

**Friday
13 June 2025**

**Volume 768
No. 152**



**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES**

(HANSARD)

Friday 13 June 2025

House of Commons

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The House met at half-past Nine o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Rachel Hopkins (Luton South and South Bedfordshire) (Lab): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No. 163) and negatived.

Mr Speaker: Before we begin today's proceedings, I know that the whole House will have been horrified to hear the news of yesterday's crash of an Air India flight from Gujarat to London. On behalf of the House, I express our deep sorrow at this awful tragedy. Many colleagues will have lost constituents and they will be working tirelessly to support those families who have suffered a devastating loss. Our thoughts are with those constituents, their friends and the victims in India, the United Kingdom and around the world. I am expecting Ministers to come to the House on Monday to make a statement and provide an update on the Air India crash, as well as about the events that have happened overnight in the middle east.

Terminally Ill Adults (End of Life) Bill

Further consideration of Bill, as amended in the Public Bill Committee.

Mr Speaker: Before we begin, I would like to say a few words about today's proceedings.

We will begin at the point we ended on Friday 16 May, with the decisions to be taken after debate on the first group of amendments. I will put the necessary questions without further debate. After that, debate on the second group of new clauses and amendments can begin. I remind hon. Members that the scope of that debate will be the amendments and new clauses in that group.

Nearly 60 Members have indicated that they wish to speak in the debate. Not all hon. Members will be called. It is not customary to impose a time limit on speeches on a private Member's Bill, but I hope that Member in charge of the Bill, and the speakers after her, will restrict themselves in the early part of the debate, including in taking interventions. The Chair will keep time limits under review as the debate progresses. If the Chair feels that people are taking advantage of the Chamber, a time limit will be imposed, but I hope we do not have to do that. I do not expect to call the Front Benchers to speak until at least 1.15 pm.

I can also confirm that I have provisionally selected for separate decision all of the propositions in the name of Kim Leadbeater, the Member in Charge of the Bill. I have also provisionally selected the following for separate decision on new clauses: amendment (b) to new clause 14, new clause 1, new clause 2 and new clause 16. I will make further announcements on selection for separate

decision on amendments at an appropriate point. We will begin with the question that new clause 10 will be added to the Bill, which was debated on Friday 16 May.

New Clause 10

NO OBLIGATION TO PROVIDE ASSISTANCE ETC

“(1) No person is under any duty to participate in the provision of assistance in accordance with this Act.

(2) No registered medical practitioner is under any duty to become—

- (a) the coordinating doctor in relation to any person, or
- (b) the independent doctor in relation to any person.

(3) No registered medical practitioner, other than the coordinating doctor or the independent doctor, is under any duty to perform any function under or in connection with this Act other than—

- (a) a function relating to the giving of notifications, or
- (b) a function relating to the recording of matters in a person's medical records.

(4) No health professional or social care professional is under any duty to respond when consulted under section 11(3)(b) (requirement for assessing doctor to consult professional with relevant qualifications or experience).

(5) No registered pharmacist or registered pharmacy technician is under any duty to participate in the supply of an approved substance to a registered medical practitioner for use in accordance with section 23.

(6) No person is under any duty to—

- (a) act as a witness under this Act, or
- (b) act as a proxy under this Act.

(7) Nothing in this section affects—

- (a) any duty relating to the giving of notifications under this Act or the recording of matters in a person's medical records,
- (b) any duty relating to a requirement to keep records or to provide information, or
- (c) any duty of a professional to respond to enquiries made under section 11(2)(b) (enquiries by assessing doctor) relating to health or social care the professional is providing, or has recently provided, to a person seeking assistance under this Act.

(8) Schedule (Protection from detriment) amends the Employment Rights Act 1996 to make provision to protect employees and other workers from being subjected to any detriment for—

- (a) exercising (or proposing to exercise) a right under this section not to participate in an activity or perform a function, or
- (b) participating in the provision of assistance in accordance with this Act or performing any other function under this Act.

