tell the person requesting an assisted death about their objection and tell them they can ask a dedicated group (called the SCENZ) for the name and contact details of a medical practitioner who is willing to provide assisted dying services.

Regulation and reporting

The SCENZ Group maintains a list of participating healthcare professionals and provides advice. An End of Life Review Committee will consider reports of deaths under the Act and requires a “Registrar of assisted dying” to report on the assisted dying service. The Registrar checks that the process and eligibility have been fulfilled and notifies the doctor if they are satisfied before the lethal drugs are released. The Registrar maintains relevant registers of approved forms of assisted dying, receives and manages complaints, and is required to report annually on the service.

Oregon (USA) – legal since 1997

Law

Death with Dignity Act 1994 became legal in 1997. Self-administration of lethal drugs is permitted. Administration by a doctor is not permitted.

Process

Patients must make two oral requests, separated by at least 15 days (however since 2020, if a patients life expectancy is less than 15 days then they can skip this waiting period). A written request is also required and must be signed by two independent witnesses who confirm the patient is competent and acting voluntarily. A doctor must confirm the patient is eligible by meeting the criteria, ensure that they are informed of all other palliative care and treatment options; and refer the patient to counselling if they believe them to be suffering from a psychiatric or psychological disorder causing impaired judgement. A second independent doctor must confirm the patient's diagnosis and must decide that the patient is acting voluntarily and is competent.

Advance decisions recognised

No - advance directives cannot be used for assisted dying in Oregon.

Data

Data is published annually. Latest and previous reports are available here. In 2023, 367 people died from swallowing prescribed lethal drugs. 30 of those individuals had received prescriptions in previous years. 82% of people were aged 65 years or older and 94% of individuals were of white ethnicity. 66% of people had cancer, 11% had a neurological disease, and 10% had heart disease. In 2023, the Oregon Health Authority made no referrals to the Oregon Medical Board for any failures to comply with the Act's reporting requirements.[3]

Eligibility criteria

A patient must:

- Be aged 18 years or over;
- Be capable of making their own decisions; and
- Have an incurable and irreversible disease that will likely cause death within six months.

Conscientious objection

Yes - doctors are not required to participate. If they object to taking part, they are required to transfer medical records to an alternate heath care provider.

Regulation and reporting

The Oregon Health Authority collects information on the patients and doctors who participate in the assisted dying service. Doctors are required to inform the Oregon Department of Health of any prescription of lethal drugs that they write. The Authority notifies the Oregon Medical Board of any suspicions or non-compliance with the law. It is not mandatory in Oregon for the doctor who prescribes the lethal drugs to submit a post-death form but on the Oregon Health Authority website it sets out that the attending doctor "should" send completed documentation "within 10 calendar days of a patient's ingestion of DWDA [assisted dying] medication or death from any other cause, whichever comes first".[2]

Victoria (Australia) – legal since 2019

Law

Voluntary Assisted Dying Act 2017 (also referred to as VAD) became legal 2019. Self-administration of lethal drugs is permitted. In cases where an individual is unable to administer or swallow the lethal drugs by themselves, administration by a physician is permitted.

Process

The patient must be the one to raise assisted dying with someone in their healthcare team. Healthcare professionals are not allowed to suggest it as an option. A person seeking an assisted death must communicate three separate requests to their doctor, including one in writing. The written request must be signed by two independent witnesses. Two doctors must also confirm eligibility.

Advance decisions recognised

No - advance directives cannot be used for assisted dying in Victoria.

Data

Data is published annually. Latest and previous reports are available here. The latest annual report published shows that from July 2022 to June 2023, 649 applications for an assisted death were made and the number of deaths was 306 (this was an increase by 11% from the year before). Between June 2019 and June 2023, 76% of applicants for an assisted death were diagnosed with terminal cancer, and 81% of applicants had accessed palliative care services.[4]

Eligibility criteria

A patient must:

- Be aged 18 years or over;
- Be a citizen and resident of Victoria;
- Have capacity; and
- Have a terminal illness with a prognosis of six months or less to live and that is causing intolerable suffering.

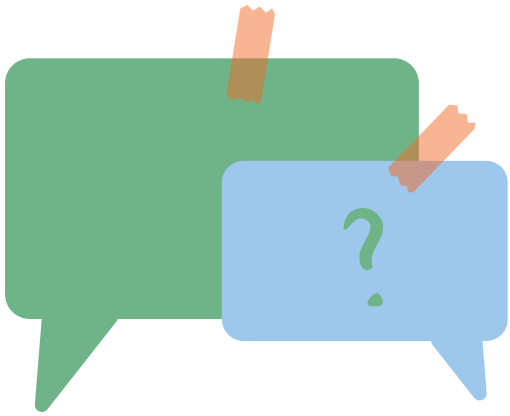
There is an exception for a person suffering from a neurodegenerative condition, where instead the condition must be expected to cause death within 12 months.

Conscientious objection

Yes - healthcare professionals do not have to participate.

Regulation and reporting

The Voluntary Assisted Dying Review Board is responsible for monitoring, reporting, compliance, safety and research functions. Doctors submit forms throughout the process to the Voluntary Assisted Dying Review Board which reviews cases for compliance and can refer them to the police.



2. Examples based on intolerable suffering

For jurisdictions where assisted dying is legal on the basis of a "intolerable suffering", we have provided further information on **Belgium**, **Canada**, and **Netherlands**. The terminology within each of these jurisdictions varies. Throughout these materials, however, we will continue to use the term 'assisted dying' unless specified otherwise. Where needed, we have distinguished between self-administration of the lethal drugs (following a prescription from a healthcare professional) and administration by a healthcare professional.

