

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

Response to Request from Senedd:

Prof Mark Taubert, Palliative Care Consultant, Clinical Director, Velindre University NHS Trust and Cardiff University School of Medicine

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

The Health and Social Care Committee has been asked to consider and report on the Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill. The LCM, which has been laid by the Welsh Government, was referred to you by the Senedd's Business Committee, with a reporting deadline of 27 June 2025. To inform this work, you welcomed views on the specific provisions contained in that LCM, and have included a number of questions at Annex 1 to this letter.

I have answered the questions within the Memorandum as factually as possible, see my responses. I am not responding on behalf of my wider organisation, and am merely giving my expertise and knowledge of end of life care matters.

My answers to the questions are as below:

Clause 37: guidance about the operation of the Act

Clause 37 of the Bill requires the Chief Medical Officer (CMO) for Wales to prepare and publish guidance about the operation of the Act. Before making guidance, the CMO must consult with relevant individuals and groups, including people with learning disabilities, and ensure the guidance is practical and accessible.

1. What are your views on these proposals?
2. What are your views on whether these proposals are sufficient to ensure that the Chief Medical Officer for Wales can effectively oversee the implementation of assisted dying services?
3. What are your views on whether the current proposals for regulations by the Chief Medical Officer provide sufficient safeguards to protect vulnerable individuals under the new assisted dying regulations?

1: Yes seems appropriate.

2: Insufficient. The proposals in Clause 37 deal factually with how the CMO's guidance about the operation of the act should be informed. They do not deal with implementation of the act nor how this implementation should be overseen.

3: No, current proposals do not provide sufficient safeguards to protect vulnerable individuals.

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

Clause 39 allows the Welsh Ministers to make regulations to support how voluntary assisted dying services work in practice in Wales. These regulations can be tailored to different situations (such as hospitals or care homes), and may include technical or transitional arrangements.

4. What are your views on the proposals to enable Welsh Ministers to provide, by regulations, for voluntary assisted dying services in Wales, determining how the services might be structured, managed and delivered?
5. How do you anticipate the forthcoming regulations by Welsh Ministers on voluntary assisted dying services will (if approved) impact current palliative care practices in Wales, considering the details of these regulations are still to be determined?

4. Appropriate that Welsh Ministers should be responsible for regulating how assisted dying services might be provided in Wales.

5. Evidence from around the World that introduction of assisted dying adversely affects the provision of palliative care services. Palliative care funding has been proportionally lower in areas with assisted dying.

Also, unless there is a clear opt in system, including with an explicit determination that assisted dying is not a medical treatment, there is a significant risk that experienced clinicians (of all professions) in Specialist Palliative Care services, and any service where a significant proportion of patients are approaching the end of life, including geriatric medicine and oncology, will retire early and / or promptly, and that these services will likely struggle to attract new entrants. **This is because the Montgomery Ruling** requires all **available** treatment alternatives to be discussed with patients as a matter of routine. Meaning tone and content of a large proportion of clinical conversations will change in a way that is likely to be unacceptable to many clinicians (unless there is a clear and explicit determination that assisted dying is not a medical treatment) but also patients/those close to them. We already receive significant concerns from some patients whenever important end of life care options including DNACPR decisions are discussed.

Clause 45: Monitoring by Commissioner

Clause 45 requires the Voluntary Assisted Dying Commissioner (appointed by the Prime Minister) to monitor the operation of the Act, investigate and report to an appropriate national authority on any matter connected with the operation of the Act which the appropriate national authority refers to the Commissioner, and submit an annual report to each appropriate national authority on the operation of the Act.

6. What are your views on the proposals to:
 - a. enable the Welsh Ministers to refer any matter connected to the operation of the Act to the Voluntary Assisted Dying Commissioner for investigation;
 - b. require the Commissioner to consult with the Chief Medical Officer for Wales when preparing an annual report on the operation of the Act;
 - c. require the Welsh Ministers to publish the annual report submitted by the Voluntary Assisted Dying Commissioner, and prepare and publish a response to that report, which must both be laid before the Senedd.

6a. seems appropriate.

6b. seems appropriate.

6c. seems appropriate.

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

Clause 47 requires any service, report, declaration or certificate of eligibility provided under the Act to a person seeking assistance to end their own life must be in the persons first language, if that language is English or Welsh and, if neither of those languages is their first language, must be in their preferred language of English or Welsh.

7. What are your views on whether the Bill adequately ensures information and services are accessible in both English and Welsh? Specifically, what are your views on the proposals that:
 - a. require that any service, report, declaration or certificate of eligibility provided under the Act to a person seeking assistance to end their own life must be in the person's first language, if that language is English or Welsh. If English or Welsh is not their first language, they must be provided in whichever is their preferred language of English or Welsh;
 - b. any regulations containing provision for the Welsh language must be approved by a resolution of the Senedd.

7. No it doesn't do this at present.

7a. This does not prevent non-written communications being via an interpreter (who may not be a healthcare interpreter, and is not likely to be a suitably experienced clinician). This risks inadequate communication (quality and quantity of communication) with Welsh speakers who prefer to access health services in Welsh.

7b. Seems appropriate.

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

Clause 39 allows the Welsh Ministers to make regulations to support how voluntary assisted dying services work in practice. Clause 50 provides that such regulations must be approved by the Senedd before they can take effect.

8. What are your views on the proposed procedure for regulations made under the Act, and whether it provides the Senedd with an appropriate level of oversight?

8. Seems appropriate.

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

Clause 54 deals with the commencement of the Act.

9. What are your views on the proposal that the provisions of the Act (except sections 43, and 49 to 55) will come into force in Wales on the day(s) appointed by the Welsh Ministers by regulations?
10. These regulations will have to be approved by the Senedd. What are your views on the appropriateness of this procedure?
11. What are your views on the possible implications if this legislation were to be commenced at different times in Wales and England?

9. Seems appropriate but not clause 49, which gives the Sec of State wide-ranging powers and does not require consultation with Senedd.

10. Seems reasonable.

11. Seems reasonable. The whole point of devolution is that things can / will happen differently in different nations of the UK . Especially if patent safety is at stake.