(9) In this section—

- (a) a reference to a duty includes any duty, whether arising from any contract, statute or otherwise;
- (b) “registered pharmacist” and “registered pharmacy technician” have the same meaning as in the Pharmacy Order 2010 (S.I. 2010/231) (see article 3 of that Order).”—(*Kim Leadbeater.*)

This new clause, intended to replace clause 28, expands the protection currently provided by that clause by broadening the persons to whom it applies and the functions to which it relates; and it introduces NSI which makes provision for enforcement of the right not be subject to detriment in connection with the Bill

Question put, That the clause be added to the Bill.

Question agreed to.

New clause 10 accordingly added to the Bill.

New Clause 11**REPLACING THE COORDINATING OR INDEPENDENT
DOCTOR WHERE UNABLE OR UNWILLING TO CONTINUE
TO ACT**

“(1) This section applies where—

- (a) after a first declaration has been witnessed by the coordinating doctor, that doctor is unable or unwilling to continue to carry out the functions of the coordinating doctor, or
- (b) after a referral is made under section 9(3)(c) (including a referral to which section 12(4) applies), but before a report under section 10 has been made by virtue of that referral, the independent doctor is unable or unwilling to continue to carry out the functions of the independent doctor,

and in this section such a coordinating or independent doctor is referred to as “the outgoing doctor”.

(2) The outgoing doctor must as soon as practicable give written notice of their inability or unwillingness to continue to carry out their functions under this Act to—

- (a) the person seeking assistance,
- (b) the Commissioner, and
- (c) if the outgoing doctor is the independent doctor, the coordinating doctor.

(3) Any duty or power of the outgoing doctor under this Act that arose in consequence of the declaration or referral mentioned in subsection (1) ceases to have effect from the time the outgoing doctor complies with subsection (2); but this does not apply to any duty under subsection (8) or (9).

(4) The Secretary of State may by regulations make provision relating to the appointment, with the agreement of the person seeking assistance, of a replacement coordinating doctor who meets the requirements of section 7(5) and who is able and willing to carry out the functions of the coordinating doctor.

(5) Regulations under subsection (4) may, in particular, make provision to ensure continuity of care for the person seeking assistance despite the change in the coordinating doctor.

(6) Where the independent doctor gives a notice under subsection (2)—

- (a) a further referral may be made—
 - (i) under section 9(3)(c) (if section 12 does not apply), or
 - (ii) where section 12 applies, under subsection (2) of that section, and
- (b) the registered medical practitioner to whom that referral is made becomes the independent doctor (replacing the outgoing doctor) and sections 10 to 12 (and this section) apply accordingly.

(7) Subsections (8) and (9) apply where the coordinating doctor—

- (a) gives a notice under subsection (2) to the person seeking assistance, or
- (b) receives a notice under that subsection given by the independent doctor in relation to the person seeking assistance.

(8) Where the coordinating doctor is a practitioner with the person's GP practice, the coordinating doctor must, as soon as practicable, record the giving of the notice in the person's medical records.

(9) In any other case—

- (a) the coordinating doctor must, as soon as practicable, notify a registered medical practitioner with that practice of the giving of the notice, and
- (b) the practitioner notified under paragraph (a) must, as soon as practicable, record the giving of the notice in the person's medical records.”—(*Kim Leadbeater.*)

This new clause makes provision about the replacement of the coordinating doctor or the independent doctor where the doctor is unable or unwilling to continue to carry out their functions under the Bill.

Brought up, read the First and Second time, and added to the Bill.

New Clause 12**REPORT WHERE ASSISTANCE NOT PROVIDED BECAUSE
COORDINATING DOCTOR NOT SATISFIED OF ALL
RELEVANT MATTERS**

“(1) This section applies where a person is not provided with assistance under section 23 because the coordinating doctor is not satisfied as to all of the matters mentioned in section 23(5).

(2) The coordinating doctor must make a report which—

- (a) sets out the matters as to which they are not satisfied, and
- (b) contains an explanation of why they are not satisfied of those matters.