Belgium – legal since 2002

Law

Belgium Act on Euthanasia 2002. Administration of lethal drugs by a doctor is permitted. Self-administration of lethal drugs is not explicitly regulated for, but it is not banned.

Process

Requests for an assisted death must be voluntary, made repeatedly over time, be well considered, and made in writing. Two doctors must confirm the patient meets the eligibility criteria. When death is not expected in the short term, an additional third doctor must be consulted and there must be a one-month waiting period between the request and the act.

Advance decisions recognised

Yes – advance directives are recognised in Belgium for assisted dying, but only for patients who are subsequently irreversibly unconscious (provided that the person making the directive had capacity at the time and the advance decision is made in writing).

Data

Data is published every 2 years in a report. The latest two-year report (2020-2021) is available here. A press release made in February 2024 showed that in 2023, 3,423 cases of assisted dying were reported. This was an increase of 15% compared to 2022. Of these cases, the most common condition for requesting an assisted death was cancer (55.5%), followed by a combination of conditions (23.2%), neurological disorders (9.6%), cardiovascular disease (3.2%), and pulmonary disease (3%). Psychiatric disorders were given as a reason in 1.4% of cases and cognitive disorders such as Alzheimer's disease were given as a reason in 1.2%. The full details will be available in the two-yearly report for 2022 and 2023.[5]

Eligibility criteria

The original 2002 law only applied to adults, but it was extended to emancipated minors (minors with legal independence from their parents/guardians) in 2014. The criteria are slightly different for each.

A patient must:

- Have capacity to make the request for an assisted death, and be conscious at the time of making the request.
- Be in a state of "constant and unbearable suffering" which cannot be relieved, and results from an accident or a serious incurable condition.

For adults, the suffering can be either physical or psychological and does not need to lead to their death.

For emancipated minors, the suffering must be physical and it must lead to their death in the short term. The minor's legal representatives also need to agree to the request for an assisted death.

Conscientious objection

Yes - doctors are not required to participate. If they object to taking part, they are required to explain this to the patient and, at the patient's request, transfer medical records to another designated doctor.

Regulation and reporting

Doctors are required to submit a form to the Belgium Federal Commission for the Control and Evaluation of Euthanasia. The Commission is made up of medical practitioners, legal experts, and philosophers. The Commission refers cases to the public prosecutor if they feel the law has not been complied with.

Canada – legal since 2016

Law

Amendment to the Canadian Criminal Code (as referred to as 'medical assistance in dying' or 'MAID'). Self-administration of lethal drugs is permitted. Administration by a doctor is permitted.

Process

For individuals whose natural death is reasonably foreseeable: A written request is required and signed by one independent witnesses. Two independent doctors or nurse practitioners must confirm eligibility.

For individuals whose death is not foreseeable: In addition to the process above, there are additional "procedural safeguards" to people who come under this category. This includes a mandatory 90-day wait time between a request and being able to access an assisted death (unless the person is about to lose capacity to make health care decisions as long as both assessments have been completed). Further information on these safeguards can be found here.

Data

Data is published annually. Latest and previous reports are available here. There have been four annual reports with monitoring data published on assisted dying in Canada. Overall, the number of people accessing assisted dying in Canada has increased since it has become legal. 44,958 Canadian adults have accessed assisted dying since it became legal in June 2016. In the latest report for 2022, there were 13,241 assisted deaths reported, this accounted for 4.1% of all deaths in Canada. In 2022, cancer was the most common reason given for requesting an assisted death (63%), this was followed by cardiovascular conditions (18.8%), other conditions (14.9%), respiratory conditions (13.2%), and neurological conditions (12.6%). In 2022, the healthcare practitioners involved in the process reported that the majority of those who accessed an assisted death received palliative care (77.6%). The majority of assisted dying recipients (49.9%) received palliative care services for a month or more, which is a similar level to that in 2019 and 2020.[6]

Eligibility criteria

A person must:

- Be aged 18 years or over;
- Be mentally competent and make a voluntary request;
- Have a "grievous and irremediable medical condition";
- Be eligible for health services funded by a province or territory, or the federal government in Canada; and
- Give informed consent to receive assisted dying.

From 2027, those with a mental illness who meet all eligibility criteria will also be eligible.

Conscientious objection

Yes - doctors are not required to participate.

Advance decisions recognised

No – advance directives cannot be used for assisted dying Canada.

Regulation and reporting

Doctors must report all written requests for assisted dying either to their provincial or territorial health departments, or the federal health department, depending on their location.

Netherlands – legal since 2002

Law

Termination of Life on Request and Assisted Suicide Act 2001. Self-administration of lethal drugs is permitted. Administration by a doctor is permitted.

Process

The request must be voluntary, carefully considered, and have persisted over time. A written request is not required. Two independent doctors must confirm the eligibility criteria have been met. One doctor must be present at the time of death.

Advance decisions recognised

Yes – advance directives requesting an assisted death are allowed.

Data

Data is published annually. Latest and archived reports are available here. The latest report (for 2022) shows that 8,720 cases of assisted dying were reported. This is an increase of 13.7% compared to 2021. In 2022, the most common condition for requesting an assisted death was incurable cancer (57.8%). The other common conditions included neurological disorders such as Parkinson's disease, multiple sclerosis and motor neurone disease (7.0%); cardiovascular disease (4.1%); pulmonary disorders (3.2%); and a combination of conditions (16.4%). In 2022, 115 notified cases (1.3%) were a result of the patient's suffering largely caused by one or more psychiatric disorders. This was the same number as in 2021.[7]

Eligibility criteria

A person can access assisted dying if they meet the following criteria:

- At least 12 years old;
- Mentally competent; and
- Individuals experiencing "constant and unbearable" physical or psychological suffering with no prospect of improvement.

