Royal College of General Practitioners Briefing

Report Stage/Third Reading of The Terminally Ill Adults (End of Life) Bill 2024-25

House of Commons, Friday 20 June 2025

RCGP Position on Assisted Dying

On 14 March 2025, the RCGP UK Council voted to move to a position of neither supporting nor opposing assisted dying being legal. The UK Council debate and subsequent decision was Informed by an all-member survey that ran between January and February 2025.

In September 2024, UK Council agreed a set of principles, based on recommendations that should be applied if legislation is introduced to legalise assisted dying. These principles have fed into the College's ongoing influencing activity in response to the current legislative developments to ensure that any changes to the law protect the interests of all patients and healthcare professionals.

Further information, including copies of all our previous briefings and submissions can be found at: www.rcgp.org.uk/representing-you/policy-areas/assisted-dying

Our principle	What the Bill says	What the RCGP wants
Any assisted dying service should be seen as a standalone specialised service that GPs and other healthcare professionals may opt to provide with additional training and should not be deemed core GP work.	At present, there is nothing in the Bill itself about 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. The Bill says that people will be directed to information but currently gives no indication of what that information would be or how this might be delivered.	We continue to call for details of the separate service to be on the face of the Bill. If this is not possible, we are calling for a ministerial commitment that any assisted dying service would be a standalone separate service with a dedicated separate pathway and not considered core GP work. The establishment of a separate service which covered every stage of the process, including the provision of impartial information, would ensure healthcare professionals of multiple disciplines (including GPs) who wanted to do so could still opt in to provide assisted dying, but this would be arranged through a different pathway. This separate service would also be able to provide the impartial information and advice to patients This would ensure that doctors who did not wish, or did not feel confident, to provide information to patients about assisted dying had somewhere they could direct patients to, in the

		knowledge that they would receive accurate and objective information.
There should be a right for GPs to refuse to participate in the assisted dying process on any ground, and statutory protection making it unlawful to discriminate against them for doing so.	The Bill is based on an opt-in system, such that there is a general and comprehensive right to refuse. This ensures that there is no duty on any person to take part in the Bill's provisions (either in the provision of assisted dying or in a supporting role) if they choose not to, for whatever reason. We welcome the recent addition of New Clause 10 agreed at Report Stage to deliver on a commitment to tighten the wording of this section of the Bill to prevent any ambiguity over its scope. We also support the new provision that a doctor who does not wish to take part will not have to 'refer' a patient who is requesting an assisted death – instead, they must direct the person to where they can obtain information and have the preliminary discussion (mirroring professional obligations regarding abortion provision). This was a specific amendment the College called for in both our written and oral evidence to the Bill Committee.	The right for GPs to refuse to participate in the assisted dying process on any ground, and statutory protection making it unlawful to discriminate against them for doing so must continue to be protected in the legislation. We would welcome any further emphasis in the Bill that participation is not presumed. To further strengthen the provisions, we would support the provision for safe access zones. Safe access zones are now available throughout the UK outside abortion clinics – such a provision could be invoked should the need arise, to protect staff and patients from harassment and/or abuse. As different legislation is developing separately across different jurisdictions it is important that Parliament considers how to protect doctors in one jurisdiction who might be supporting people in another jurisdiction where the law on assisted dying might be different. We would therefore like to see a Ministerial commitment, to amend the Suicide Act 1961 (in Clause 29) to ensure no medical professional is criminalised for the provision of assistance in accordance with current (or future) assisted dying legislation in the rest of the UK and/or Crown Dependencies.
An independent and transparent system of oversight, monitoring and regulation should be established.	The current wording of the Bill says that any assisted dying service should be reviewed by the Secretary of State 5 years	We believe that the review of legislation should take place earlier than the current 5 years outlined In the Bill, to allow for earlier learning to be implemented.

	after the legislation is implemented. In our written submission to the Bill Committee we called for more data to be collected on those patients using any assisted dying service to help identify any trends, particularly related to deprivation, gender and ethnicity. The legislation has now been amended to make it clear that a person's ethnicity, gender and postcode must now be collected. A Voluntary Assisted Dying Commissioner set up as part of the bill. The Commissioner must monitor the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it, investigate, and report to an appropriate national authority on, any matter connected with the operation of the Act.	There should be a routine review of all individual assisted deaths – including ensuring the process was followed correctly and ruling out hidden coercion. Common in other jurisdictions, this process can provide additional scrutiny and lead to improved service delivery and governance. Data about all assisted deaths needs to be collected centrally, and for aggregated data to be published on a regular basis. There needs to be a formal mechanism set up to analyse this information (from all assisted deaths), with a view to making recommendations about how the system could be improved to ensure the compassionate, safe, and practical operation of the Act.
There should be a full and extensive consultation on defining the regulatory framework, standards and training for all those involved in delivering assisted dying services. Work to define standards and training for those involved in delivering assisted dying services would need to be conducted on a cross College,	A legal duty to consult provision that says before making regulations related to the Bill the Secretary of State must consult such persons as the Secretary of State considers appropriate. There is a legal duty on the Secretary of State to set training, qualifications, and experience requirements for co-	It is important that any training is proportionate and appropriate. Only those who are willing to opt in to be involved in the process should have the full specialist training. Any training would need to prepare participating healthcare professionals for and cover all elements of the provision of assisted dying, including but not limited to capacity assessment, coercion identification, safeguarding, mental health support, medication and

multi-professional basis.	ordinating and independent doctors. A requirement for the registered medical practitioner acting as the coordinating and independent doctor to have undertaken training on domestic abuse, including coercive control and financial abuse.	prescribing decision making, and death and certification. Medical professionals opting to provide the service should be able to access mental health support. There needs to be more clarity either on the face of the bill or verbal commitment from a Minister that the duty to consult will be extensive, meaningful and include all relevant medical bodies and patient representative groups with a particular focus on marginalised groups. A further commitment should be given that should the Bill proceed, all regulations brought before Parliament will be given full and considered scrutiny.
Any assisted dying service would need to be separately and adequately resourced and should not, in any way, result in a de-prioritisation of core general practice or palliative care services.	The Bill says that that the Secretary of State must ensure arrangements are in place for the funding of any provision made. The impact assessment for the Bill suggests assisted dying would be free at the point of delivery. If a registered medical practitioner conducts a preliminary discussion with a person, the practitioner must explain to and discuss with that person all appropriate palliative, hospice or other care, including symptom management and psychological support, and offer to refer them to a registered medical practitioner who specialises in such care for the purpose of further discussion. As it stands, the Secretary of State is only required to review the availability and	While funding for services is not something that is normally covered in primary legislation we are calling for Government to make a clear commitment that funding for any service would be additional to that already outlined for the NHS and would not result in a de-prioritisation of core general practice or palliative care services. It is essential to ensure that every patient approaching the end of life has access to high-quality palliative care—regardless of where they live or their background. The government's own Equality Impact Assessment notes that regional disparities in access to palliative care could lead some individuals to consider assisted dying when they might not have done so if appropriate care had been available. We are therefore disappointed that the Government has not yet provided reassurance either verbally or in writing around improving access to PEOL. **We fully support and would urge MPs to support Amendment 21** tabled by Munira Wilson MP, requiring the

	quality of palliative and end-of-life care services five years after the Bill's passage.	government to publish an assessment of the current availability, quality and distribution of palliative and end of life care services as part of the first report on implementation of the Act (to be undertaken within 1 year of the Act being passed).