

Royal College of General Practitioners - Further written evidence to Terminally Ill Adults (End of Life) Bill Committee – House of Lords (29 October 2025)

Further to the oral evidence given by Dr Mulholland on 22 October 2025, please find below some further written evidence in response to Q18 by Lord Markham.

At present, there is nothing in the Bill itself setting out how an assisted dying service might be delivered, only that the Secretary of State must ensure arrangements are in place for assistance to be provided in accordance with the Bill, including arrangements for the funding of any provision made. The RCGP believes that any assisted dying provision must be separately funded and delivered through a distinct pathway and service and that this must be set out on the face of the Bill. Whilst it is not the role of the RCGP to design exactly how this standalone service and pathway would operate in practice, we do not believe it is appropriate or practical for this to sit within the core responsibilities of general practice. However, this does not necessarily mean separate from the NHS.

The College itself has not carried out any work looking at specific examples of assisted dying services in other countries; and neither do we endorse any of the models referenced below. However, we would like to draw the Committee's attention to the following resources:

- On 29 August 2025, the Nuffield Trust published a research report entitled 'Assisted dying in practice International experiences and implications for health and social care'.¹ This report, exploring 15 jurisdictions across the world, looked at what the UK can learn from other countries as the UK and Scottish Parliaments debate bills to legalise assisted dying and potentially set up assisted dying services.
- British Medical Association parliamentary briefing – Terminally Ill Adults (End of Life) Bill House of Lords, Second Reading Friday 12 September 2025.² This briefing (page 5/6) includes information on potential separate/partially separate assisted dying service models.
- In Jersey, they are proposing a 'Jersey Assisted Dying Service' that will provide a point of contact for anyone who wants information about assisted dying or is considering requesting an assisted death, support people to navigate the assisted dying process, including arranging for the provision of communication support and independent advocacy, support the loved ones of people who have requested an assisted death and coordinate and deploy the professionals engaged in the assisted dying process.³
- Victoria (Australia) has created a statewide Voluntary Assisted Dying care-navigator service.⁴ This is a central team (care navigators) that provides information, helps people find assessing clinicians, and supports patients and usual healthcare teams through the VAD pathway. This creates a single, recognisable pathway and point of contact; delivery can still happen in the home, but the coordination is centrally organised.

¹ <https://www.nuffieldtrust.org.uk/research/assisted-dying-in-practice-international-experiences-and-implications-for-health-and-social-care> (accessed 24 October 2025)

² [BMA+briefing+Terminally+Ill+Adults+\(End+of+Life\)+Bill+HoL+2R](#) (accessed 24 October 2025)

³ <https://www.gov.je/Caring/AssistedDying/pages/assisteddying.aspx> (accessed 24 October 2025)

⁴ [Voluntary assisted dying statewide care navigator service | health.vic.gov.au](#) (accessed 27 October 2025)