(3) The Secretary of State may by regulations make provision about the content or form of the report.

(4) The coordinating doctor must give a copy of the report to—

- (a) the person,
- (b) if the coordinating doctor is not a practitioner with the person's GP's practice, a registered medical practitioner with that practice, and
- (c) the Commissioner.”—(*Kim Leadbeater.*)

This new clause (intended to be inserted after Clause 27) requires the coordinating doctor to produce a report where assistance is not provided because they are not satisfied of all of the matters mentioned in Clause 23(5).

Brought up, read the First and Second time, and added to the Bill.

New Clause 13**REGULATION OF APPROVED SUBSTANCES AND DEVICES
FOR SELF-ADMINISTRATION**

“(1) The Secretary of State must by regulations make provision about approved substances.

(2) The regulations must make provision about—

- (a) the supply or offer for supply, or administration, of approved substances;
- (b) the transportation, storage, handling and disposal of approved substances;
- (c) the keeping of records of matters relating to approved substances.

(3) The regulations may in particular make provision—

- (a) about the manufacture, importation, preparation or assembly of approved substances;
- (b) for or in connection with the monitoring of matters relating to approved substances;
- (c) requiring persons specified in the regulations, in specified cases, to give information to the Secretary of State.

(4) The regulations may in particular—

- (a) make provision relating to approved substances that is similar to, or that corresponds to, any provision of the Human Medicines Regulations 2012 (S.I. 2012/1916);
- (b) make provision applying any provision of those Regulations, with or without modifications, in relation to approved substances.

(The regulations may also amend the Human Medicines Regulations 2012.)

(5) The Secretary of State may by regulations make provision about devices made for use or used for, or in connection with, the self-administration of approved substances.

(6) Regulations under this section must make provision about enforcement (which must include, but need not be limited to, provision imposing civil penalties).

(7) Regulations under this section may make any provision that could be made by an Act of Parliament; but they may not amend this Act.

(8) In this section “device” includes information in electronic form for use in connection with a device.”—(*Kim Leadbeater.*)

This new clause (which is intended to replace clause 34) imposes a duty to make regulations about approved substances, and a power to make regulations about devices intended for use, or used, in connection with the self-administration of approved substances.

Brought up, and read the First time.

9.38 am

Kim Leadbeater (Spenn Valley) (Lab): I beg to move, That the clause be read a Second time.

Mr Speaker: With this it will be convenient to discuss the following:

Amendment (b) to new clause 13, at end insert—

“(5A) The Secretary of State may only approve a device under subsection (5) if the Medicines and Healthcare products Regulatory Agency has approved the device for that purpose.

(5B) Before making any regulations under this section, the Secretary of State must consult the Medicines and Healthcare products Regulatory Agency.”

This amendment requires that the Medicines and Healthcare products Regulatory Agency be consulted before making regulations and that medical devices can only be approved for self-administration if they have been approved by the MHRA.

Amendment (c) to new clause 13, at end insert—

“(5A) Regulations under subsection (5) must forbid the use of any device used for the self-administration of a gas.”

This requires the Secretary of State to forbid the use of medical devices which cause death by the administration of a gas.

Amendment (a) to new clause 13, leave out subsection (7).

This removes the power to make regulations that may make any provision that could be made by an Act of Parliament (known as Henry VIII power) from this new clause.

New clause 14—*Prohibition on advertising*—

“(1) The Secretary of State must by regulations make provision prohibiting—

- (a) the publication, printing, distribution or designing (anywhere) of advertisements whose purpose or effect is to promote a voluntary assisted dying service;
- (b) causing the publication, printing, distribution or designing of such advertisements.

(2) The regulations may contain exceptions (for example, for the provision of certain information to users or providers of services).

(3) Regulations under this section may make any provision that could be made by an Act of Parliament.

(4) But regulations under this section—

- (a) may not amend this Act, and
- (b) must provide that any offence created by the regulations is punishable with a fine.