Children aged 12-16 years old are eligible with consent of their parents.

Conscientious objection

Yes - doctors are not required to participate.

Regulation and reporting

Doctors must report the death to the municipal coroner. The municipal coroner will inform one of the Dutch Regional Euthanasia Review Committees who will assess if the law has been complied with. The review committees are made up of a doctor and an ethics expert and are chaired by a lawyer. Cases where the law has not been complied with are referred to the public prosecutor for further investigation and action. The regional review committees issue a joint annual report to the ministry of justice.

References:

(1) New Zealand Ministry of Health (2023) *Assisted Dying Service – Ngā Ratonga Mate Whakaahuru*, available at: www.health.govt.nz/system/files/documents/publications/registrar-assisted-dying-annual-report-2023-july23.docx.

(2) Oregon Health Authority (2024) *Death with dignity reporting forms and instructions*, available at: www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Pages/pasforms.aspx.

(3) Oregon Health Authority (2024) *Oregon Death with Dignity Act 2023 Data Summary*, available at: www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year26.pdf.

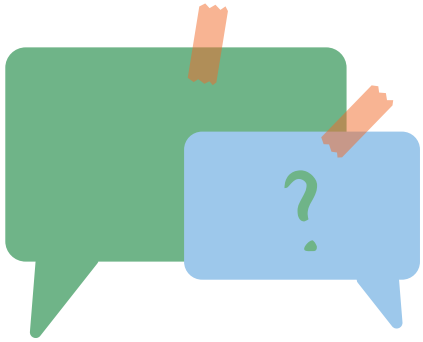
(4) Voluntary Assisted Dying Review Board Victoria (2023) *Voluntary Assisted Dying Review Board annual report*, available at: www.health.qld.gov.au/__data/assets/pdf_file/0024/1261185/vad-annual-report-2022-23.pdf.

(5) Federal Commission for the Control and Evaluation of Euthanasia (27 February 2024) *Press release FCCEE: Euthanasia - figures for 2023*, available at: https://consultativebodies.health.belgium.be/en/documents/press-release-fccee-euthanasia-figures-2023.

(6) House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*, available at: https://committees.parliament.uk/publications/43582/documents/216484/default/; and Health Canada (2023) *Fourth annual report on Medical Assistance in Dying in Canada in 2022*, available at: www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/annual-report-2022/annual-report-2022.pdf.

(7) Regional Euthanasia Review Committees (2023) *Annual report 2022*, available at: https://english.euthanasiecommissie.nl/the-committees/documents/publications/annual-reports/2002/annual-reports/annual-reports

Assisted dying legislation around the world



Many jurisdictions around the world do not permit assisted dying but there have been an increasing number considering or passing legislation to permit it in recent years.

Some form of assisted dying is permitted in at least 27 jurisdictions internationally. The law in jurisdictions that permit some form of assisted dying varies on eligibility and governance.[47]

On the next page is a map that shows a high-level overview of where assisted dying is legal, or in some cases, not illegal but lacking a formal process. This map has been provided by the House of Commons Health and Social Care Committee inquiry report into "Assisted Dying/Assisted Suicide", published in February 2024[48] (see separate material provided to the Jury summarising the inquiry).

This map has divided international jurisdictions into three broad groups for the purpose of comparison:

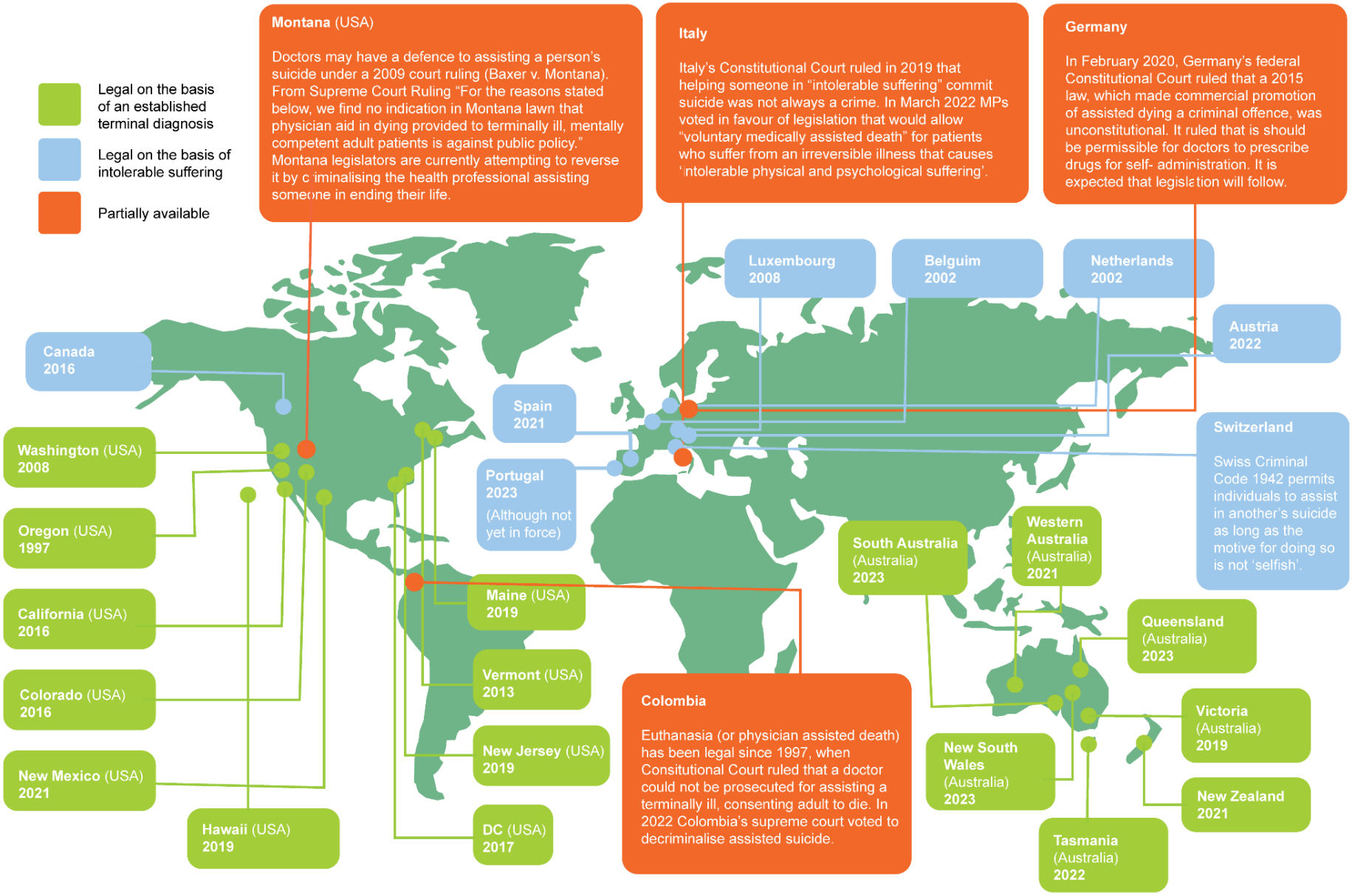
1. Jurisdictions where it is legal to access assisted dying on the basis of a terminal diagnosis (which usually requires a medical professional to determine that the person has a limited time left to live),

