



Peter Fox MS
Chair
Senedd Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

By email only: SeneddHealth@senedd.wales
Cc: Peter.Fox@senedd.wales

10 June 2025

Dear Peter,

Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill

Many thanks for your correspondence of 23 May 2025 regarding the request to the Health and Social Care Committee to consider and report on the Legislative Consent Memorandum (LCM) for the Terminally Ill Adults (End of Life) Bill.

While I remain neutral on the subject of assisted dying, I would like to offer the comments below.

Clause 37: guidance about the operation of the Act

A specific reference to the Chief Medical Officer (CMO) consulting with older people is needed. Such consultation needs to be meaningful, allow sufficient time, and make a genuine effort to reach different groups of older people through a range of engagement methods, rather than relying on predominantly online methods. Older people sometimes assume that messages intended for the general public do not apply to them, so communications need to be specific and tailored to older people.

Other consultees will be better placed to ascertain whether other statutory or non-statutory measures which apply to non-clinical service delivery staff or participants in the process, such as legal professionals, might be required alongside CMO guidance.

Clause 39(1), (2), (5) and (6): Voluntary Assisted Dying Services: Wales

Again, others will be better placed in respect of whether regulations by Welsh Ministers for voluntary assisted dying services in Wales will be sufficient.

However, I am concerned that the Bill does not address the wider social and policy context. It is necessary to make improvements to palliative care irrespective of any changes to legislation. Should the Bill pass, no-one should feel they need to access assisted dying due to a lack of adequate palliative care or that this is the best option because of a lack of good quality palliative care. Older people's access to GP practices also needs to improve if older people are to have equitable access to the service. The [Equality Impact Assessment](#) for the Bill draws on a report by the previous Older People's Commissioner for Wales to highlight that many older people in Wales have difficulty making an appointment with a GP, and that this constitutes a barrier to accessing the service. This is an equalities issue for older people. Older people are the population group most likely to be affected by the Bill if it is enacted and therefore older people's access to GP practices needs to improve if they are to have equitable access to the service.

It is difficult to comment fully without seeing the detail of the regulations.

Clause 45: Monitoring by the Voluntary Assisted Dying Commissioner

The preparation and arrangements for publication of and response to the Annual Report from the Voluntary Assisted Dying Commissioner seem adequate and the Welsh Ministers would be the appropriate national authority.

However, the Voluntary Assisted Dying Commissioner should not be limited solely to this activity. The role of monitoring the Act should allow for the Voluntary Assisted Dying Commissioner to publish additional reports that they deem beneficial, for example, thematic reports, areas of concern etc. as and when they choose. It is essential for the independence of the role that the Voluntary Assisted Dying Commissioner should not be dependent on the Welsh Government to approve the content of any report or for the timing of publication.

I agree that the Welsh Ministers should be able to refer any matter connected to the operation of the Act to the Voluntary Assisted Dying Commissioner for investigation. However, I believe that there should also be provision for others, such as whistleblowers and concerned individuals, to raise matters concerning the Act to the Voluntary Assisted Dying Commissioner, and that the Commissioner should be able to undertake own initiative investigations.

Clause 47(4) – Provision of information in English and Welsh

The principle of ensuring that the Welsh and English languages are treated equally with regard to information and services provided under the Act to a person seeking assistance to end their own life, i.e. that these must be in the person's first language, is vital. However, in practical terms, there may be a shortage of Welsh-speaking staff who are currently qualified and willing to undertake such roles. Ensuring sufficient Welsh language and interpretation skills are developed ahead of implementation, should the Bill pass, will be essential and assurance will need to be given that this can be achieved.

I am concerned about how someone seeking assistance to end their own life, whose first language is other than Welsh or English and whose Welsh or English may be limited, can access appropriate information and support and therefore provide informed consent to the procedure. This may be the case for some Black, Asian and Minority Ethnic older people whose first language

is neither Welsh nor English. It is vital that anyone seeking this route has a full understanding of their options and implications of their decisions before consenting to it. Not to provide for this would set up barriers to access for certain sections of the population and therefore create inequalities.

While much of the process of seeking assistance under the Act would be via conversation and discussion with relevant professionals, any information available to individuals relating to the Act must be available through non-digital means. There must be no circumstance where information can only be obtained online.

Clause 50(1), (2), (5) and (6) – Regulations

Approval of regulations by the Senedd seems appropriate.

Clause 54(6), (8) and (9) – Commencement

The potential complications should the legislation be commenced at different times in Wales and England should not be underestimated given the levels of interaction between the Welsh and English health services, especially in border areas. Patients living in border areas may choose to register with a GP as close to their home as possible, even if this is not in their actual country of residence. In [April 2024](#), 13,300 Welsh residents were registered with a GP in England, and more than 21,100 English residents were registered with a GP in Wales.

As a result, people registered with the same GP but who live on different sides of the Wales/England border might have different options as a result of the Act. There is potential for confusion or at least a lack of clarity in such circumstances and for individuals to feel unable to access services under the Act.

Once again, I would like to reiterate that I have taken a neutral stance on the Bill. However, I would be grateful if the issues raised above can inform the Committee's discussions on the LCM.

Yours sincerely,



Rhian Bowen-Davies
Older People's Commissioner for Wales