(5) In this section “voluntary assisted dying service” means—

- (a) any service for or in connection with the provision of assistance to a person to end their own life in accordance with this Act, or
- (b) any other service provided for the purposes of any of sections 5 to 27.”

This clause imposes a duty to make regulations prohibiting advertisements to promote services relating to voluntary assisted dying under the Bill.

Amendment (b) to new clause 14, in subsection (2), leave out from “exceptions” to the end of subsection (3) and insert—

“() for the following—

communication made in reply to a particular request by an individual for information about a voluntary assisted dying service;

(b) communication which is—

(i) intended for health professionals or providers of voluntary assisted dying services, and

(ii) made in a manner and form unlikely to be seen by potential service users.

(3) Regulations under this section may make provision that could be made by an Act of Parliament, but may not amend this Act or the Suicide Act 1961.”

This amendment would limit the exceptions that can be created to the advertising ban set out in NC14 and also provides that regulations cannot amend the Suicide Act 1961, which includes the offence of assisting and encouraging suicide.

Amendment (a) to new clause 14, leave out subsection (3).

This removes the power to make regulations that may make any provision that could be made by an Act of Parliament (known as Henry VIII power) from this new clause.

New clause 15—*Investigation of deaths etc*—

“(1) In section 1 of the Coroners and Justice Act 2009 (duty to investigate certain deaths), after subsection (7) insert—

“(7A) In this Chapter a reference to an “unnatural death” does not include a death caused by the self-administration by the deceased of an approved substance, within the meaning of the Terminally Ill Adults (End of Life) Act 2025, that was provided to the deceased in accordance with that Act.”

(2) In section 20 of that Act (medical certificate of cause of death), after subsection (4) insert—

“(4A) Regulations under subsection (1) may make, in respect of cases where assistance was provided or purportedly provided to the deceased under the Terminally Ill Adults (End of Life) Act 2025—

- (a) such provision that is similar to, or that corresponds to, provision mentioned in subsection (1) as the Secretary of State considers appropriate;
- (b) such further provision as the Secretary of State considers appropriate.

(4B) Regulations under subsection (1) must provide that in cases where the cause of death appears, to the best of the knowledge and belief of the person issuing a certificate under the regulations, to be the self-administration by the deceased of an approved substance (within the meaning of the Terminally Ill Adults (End of Life) Act 2025) that was provided to the deceased in accordance with that Act, the certificate must—

- (a) state the cause of death to be “assisted death”, and
- (b) contain a record of the illness or disease which caused the person to be terminally ill within the meaning of that Act.”

(3) In Schedule 1 to that Act (suspension of investigations etc), in the definition in paragraph 1(6) of “homicide offence”, after paragraph (d) insert—

“(e) an offence under section 31, 32 or 33 of the Terminally Ill Adults (End of Life) Act 2025;”.

This new clause provides that references in Chapter 1 of the Coroners and Justice Act 2009 (investigations into deaths) to unnatural deaths do not include deaths caused by self-administration of approved substances provided in accordance with the Bill. It makes offences under clauses 31 to 33 “homicide offences” for the purposes of that Act. It also amends the powers in that Act in respect of medical certificates of cause of death.

Amendment (a) to new clause 15, in subsection (1), leave out from “section” to “(medical” in subsection (2) and insert

“20 of the Coroners and Justice Act 2009”

This amendment ensures that deaths from assisted dying will still fall within the coroner’s duty to investigate deaths under section 1 of the Coroners and Justice Act 2009.

New clause 20—Guidance about operation of Act—

“(1) The Secretary of State must issue guidance relating to the operation of this Act.

(2) The guidance need not (but may) relate to matters about which the Welsh Ministers may issue guidance under subsection (4) (“Welsh devolved matters”).