2. Jurisdictions where it is legal on the basis of a wider set of eligibility criteria such as intolerable suffering (physical or mental), and

3. Jurisdictions where assisted dying is not illegal or where there is ongoing case law. These jurisdictions have not been looked at in detail.

[47] UK Parliament POST (2022) *Assisted dying*.
[48] House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*.

Map of jurisdications around the world where assisted dying is permitted in some form



This map has been supplied by the House of Commons Health and Social Care Committee 'Assisted dying/assisted suicide. Second report of session 2023-24' (February 2024). It was informed by the British Medical Association, 'Physician-assisted dying legislation around the world' (August 2022).

Jurisdictions allowing assisted dying due to a terminal illness

Table 1. Overview of jurisdictions where assisted dying is legal on the basis of a terminal diagnosis, as presented in the House of Commons Health and Social Care Committee report '*Assisted Dying/Assisted Suicide'.*[49]

Jurisdiction	New Zealand	Washington (USA)	Oregon (USA)	California (USA)	Colorado (USA)
Legal since (or will become legal as of)	2021	2008	1997	2016	2016
Legislation extends to minors	X	X	X	X	X
Citizens/Residents requirement	✓	✓	X	✓	✓
Self-administration of drugs	✓	✓	✓	✓	✓
Physician assisted administration of drug	✓	X	X	X	X

Sources:

New Zealand: New Zealand Government Ministry of Health, 'Assisted Dying Service'. Te Whatu Ora Health New Zealand, 'Planning for an assisted death'

Washington (USA): Washington State Legislature The Washington Death with Dignity Act (2009). Washington State Department of Health, 'Death with Dignity Act'.

Oregon (USA): Oregon Health Authority, 'Frequently Asked Questions: Death with Dignity Act'.

California (USA): California Department of Public Health, California End of Life Option Act 2021 Data Report.

Colorado (USA): Colorado Secretary of State, Colorado End of Life Options Act (2016).

[49] House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*.

Jurisdiction	Western Australia (Aus)	South Australia (Aus)	Tasmania (Aus)	Queensland (Aus)	New South Wales (Aus)	Victoria (Aus)
Legal since (or will become legal as of)	2021	2023	2022	2023	2023	2019
Legislation extends to minors	X	X	X	X	X	X
Citizens/Residents requirement	✓	✓	✓	✓	✓	✓
Self-administration of drugs	✓	✓	✓	✓	✓	✓
Physician assisted administration of drug	✓	✓	✓	✓	✓	✓

Sources:

Western Australia (Aus): Government of Western Australia Department of Health, 'Voluntary Assisted Dying'; Government of Western Australia Department of Health, Accessing voluntary assisted dying in Western Australia – Who is eligible? (2021)

South Australia (Aus): Government of South Australia South Australian Legislation, Voluntary Assisted Dying Act 2021; Government of South Australia SA Health, 'Voluntary assisted dying in South Australia explained.

Tasmania (Aus): Tasmania Legislation, End-of-Life Choices (Voluntary Assisted Dying) Act 2021; Tasmanian Government Department of Health, Voluntary Assisted Dying in Tasmania Fact Sheet: General Information for the Community (November 2022)

Queensland (Aus): Queensland Government Queensland Health, 'The eligibility criteria'. Queensland Government Queensland Health, 'Development of the Voluntary Assisted Dying Act'. Queensland Government, 'Administration of the voluntary assisted dying substance'.

New South Wales (Aus): New South Wales Government voluntary Assisted Dying Act 2022 No 17, NSW Government NSW Health, 'What is voluntary assisted dying and who is eligible?'.

Victoria (Aus): Victoria State Government Department of Health, 'Voluntary Assisted Dying Overview'.

