



RCP's evidence to the Legislative Consent Memorandum: Terminally Ill Adults (End of Life) Bill

The Royal College of Physicians (RCP) is the membership body for physicians, doctors who work in the medical specialties. We are the largest professional association for hospital doctors in Wales, England and Northern Ireland, supporting physicians to deliver the best healthcare possible for patients and improve standards of care. We represent around 40,000 members and fellows in the UK and internationally including specialist doctors treating palliative care patients and the overwhelming majority of hospital doctors caring for terminally ill patients.

- The RCP [adopted a neutral position on assisted dying](#) in 2019 following a survey of its members, reflecting the range of views throughout the 30 plus medical specialties. This means that the RCP neither supports nor opposes a change in the law.
- There remain many shortcomings in the provision of end of life and palliative care. All physicians share a commitment to the improvement of care at the end of life.
- Professional and clinical practice is fundamental to the effectiveness and safety of legislation on assisted dying:
 - a. The RCP has an important role in informing the societal debate on this issue and is keen to do so.
 - b. The RCP has an important role in informing legislation related to clinical practice and patient safety
 - c. The RCP has an important role in informing any code of conduct or statutory guidance that is produced as a result of this bill becoming law.
- The RCP [submitted evidence](#) to the public bill committee and on 9th May [published a position statement](#) on the [Bill as published](#) ahead of House of Commons report stage, following public bill committee. This statement (below) said that the RCP believed there were deficiencies that would need addressing to achieve adequate protection of patients and professionals. It outlined factors that must be protected in the legislation were assisted dying to become legal in England and Wales by way of the Terminally Ill Adults (End of Life) Bill.
- The RCP and Royal College of Psychiatrists [sent a joint statement](#) to all MPs on 12th June.

- The RCP [responded](#) to the Bill passing Third Reading in the House of Commons. We said that while the RCP remains neutral on the principle of assisted dying, that several concerns raised by us and others on the bill – including safeguards for vulnerable patients, equitable access to care, clinical responsibilities and the need for complex decisions to be made by multidisciplinary teams, and the potential impact on the doctor-patient relationship – require further consideration. We urge Peers to address these issues to ensure the bill includes robust protections for both patients and healthcare professions.

RCP position statement on the Terminally Ill Adults (End of Life) Bill, 9th May 2025

The following position statement relates to the [Bill as published](#) ahead of House of Commons report stage, following public bill committee.

The Royal College of Physicians (RCP) has a neutral position on assisted dying, reflecting the range of views across its membership, which we aim to represent. This means that the RCP neither supports nor opposes a change in the law.

While the ultimate decision on assisted dying rests with society through parliament, professional and clinical issues are integral to legislation, regulation, guidance and safe and effective implementation on this matter.

The primary concern of physicians is ensuring the best possible care for our patients, and as clinicians caring for patients as they approach the end of their lives, our members will continue to support and advocate for our patients to receive the very best care.

Some members have expressed the view that the introduction of assisted dying and the requirement to have discussions relating to this with patients would fundamentally change the relationship between the doctor and patient.

Whilst the bill has undergone a number of changes during the public bill committee phase, there currently remain deficiencies that would need addressing to achieve adequate protection of patients and professionals.

The RCP advises that were assisted dying to become legal in England and Wales by way of the Terminally Ill Adults (End of Life) Bill there are key factors that must be protected in the legislation:

- Patients must be enabled to have an equitable choice of services as they approach the end of their lives.
- Doctors must have the option to absent themselves from any aspects of assisted dying.
- Decisions around a patient's prognosis must be informed by expert clinical professionals including those who know the patient.

- Prognostic uncertainty must be understood and accepted by the patient and professionals involved in decisions and oversight.
- Decisions on capacity, and safeguards around coercion must be informed by face to face assessments of relevant and appropriately skilled health and care professionals including those trained in mental health to assess the patient for any remediable suicidal risk factors.
- Services that may deliver assisted dying must be closely regulated and monitored for assisted dying.
- Medicines prescribed and administered in assisted dying must be regulated for safety and efficacy for this use.
- Assisted dying services must not divert resources from other end of life care which must be available for all patients, or disadvantage provision of end of life and other services.

We share the concerns expressed by the [Royal College of Psychiatrists](#) on the limitations of the current Mental Capacity Act and its use in this situation.

We are concerned that patients would not have equitable choice of services because of the inequity of availability, and under-provision of end of life care and palliative care in England and Wales. These inequities of care are particularly present for more disadvantaged populations. There are widespread shortages in health and social care staff who provide these services, alongside increasing demand and very wide variation of where, when and how the services are delivered or available. There is a risk that some patients may choose assisted dying because they fear their needs would not be met, by services that are currently not adequate. There are currently two national reviews of End of Life and Palliative Care that can inform this concern more fully.

If there were to be a large proportion of primary care and hospital doctors who would not be prepared to be involved in assisted dying, this may create inequality of access.

The prognostic uncertainty for people approaching the end of their lives for six months or fewer is very high. This may prevent people who have a deteriorating illness from accessing assisted dying. Equally the bill definition of terminal illness may influence assessing doctors to make this prognosis, despite its inaccuracy.

