House of Commons
London SW1A 0AA

Dear Labour colleagues,

We are writing as Labour MPs with concerns about the detail of the Terminally Ill Adults (End of Life) Bill, which completed its three days of oral evidence last week. We all believe in the importance of engaging constructively with the committee stage of the Bill and it is in that spirit that we are contacting you.

Many of you will have seen communications from those members supporting the Bill this week which laid out a selection of 'key moments' from the oral evidence sessions.

It's understandable that those who campaigned for and support the Bill would want to continue to present the best case they can for its progress in committee.

However, given the complexity and gravity of the issues involved, we believe there is a responsibility to balance all of the evidence presented so that members can make informed judgements when the Bill returns to the floor of the House.

With that in mind and to ensure transparency about the work of the committee, we wanted to share some of the other important points raised at the committee and ask that colleagues, whatever their current position on the Bill, give due consideration to these too.

Whilst the Bill Committee heard oral evidence from 50 expert witnesses last week, they were unfortunately not able to hear from any of the following:

- Any witnesses with expertise of domestic abuse or coercive control against women and girls,
- Any witnesses from jurisdictions who had introduced assisted dying and who had concerns about it, or
- Any witnesses with lived experience of a loved one's assisted death where the family had concerns about or did not support the decision.

Many members, including members of the committee, feel that overall the list of witnesses did not in fact reflect a wide range of different views, but was weighted towards voices that were known to be supportive of the Bill.

Alongside missed opportunities on the breadth of witnesses called, the evidence cited by supporters of the Bill is not a complete summary of what the committee heard.

Sir Chris Whitty made it clear that predicting when someone has six months to live is "not an exact science" and has a "spread of uncertainty" about it; this raises questions about whether it can ever

be accurate to say the Bill only concerns those who are at the end of their lives, as we have all been repeatedly assured.

Since then, supporters have tabled an amendment to change this requirement from six to twelve months in the case of neurodegenerative illness, which realises the fears many colleagues have had about the scope of the Bill being expanded- before it is even halfway through its passage through Parliament.

The committee also heard about the 60 patients who have received assisted deaths in other countries as a result of anorexia- most of them women under 40. Eating disorders expert Chelsea Roff explained very clearly that a person who becomes so physically ill because of their anorexia that they fall within the Bill's "six months to live" definition will be eligible. Other, more supportive witnesses did not deny this- and instead said the committee should not "fixate" on this small number as it was a "distraction".

None of the amendments tabled since, including one which simply reiterates that a person would not be terminally ill only as a result of their mental condition, have grappled with this point.

On a person's capacity to choose assisted dying, the Royal College of General Practitioners commented that GPs are currently trained to assess someone's capacity to take antibiotics- a very different standard to their capacity to receive an assisted death. The RCGP believes assisted dying should be a completely separate service if introduced and not offered by GPs- but the Bill is currently silent on which doctors would offer assisted dying.

Similarly, the Royal College of Psychiatrists explained to the committee that assessing a person's capacity to refuse treatment over a period of time, and assessing a person's capacity to take a one-off substance to bring about death, are entirely different exercises. There is of course no prior history of doctors assessing the latter, because it has never been legal.

In their written evidence, they noted that people who wish to become living organ donors go through an independent psychological assessment first to ensure they are not being pressured into donating. The Bill does not have this safeguard, which means the Bill would create a health system with fewer protections against being coerced to die than against being coerced to go through an organ donation process that people are intended to survive.

It is excellent that the Government has announced £100m in funding for hospices in late 2024. However, this is still in a context of 14 years of austerity and failing public services.

As Dr Sarah Cox from the Association of Palliative Medicine noted in her evidence that there are currently profound inequalities in who can access good palliative care. Asked when we will know that palliative care is good enough to make the Bill process safe, she said that this would be when it is not only available to those who are 'white and rich and have cancer'.

A wide range of concerns raised around equalities and assisted dying are yet to be addressed- including by any of the new amendments tabled by the Bill's supporters. We know from a question raised at committee last week that the Equality Impact Assessment that the Government must produce won't be available until *after* the line-by-line scrutiny process finishes. This is despite the committee hearing powerful evidence from Dr Jamilla Hussein, Dr Sarah Cox, Baroness Kishwer Falkner (Equality and Human Rights Commission) and Fazilet Hadi (Disability Rights UK) about the risk of disproportionate effects on ethnic minority, lower income and disabled people.

As Labour MPs, everyone receiving this email will want to ensure they fully understand the potential for this Bill to widen inequality before they next have the opportunity to vote on it. It is very difficult to understand how our Labour colleagues on the committee will be able to carry out their scrutiny role effectively- as we were all assured they would- without being able to examine the differing impacts on the people and communities we are here to serve.

On the legal and judicial side, the summary given earlier this week omitted former Justice of the Supreme Court Lord Sumption's comments that the High Court process would not work and should come out of the Bill, though it has been reported that the Bill's sponsor is already considering alternatives.

There was also no mention of barrister Professor Laura Hoyano's evidence on the fact that the Bill allows a person refused assisted dying by the court to appeal that decision - but explicitly prevents an appeal by anyone who can show that a person has been granted access to assisted dying when they should not have been.

Nor was there any reference to her strong challenge to Clause 25 of the Bill. This clause prevents medical professionals being liable in civil law if they are negligent when assisting a death- even if this negligence causes the person a more painful and protracted death.

We believe it is vital that all of us, not just those on the committee, understand the many details that are still causing concern to our colleagues, to medical and legal experts and above all to many of our constituents.

We would urge you all to ensure you take the time to read and evaluate all of the evidence, and the discussions of key amendments that will take place as the committee progresses, to ensure that we legislate with the rigour the public would expect, on matters of surely unparalleled importance.

Best wishes,

Antonia Bance, Labour MP for Tipton and Wednesbury
Jess Asato, Labour MP for Lowestoft
Meg Hillier, Labour MP for Hackney South and Shoreditch
James Frith, Labour MP for Bury North