Jurisdiction	New Mexico (USA)	Hawaii (USA)	The District of Columbia (USA)	New Jersey (USA)	Vermont (USA)	Maine (USA)
Legal since (or will become legal as of)	2021	2019	2017	2019	2013	2019
Legislation extends to minors	X	X	X	X	X	X
Citizens/Residents requirement	✓	✓	✓	✓	X	✓
Self-administration of drugs	✓	✓	✓	✓	✓	✓
Physician assisted administration of drug	X	X	X	X	X	X

Sources:

New Mexico (USA): The legislature of the State of New Mexico, The Elizabeth Whitefield End of Life Options Act (2021); New Mexico Department of Health, 'Elizabeth Whitefield End-of-Life-Options-Act'

Hawaii (USA): The Legislature of the State of Hawaii, Our Care Our Choice Act (2018); State of Hawaii Department of Health, 'Our Care, Our Choice Act (End of Life Care Option)'.

The District of Columbia (USA): Government of the District of Columbia, 'Death with Dignity Program Frequently Asked Questions'; Government of the District of Columbia DC Health District of Columbia Death with Dignity Act 2016.

New Jersey (USA): State of New Jersey Department of Health Medical Aid in Dying for the Terminally Ill Act (2019); State of New Jersey, 'New Jersey Medical Aid in Dying for the Terminally Ill: Frequently Asked Questions'; State of New Jersey Department of Health, 'Medical Aid in Dying'

Vermont (USA): Vermont General Assembly, 'Vermont Medical Aid in Dying Process; General Assembly of the State of Vermont, No.10. An act relating to removing the residency requirement from Vermont's patient choice at the end of life laws (2023); Vermont Department of Health, 'Patient Choice at the End of Life – Frequently Asked Questions'.

Maine (USA): Maine Legislature, An Act to Enact the Maine Death with Dignity Act (2016); Maine Department of Health and Human Services, Main Centre for Disease Control and Prevention, 'Death with Dignity Frequently Asked Questions'.

Summary of jurisdictions where assisted dying is legal on the basis of a terminal diagnosis from the Health and Social Care Committee report on *'Assisted Dying/Assisted Suicide'*:

- 17 jurisdictions where assisted dying is legal on the basis of a person receiving a terminal diagnosis were identified.
- Minors are not eligible to access assisted dying in any of these jurisdictions in this group.
- In these jurisdictions it requires two medical professionals assessing the person and concluding that they are expected to die within a specific time period from an underlying terminal condition. The time-limit differs between the jurisdictions within this group, but all have set a maximum limit within 12 months of the assisted dying application being made.
- In all jurisdictions in this group people may not apply on the grounds of mental illness or a disability (this is defined in the disability acts in each of the jurisdictions).
- The jurisdictions in this group require two medical professionals to assess the person applying for an assisted death and agree they fulfil the eligibility criteria before prescribing or administering the lethal drugs.
- A range of safeguards are in place in the different jurisdictions in this group including the person being required to make repeated requests to access assisted dying, multiple assessments over a period of time, and a "cooling off period" between a person applying and the lethal drug being prescribed or administered.

Jurisdictions allowing assisted dying due to "intolerable suffering"

Table 2. Overview of jurisdictions where assisted dying is legal on the basis of "intolerable suffering", as presented in the House of Commons Health and Social Care Committee report '*Assisted Dying/Assisted Suicide*'.[50]

Jurisdiction	Canada	Portugal	Spain	Luxemburg
Legal since (or will become legal as of)	2016	2023	2021	2009
Legal on the basis of an established terminal diagnosis	✓	✓	Not established	✓
Legal on the basis of 'unbearable suffering'	✓	✓	✓	✓
Legal on the basis of a mental illness diagnosis	Proposal to be considered by March 2027	x	✓	x
Legislation extends to minors	x	x	x	x
Citizens/residents requirement	Must be eligible for province/ territory/federal government funded health services	✓	Not established	x
Self-administration of drugs	✓	✓	✓	✓
Physician assisted administration of drug	✓	✓	✓	✓

[50] House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*.

Sources:

Canada: Government of Canada Gouvernement du Canada. 'Medical assistance in dying: Overview'; Health Canada, 'The Government of Canada introduces legislation to delay Medical Assistance in Dying expansion by 3 years' 1st February 2024.

Portugal: 'Portuguese parliament legalises euthanasia after long battle'. The Guardian, 12th May 2023.

Spain: 'Spain passes law allowing euthanasia'. BBC News, 18th March 2021; Library of Congress, 'Spain: Bill on Euthanasia and Assisted Suicide Approved by Congress of Deputies' 9th February 2021.

Luxembourg: Le Governement du Grand-Duchy de Luxembourg. 'Information on requesting euthanasia or assisted suicide'; Ministry of Health and Ministry of Social Security, Euthanasia and assisted suicide, Law of 16th March 2009 25 questions, 25 answers (June 2010).

Jurisdiction	Belgium	The Netherlands	Switzerland	Austria
Legal since (or will become legal as of)	2002	2002	1942	2022
Legal on the basis of an established terminal diagnosis	✓	✓	✓	Not established
Legal on the basis of 'unbearable suffering'	✓	✓	✓	✓
Legal on the basis of a mental illness diagnosis	✓	✓	✓	X
Legislation extends to minors	✓	✓	✓	X
Citizens/residents requirement	X	X	X	✓
Self-administration of drugs	✓	✓	✓	✓
Physician assisted administration of drug	✓	✓	X	X

Sources:

Belgium: E. Vermeersch 'The Belgian Law on Euthanasia. The Historical and Ethical Background' Acta Chirurgica Belgica, vol. 102 (2002), pp. 394-397; Constitutional Court, Judgement no. 153/2015 of 29th October 2015. 'Northern French seeking euthanasia find legal option in Belgium', Le Monde, 13th December 2022; 'The Belgian Act on Euthanasia of May 28th 2022', European Journal of Health Law, vol. 10 (2003), pp. 329-335.