The current bill describes the coordinating doctor and independent doctors as working alone in making decisions around prognosis, available treatments, mental capacity, and ensuring that patients have not been coerced. These decisions would not be made by doctors alone in any other aspect of clinical practice. Whilst the bill does state that the assessing doctor must “make such enquiries of professionals who are providing or have recently provided health or social care to the person as the assessing doctor considers appropriate, and such other enquiries as the assessing doctor considers appropriate” it does not prescribe a multidisciplinary discussion and decision. Face to face assessments by a clinician trained in mental health and social worker would be important.

The legislation makes provisions for a significant number of areas of secondary legislation, guidance and/or regulation to be developed at a later stage by the secretary of state or CMOs after the bill has passed.

Many of these elements are crucial to ensure safe, effective and legal service provision. These include:

- Training, qualifications and experience required to be a coordinating doctor.
- Regulation of medicines or substances to be prescribed and administered.
- Regulation of any provider delivering assisted dying services.
- Code of professional practice for those participating.
- Operation of the act, and provision of services.

The involvement of professional and regulatory bodies including CMC, Royal Colleges, CQC and HMRA will be crucial in their development.

It is essential that the current bill, and decisions that patients may make are considered in the current context of the NHS and healthcare in England and Wales, especially the access, availability and equity of services for people who may be terminally ill. For example, sadly, currently in the NHS most patients requiring medical admission spend a considerable time in temporary care environments including emergency department corridors, and many of these patients are older vulnerable patients who are approaching the end of life. This potential experience could inform their decisions.

This position statement was developed through the RCP short-term clinical reference group on assisted dying, set up as a sub-group of Council. Its content was approved as an RCP position by RCP Council on Wednesday 7 May.

Members of the short-term clinical reference group on assisted dying

- Dr John Dean, Clinical Vice President – co-chair of the reference group, Royal College of Physicians
- Alexis Paton, Chair of the committee on ethical issues in medicine – co-chair of the reference group, Royal College of Physicians
- Jacob Hayes, Senior Public Affairs and Policy Manager, Royal College of Physicians
- Hannah Perlin, Senior Media Manager, Royal College of Physicians
- Dr Eileen Burns, Elected Councillor and Trustee, Royal College of Physicians
- Dr Angharad Chilton, Resident Doctors Committee representative, Royal College of Physicians
- Alan Cribb, Member of the Patient and Carer Network, Royal College of Physicians
- Dr Suzanne Kite, President, Association for Palliative Medicine
- Dr Sarah Cox, President Support, Association for Palliative Medicine
- Dr Dan Furmedge, Censor, Royal College of Physicians and Consultant Physician in Geriatric & General Internal Medicine
- Prof Rowan Harwood, Elected Councillor, Royal College of Physicians and Professor of End of Life and Palliative Care
- Professor Colin Rees, President, British Society of Gastroenterology
- Dr Ganesh Subramanian, Elected Councillor, Royal College of Physicians and Consultant in Stroke Medicine
- Dr Laura Waters, Patient Involvement Officer, Royal College of Physicians

- Dr Ben Thomas, Representative for Wales, Royal College of Physicians and Consultant Nephrologist
- Prof Andrew Wardley, Executive Chair Association of Cancer Physicians, Royal College of Physicians
- Professor Kevin Talbot, Member of the Association of British Neurologists.

Royal College of Physicians and Royal College of Psychiatrists' joint statement on the Terminally Ill Adults (End of Life) Bill, 12th June 2025

We believe that it is essential that the current bill, decisions that patients may make, and requirements of doctors are considered in the current context of the NHS and healthcare in England and Wales, especially the current access, availability and inequity of services for people who may be terminally ill.

Both RCP and RCPsych are neutral on assisted dying, our members hold a diverse range of views, however we believe that there are deficiencies in the Terminally Ill Adults (End of Life) Bill currently which must be addressed to achieve adequate protection of patients and professionals.

Our shared concerns specifically include:

- The way doctors and healthcare professionals would be expected to work. Taking critical decisions alone would not happen in any other aspect of clinical practice. Doctors' core duties and expertise are in the diagnosis and treatment of patients as part of the multidisciplinary team. Complex clinical decisions are and must be made in this way, and through face to face assessments.
- The Mental Capacity Act does not provide a framework for assessing a person's capacity to decide to end their own life.
- Vulnerable patients particularly those with remediable mental health or other unmet needs, are not adequately protected by the current bill.
- The NHS workforce does not currently have the resource required to meet these additional demands.

The RCP and RCPsych together represent approximately 42,000 physicians and psychiatrists in England and in Wales. While the ultimate decision on assisted dying rests with society through parliament, professional and clinical issues are integral to legislation, regulation, guidance and safe and effective implementation on this matter.

The RCP adopted a neutral position on assisted dying in 2019 following a survey of its members, reflecting the range of views across its membership, which we aim to represent. This means that the RCP neither supports nor opposes a change in the law.

RCPsych members hold a diverse range of views on the principle of assisted dying. The RCPsych therefore does not take a position on the principle of the issue.

Dr Mumtaz Patel, president of the Royal College of Physicians
Dr Lade Smith CBE, president of the Royal College of Psychiatrists