(3) Before issuing guidance under subsection (1), the Secretary of State must consult—

- (a) the Chief Medical Officer for England,
- (b) the Chief Medical Officer for Wales,
- (c) such persons with learning disabilities and other persons who have protected characteristics as the Secretary of State considers appropriate,
- (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Secretary of State considers appropriate,
- (e) if any part of the guidance relates to Welsh devolved matters, the Welsh Ministers, and
- (f) such other persons as the Secretary of State considers appropriate.

(4) The Welsh Ministers may issue guidance relating to the operation of this Act in Wales, but the guidance must only be about matters within devolved competence.

(5) For this purpose, a matter is “within devolved competence” if provision about it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd.

(6) Before issuing guidance under subsection (4), the Welsh Ministers must consult—

- (a) the Chief Medical Officer for Wales,
- (b) the Secretary of State,
- (c) such persons with learning disabilities and other persons who have protected characteristics as the Welsh Ministers consider appropriate,
- (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Welsh Ministers consider appropriate, and
- (e) such other persons as the Welsh Ministers consider appropriate.

(7) When preparing guidance under this section, an appropriate national authority must have regard to the need to provide practical and accessible information, advice and guidance to—

- (a) persons (including persons with learning disabilities) requesting or considering requesting assistance to end their own lives;
- (b) the next of kin and families of such persons;
- (c) the general public.

(8) An appropriate national authority must publish any guidance issued under this section.

(9) In this section—

“appropriate national authority” means the Secretary of State or the Welsh Ministers;

“protected characteristics” has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).”

This new clause (which is intended to replace clause 37) makes provision about guidance relating to the operation of the Bill.

New clause 21—Provision about the Welsh language—

“(1) In this section “relevant person” means a person in Wales who wishes to be provided with assistance to end their own life in accordance with this Act.

(2) Subsection (3) applies where the Welsh Ministers make regulations under section 39 (voluntary assisted dying services: Wales).

(3) Regulations under that section must make such provision as the Welsh Ministers consider appropriate for the purpose of ensuring that, where a relevant person indicates that they wish to communicate in Welsh, all reasonable steps are taken to secure that—

- (a) communications made by a person providing a voluntary assisted dying service to the relevant person are in Welsh, and
- (b) any report about the first or second assessment of the relevant person is in Welsh.

(4) Where a relevant person informs the Commissioner that they wish to communicate in Welsh, the Commissioner must take all reasonable steps to secure that—

- (a) communications made by the Commissioner to the relevant person are in Welsh,
- (b) each member of the panel to which the relevant person’s case is referred speaks Welsh, and
- (c) communications made by that panel to the relevant person are in Welsh,

and any certificate of eligibility issued by that panel must be in Welsh.

(5) Regulations under section 7, 9, 10, 17 or 26 that specify the form of—

- (a) a first or second declaration,
- (b) a report about the first or second assessment of a person, or
- (c) a final statement,

must make provision for the forms to be in Welsh (as well as in English).

(6) Before making regulations in pursuance of subsection (5), the Secretary of State must consult the Welsh Ministers.

(7) In this section—

“panel” and “referred” have the meaning given by paragraph 1 of Schedule 2;

“voluntary assisted dying service” has the meaning given by section 38.”

This new clause (which is intended to replace Clause 47) makes provision about the use of the Welsh language.

New clause 4—Monitoring by Chief Medical Officer—

“(1) The relevant Chief Medical Officer must—

- (a) monitor the operation of the Act, including compliance with its provisions and any regulations or code of practice made under it,
- (b) investigate, and report to the appropriate national authority on, any matter connected with the operation of the Act which the relevant national authority refers to the relevant Chief Medical Officer, and
- (c) submit an annual report to the appropriate national authority on the operation of the Act.

(2) The relevant Chief Medical Officer’s report must include information about the occasions when—

- (a) a report about the first assessment of a person does not contain a statement indicating that the coordinating doctor is satisfied as to all of the matters mentioned in section 9(2)(a) to (h),
- (b) a report about the second assessment of a person does not contain a statement indicating that the independent doctor is satisfied as to all of the matters mentioned in section 10(2)(a) to (e),
- (c) a panel has refused to grant a certificate of eligibility,

(d) the coordinating doctor has refused to make a statement under section 17(6).