The Netherlands: Government of the Netherlands 'Euthanasia'; Termination of Life Request and Assisted Suicide (Review Procedures) Act 2002.

Switzerland: Assisted Dying POST brief 47 Parliamentary Office for Science and Technology, September 2022. Q188 [Dr Yvonne Gilli] and Q186 [Hurst-Manjo]; Hachtel et. Al., 'Practical issues of Medical Experts in Assessing Persons with Mental Illness Asking for Assisted Dying in Switzerland', Frontiers in Psychiatry vol.13 (2002).

Austria: Bundersministerium Justiz, 'Sterbehilfe'; 'Austrian government proposes law to legalise assisted suicide', CNN 23rd October 2021; 'New law allowing assisted suicide takes effect in Austria', BBC News 1st January 2022; Bundesgesetzblatt Fur Die Republic Osterreich, Bundesgesetz, Bundesgestz, mit deme in Sterbeverfugungsgesetz erlassen wird sowie das Suchtmittelgesetz und das Strafgesetzbuch geandert warden, 31st December 2021.

Summary of jurisdictions allowing assisted dying on the basis of "intolerable suffering" from the Health and Social Care Committee report on *'Assisted Dying/Assisted Suicide'*:

- 9 jurisdictions were identified in the group of jurisdictions that allow assisted dying on the basis of "intolerable suffering".
- Austria was included in this group, although the Committee states that it arguably has a more restrictive definition for "intolerable suffering".

Jurisdictions where assisted dying is partially available

Table 3. Overview of jurisdictions where assisted dying is partially available, as presented in the House of Commons Health and Social Care Committee report '*Assisted Dying/Assisted Suicide'.*[51]

Jurisdiction	Italy	Germany	Colombia	Montana (USA)
Legal since (or will become legal as of)	2019	2020	1997	2009
Legal on the basis of an established terminal diagnosis	✓	✓	✓	✓
Legal on the basis of 'unbearable suffering'	X	✓	✓	Not established
Legal on the basis of a mental illness diagnosis	✓	✓	X	X
Legislation extends to minors	Not established	Not established	✓	Not established
Citizens/residents requirement	✓	Not established	✓	X
Self-administration of drugs	✓	✓	✓	X
Physician assisted administration of drug	✓	X	✓	X

[51] House of Commons Health and Social Care Committee (2024) *Assisted dying/assisted suicide. Second report of session 2023-24*.

Sources:

Italy: Turillazzi, E. et al. 'Physician-Patient Relationship, Assisted Suicide and the Italian Constitutional Court'. Journal of Bioethical inquiry vol. 18 (2021): pp. 671-681; 'Quadripalegic man is first person to be allowed to die by assisted suicide in Italy', BMJ 2021, 375 :n2927

Germany: Wiesing, 'The Judgement of the German Federal Constitutional Court regarding assisted suicide: a template for pluralistic states?' Journal of Medical Ethics vol. 48 (2022), pp. 542-546; 'German court repeals ban on assisted suicide services', The Guardian, 26th February 2020; 'Germany overturns ban on professionally assisted suicide', BBC 26th February 2020.

Colombia: BMA, 'Physiciain assisted dying around the world; Gobierno de Colombia Minsalud, Protocolo para la aplicacion procedimiento de eutanasia en Colombia 2015 (2015); 'Colombia becomes the first Latin American country to decriminialise assisted suicide', BMJ 16th May 2022; Ministerio De Salud y Proteccion Social, Resolucion Numero 971 De 2021, 1st July 2021

Montana (USA): Baxter v. Montana (2009). Montana Legislative Branch, Draft Bill LC1043.

Summary of jurisdictions where assisted dying is partially allowed from the Health and Social Care Committee report on *'Assisted Dying/Assisted Suicide'*:

- This group includes 4 jurisdictions where assisted dying is not illegal but there are no formal processes in place.
- In the USA, Montana is the only state where assisted dying is not illegal but there is no formal system or arrangements in place by the state health department. In 2009, a court ruling stated that a doctor assisting the death of an adult who has a terminal illness and is mentally competent would not be prosecuted.
- In Germany, in 2015 a new law was brought in that made assisted dying illegal if it was via an organisation or doctor charging a fee to assist. In 2020, this new law was challenged, and the German constitutional court ruled that the German constitution includes the right for a person to determine their own death, including whether to use assistance by a third party to take their own life. Since 2202, legalisation to regulate assisted dying in Germany has been put forward to the German Parliament but it has not been agreed.

Session Three

Session 3 – A range of perspectives: campaigning organisations and religions

15th May 2024, 6-9pm

Activity	Speaker	Topic
Panel discussion & Q&A	**Gordon McDonald** CEO, Care Not Killing **Lloyd Riley** Director of Policy and Research, Dignity in Dying **Nathan Sitwell** Assisted Dying campaigner, Humanists UK **Carol Davis** Board member, Living and Dying Well; Consultant in Palliative Medicine, University Hospital Southampton and Visiting Consultant in Palliative Medicine Jersey Hospice Care *(Advocates)*	
Witness presentation & Q&A	**David A Jones** Professor in Bioethics, St Mary's University Director, Anscombe Bioethics Centre, Oxford *(Informant)*	An overview of faith and religious perspectives
Witness presentation & Q&A	**Shaykh Yunus Dudhwala** Head of Chaplaincy and Bereavement Services, Muslim Chaplain, Barts Health NHS Trust *(Informant)*	A hospital chaplaincy perspective
Jury Friends' reflections	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, Informant)* **Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester *(Jury Friend, Informant)*	
Jury deliberation		

Campaigning Groups – Written briefings

As well as partaking in a panel and Q&A session, each of the four campaigning organisations shared a written briefing detailing their positions on assisted dying.

Care Not Killing

Dignity in Dying

Humanists UK

Living and Dying Well

Two additional campaigning organisations, one in favour and one against a change in the law, were also invited to share a briefing paper. We received one additional paper from My Death, My Decision.

My Death, My Decision

Session Four

Session 4 – A range of perspectives: lived experience, disability, palliative care and clinicians

22nd May 2024, 6-9pm

Activity	Speaker	Topic
Witness presentation & Q&A	**Miro Griffiths** Lecturer in Social Policy and Disability Studies, University of Leeds *(Advocate)*	<u>An overview of disability views from a disability perspective</u>
Witness presentation & Q&A	**Tom Shakespeare** Professor of Disability Research, London School of Hygiene and Tropical Medicine *(Advocate)*	<u>An overview of disability views from a disability perspective</u>
Films	**Lived experience** *(Advocates)*	Five films of people sharing their lived experience based on the following scenarios: • A person with first-hand lived experience of a long-term health condition who is in favour of a change of the law on assisted dying. • A person with first-hand lived experience of a terminal condition who is in favour of a change in the law on assisted dying. • Individuals describing their experience of a family member who had an assisted death in Dignitas, Switzerland. • A person with first-hand lived experience of a terminal condition who is in opposition to a change in the law on assisted dying. • A person with lived experience of a long-term health condition who is in opposition to a change in the law on assisted dying.
Witness presentation & Q&A	**Jamilla Hussain** Consultant in Palliative Medicine at Bradford NHS Trust, Honorary Senior Research	<u>An overview of palliative care</u>

	Fellow, Hull York Medical School *(Informant)*	
Witness presentation & Q&A	**Andrew Green** Deputy Chair of BMA medical ethics committee and MEC lead on physician-assisted dying *(Informant)*	An overview of clinician perspectives – The British Medical Association (BMA)
Jury Friends' reflections	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, informant)* **Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester (*Jury Friend, informant*)	
Jury deliberation		

Where do UK health professional bodies stand on assisted dying?

A number of key UK health professional bodies have adopted organisational positions on assisted dying. Some have adopted:

- a **neutral** position, meaning they neither support nor oppose a change in the UK law on assisted dying (highlighted in **green** in the table below).
- a position outlining **opposition** to a change in the law (highlighted in **blue** in the table below); and
- **no position**, meaning they do not hold a formal position for, opposed or neutral on assisted dying (highlighted in **orange** in the table below).

No key UK health professional bodies have expressed support for a change to the law to permit assisted dying.

Some of the organisations listed below have surveyed their memberships on assisted dying. These surveys have helped inform their policy decision-making processes to adopt positions. The results of some of the questions in the surveys are outlined below - the precise wording for these questions can differ between organisations.

Health professional body	Summary of current positions
Association for Palliative Medicine of Great Britain and Ireland (APM) **Represents medical/health care professionals practicing or interested in palliative medicine. Has over 1,300 members.**	The APM's 2019 position statement states that the APM "*opposes any change in the law to license doctors to supply or administer lethal drugs to a patient to enable them to take their own lives.*" The APM's recent submission to the House of Commons Health and Social Care Committee on assisted dying/assisted suicide inquiry can be found here. In 2015, the APM surveyed its membership. Of the 387 members who responded to the survey, 82% were opposed to a change in the law.
British Medical Association (BMA) **The professional association and trade union for doctors and medical students in the UK, with over 190,000 members.**	The BMA *"neither support nor oppose attempts to change the law",* noting it has, however *"a responsibility to represent … members' interests and concerns in any future legislative proposals…"* The position was adopted at its 2021 annual representative meeting (ARM) following a debate that was informed by a 2020 survey of its members. The BMA received 28,986 responses to the survey, which asked a series of questions on assisted dying and the role of doctors in prescribing drugs, and doctors administering drugs, to end an eligible patient's life. The full survey results can be found here. Since adopting the position in 2021, the BMA has developed its position further, including that, if there were a change to the law, participation in a physician-assisted dying service should be on an opt-in basis; no individual doctor should be required to participate if they did not wish to, and patients should have access to trained and committed medical staff; and no doctor should be discriminated against, or face detriment, because of their views on this subject, or their decision regarding participation. The BMA confirmed its position and set out its views in its 2024 evidence to the ministerial committee that is considering legislation in Jersey.
	The Royal College of Anaesthetists has adopted a position of 'no stance' on assisted dying.

Royal College of Anaesthetists (RCOA) **Anaesthesia is the largest single hospital specialty in the NHS. The RCOA is the professional body responsible for the specialty throughout the UK. They currently have 24,000 Fellows and Members.**	This position is subject to periodic review and the College intends to survey its members on the topic. The survey will be advisory and designed to inform the RCoA Council about members' views on whether the College should adopt a different position on assisted dying.
Royal College of General Practitioners (RCGP) **The professional membership body for GPs in the UK, with over 54,000 members.**	The RCGP *"opposes a change in the law on assisted dying, following the decision of its Council in February 2020."* The RCGP UK Council's decision was informed by an all member survey in 2019. Of the 6,674 members who responded to the survey: • 47% thought the RCGP should oppose a change in the law on assisted dying; • 40% that the RCGP should support a change in the law on assisted dying, providing there is a regulatory framework and appropriate safeguarding processes in place; • 11% that the RCGP should be neutral on the topic of the law on assisted dying; and • 2% of respondents abstained. The full survey results can be found here. In September 2023, the RCGP UK Council approved setting up a working group to ensure preparedness for potential changes to the law on assisted dying in the UK. The RCGP has agreed that its *"position on assisted dying itself would not be brought back to Council until 2025."*