(3) An annual report must include information about the application of the Act in relation to—

- (a) persons who have protected characteristics, and
- (b) any other description of persons specified in regulations made by the Secretary of State.

(4) When preparing an annual report, the relevant Chief Medical Officer must consult—

- (a) The Commissioner, and
- (b) such persons appearing to the relevant Chief Medical Officer to represent the interests of persons who have protected characteristics as the relevant Chief Medical Officer considers appropriate.

(5) An appropriate national authority must—

- (a) publish any report received under this section,
- (b) prepare and publish a response to any such report, and
- (c) lay before Parliament or Senedd Cymru (as the case may be) a copy of the report and response.

(6) In this section “appropriate national authority” means the Secretary of State or the Welsh Ministers.

(7) In this section “protected characteristics” has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).

(8) In this section “relevant Chief Medical Officer” has the meaning given by section 37(5).”

This new clause would require the monitoring, investigation and reporting functions set out in the Bill to be carried out by the Chief Medical Officer instead of the Voluntary Assisted Dying Commissioner.

New clause 5—Implications for civil procedure rules and probate proceedings—

“(1) The Secretary of State must, within six months of the passing of this Act, publish a report setting out the implications of this Act on—

- (a) the civil procedure rules, and
- (b) probate proceedings.

(2) The report in subsection (1) must include an analysis of likely consequential changes to the civil procedure rules and probate proceedings in consequence of this Act.”

New clause 6—Board to consult communities—

“(1) The Commissioner must, within six months of being appointed under this Act, appoint a consultation board.

(2) The role of the board is to consult communities in order to report to the Commissioner on the impact of the Act on those communities.

(3) The Board must report to the Commissioner and the Secretary of State every 12 months from its appointment on its findings.

(4) The communities that the Board must consult include people from Black, Asian and Minority Ethnic communities.

(5) The Board may consult other groups in addition to those listed in subsection (4) as it considers appropriate.

(6) The Secretary of State must, within 3 months of receiving a report under subsection (3), lay that report before both Houses of Parliament.”

New clause 19—Collection of statistics—

“(1) The Voluntary Assisted Dying Commissioner must ensure that the statistics specified in Schedule (Statistics to be collected) are collected.

(2) The Commissioner must publish a yearly report setting out those statistics.

(3) The Secretary of State may, by regulation, vary the contents of Schedule (Statistics to be collected).”

Amendment 13, in clause 4, page 2, line 22, at end insert—

“(2A) A person may not be appointed under subsection (2) unless the appointment has the consent of the Health and Social Care Select Committee of the House of Commons.

(2B) In this section, references to the Health and Social Care Committee shall—

- (a) if the name of that Committee is changed, be taken (subject to paragraph (b)) to be references to the Committee by its new name;
- (b) if the functions of that Committee at the passing of this Act with respect to matters relating to the provision of assistance under this Act become functions of a different committee of the House of Commons, be taken to be references to the committee by whom the functions for the time being exercisable.”

Amendment 96, in clause 25, page 21, line 5, at end insert—

“(1A) A drug or other substance may only be approved under this Act if the Secretary of State is reasonably of the opinion that there is a scientific consensus that this drug (or other substance) or combination of drugs (or other substances), is effective at ending someone’s life without causing pain or other significant adverse side effects.”

This amendment ensures that drugs can only be approved if the Secretary of State is reasonably of the opinion that there is a scientific consensus that the drug is effective at ending someone’s life without causing pain or other significant adverse side effects.

Amendment 97, page 21, line 5, at end insert—

“(1A) A drug or other substance may only be approved under this Act if it has been licensed by the Medicines and Healthcare products Regulatory Agency for that purpose.”

This amendment ensures that drugs can only be approved for this purpose if the MHRA has licensed those drugs for that purpose.