Royal College of Nursing (RCN) **The professional membership body for nurses, midwives, health care assistants and nursing students in the UK, with over 500,000 members.**	In July 2023, the RCN reaffirmed its neutral position: *"In July 2009, the RCN's governing Council voted to move to a neutral stance in relation to assisted dying for people who have a terminal illness. This followed an extensive and detailed consultation process with our members.* *"The RCN position of neutrality remains and rightly reflects our members differing views on the issue. Should there be any proposed changes to current legislation, members will be informed, and meaningful engagement will be undertaken in any decision-making process."*
Royal College of Psychiatrists (RCPsych) **The professional membership body for psychiatrists in the UK, with over 20,000 members.**	While the RCPsych *"believes that changes to law are for Parliament and the Courts to consider, its willing to advise on matters relating to persons suffering from mental disorders or those who lack mental capacity."* The RCPsych confirmed its position, among other things, in a 2023 submission to the House of Commons Health and Social Care Committee on assisted dying/assisted suicide inquiry , noting that "*the RCPsych does not currently have an established position of neutrality, support, or opposition to the practice of assisted dying. In line with our role as the voice of our members and the profession of psychiatry, our submission advises on matters that relate to persons suffering from mental disorders and the determination of mental capacity. Specifically… some points of principle … on how the drafting of any future proposals, legislation and implementation plans may require psychiatric input, as well as the potential impacts that operationalising an assisted dying service may have on services psychiatrists operate."*
Royal College of Physicians (RCP) **The professional membership body for physicians with over 40,000 members and fellows across the UK and globally.**	In 2019, the RCP published the results of a 2019 survey on assisted dying, noting the college "*has adopted a neutral position on assisted dying following a survey of its UK fellows and members, reflecting their range of views."* The 2019 survey of RCP members and fellows found that out of 6,885 responses: • 43.4% of respondents said the RCP should be opposed to a change in the law on assisted dying; • 31.6% said the RCP should support a change in the law; and • 25% said the RCP should be neutral. Further questions were asked about respondents' personal views and the role of doctors in the process of assisted dying. The full survey results can be found here. Ahead of the survey, the RCP's Council agreed

	that a supermajority of 60% would be needed for a position either supporting or opposing a change in the law: *"Neutrality also reflects the lack of a simple majority for any particular view."* A 2020 RCP position statement clarified that the college *"does not support a change in the law to permit assisted dying at the present time."* The RCP confirmed its neutrality in a 2023 submission to the House of Commons Health and Social Care Committee on assisted dying/assisted suicide inquiry. In the submission, the RCP also noted, among other things, that if there were a change to the law "*the government would need to develop a dedicated assisted dying service"*; healthcare professionals should not be under any duty to participate; and, that an assisted death should only be available to individuals with *"the capacity to make that decision and ability to end their own life…fully informed of their palliative care options and had their care and support needs fulfilled, and that they had voluntarily reached a clear and settled intention to end their own life".*
The Royal College of Surgeons of England (RCS England) **The professional membership body for surgeons, dentists and connected teams with nearly 30,000 members and fellows across the UK and globally.**	The RCS England notes that it neither supports nor opposes attempts to change the law, however, as "*a professional body we have a duty and a responsibility to reflect all members' interests and concerns in any future legislative proposals and we will continue to engage with our members to understand their views".* Their position is neutral. The position was adopted by the RCS England Council in 2023, informed by a 2023 survey of its members. Of the 3,268 responses: • 52% of respondents thought the RCS England should be supportive of a change in the law to permit doctors to supply drugs for qualifying patients to self-administer to end their own life; • 25% thought RCS England should be opposed; • 20% thought RCS England should take a neutral position; and, • 3% were undecided. Further questions were asked about respondents personal views and the role of doctors in the process of assisted dying. The full results can be found here.

Royal Pharmaceutical Society (RPS) **The professional membership body for pharmacists and pharmacy students in Scotland, England and Wales, representing members in all sectors of pharmacy.**	The RPS' 2021 policy statement notes "*The RPS takes a neutral stance on this topic, it is neither for nor against assisted dying".* *"Despite this neutral position, we have in the past maintained our involvement in the debate around this issue to ensure that the views of pharmacists are considered and that the content of any bills brought in the future reflects pharmacy practice.* *"We believe that any future legislation must stipulate explicit legal protection for pharmacists. There must also be a conscience clause, so that pharmacists can decline to dispense for an assisted dying procedure on moral, ethical, or religious grounds."* The RPS confirmed its position, among other things, in a 2023 submission to the House of Commons Health and Social Care Committee on assisted dying/assisted suicide inquiry.

Sessions Five and Six

Session 5 – Reviewing all the evidence and information

14th June 2024, 6-9pm

Activity	Speaker	Topic
Welcome & overview	**Henrietta Hopkins** Lead facilitator Director, Hopkins Van Mil	An overview of the Jury process so far
Presentation	**Suzanne Ost** Professor of Law, Lancaster University *(Jury Friend, informant)*	Developing clear recommendations
Presentation	**Alexandra Mullock** Senior Lecturer in Medical Law, University of Manchester *(Jury Friend, informant)*	Developing clear recommendations
Jury deliberation and voting		

Session 6 – Deliberation and developing recommendations

15th June 2024, 10am-4pm

Activity	Speaker	Topic
Jury deliberation, voting, and forming recommendations		