Amendment 98, page 21, line 5, at end insert—

“(1A) Nothing in subsection (1) requires the Secretary of State to approve any drugs or other substance if they conclude that there are no appropriate drugs or other substances to approve.”

If the Secretary of State concludes that no drugs or substance is appropriate to be used, then the Secretary of State is not required by subclause 25(1) to approve any.

Amendment 27, page 21, line 7, at end insert—

“(2A) The doses and types of lethal drugs specified in any regulations made under subsection (1) must be licensed by the Medicines and Healthcare products Regulatory Agency.

(2B) The doses and types of lethal drugs to bring about the person’s death must be recommended by the guidelines of either—

- (a) the National Institute of Clinical Excellence, or
- (b) the All Wales Medicines Strategy Group in Wales, as appropriate, prior to licensing.”

This amendment will require the doses and types of lethal drugs to be licensed by the Medicines and Healthcare products Regulatory Agency and to be recommended by either the National Institute of Clinical Excellence or the All Wales Medicines Strategy Group in Wales as appropriate prior to licensing.

Amendment 99, page 21, line 7, at end insert—

“(2A) The Secretary of State may not lay a draft statutory instrument containing (whether alone or with other provision) regulations under subsection (1) before both Houses of Parliament unless they also lay before both Houses a report setting out all relevant information on the likely time to death, complications (including pain) and likely side effect.”

This amendment requires that a report be provided to Parliament setting out the information available on the proposed drugs, including time to death, complications (including pain) and likely side effects. Such a report is required before Parliament votes to approve the drugs or substance. See consequential Amendment 100.

Amendment 69, page 21, line 8, leave out subsection (3) and insert—

“(3) See section (Regulation of approved substances and devices for self-administration) for powers to make provision about—

(a) approved substances, and

(b) devices for use or used in connection with the self-administration of approved substances.”

This is consequential on NC13.

Amendment 53, line 24, leave out clause 34

This amendment is consequential on NC13.

Amendment 54, line 34, leave out clause 35

This amendment is consequential on NC15.

Amendment 19, in clause 36, page 27, line 17, at end insert—

“(ba) how the provisions of this Act relate to the operation of—

(i) the Government’s strategy on suicide prevention,

(ii) the duties on clinicians and others to secure the right to life, including of those at risk of suicide, under paragraphs 1 and 2 of Article 2 (Right to Life) set out in Schedule 1 of the Human Rights Act 1998,

(iii) the Mental Health Act 1983,

(iv) deprivation of liberty safeguards as set out in Schedule A1 to the Mental Capacity Act 2005, and

(v) liberty protection safeguards as set out in Schedule AA1 to the Mental Capacity Act 2005.”

Amendment 70, page 27, line 20, at end insert—

“(ca) ensuring effective communication in connection with persons seeking assistance under this Act to end their own lives, including the use of interpreters;”

This amendment provides that a code of practice must be issued covering ensuring effective communication in connection with persons seeking assistance under the Bill.

Amendment 108, page 27, line 31, at end insert—

“(h) how the provisions of this Act, including but not limited to section 23, interact with the provisions of the Abortion Act 1967.”

Amendment 71, page 27, line 35, leave out subsection (3).

This amendment is consequential on amendment 70.

Amendment 20, page 28, line 5, leave out subsection (8) and insert—

“(8) If it appears to a court or tribunal conducting any criminal or civil proceedings that—

(a) a provision of a code, or

(b) a failure to comply with a code,

is relevant to a question arising in the proceedings, the provision or failure must be taken into account in deciding the question.”

Amendment 89, page 28, line 7, leave out clause 37.

This amendment is consequential on NC20.

Amendment 34, in clause 37, page 28, line 14, at end insert—

“(ii) persons from Black, Asian and Minority Ethnic communities and advocate groups representing those communities, and

(iii) representatives of the healthcare sector, including persons who work in hospices.”

Amendment 12, clause 38, page 28, line 36, leave out subsections (4) and (5) and insert—

“(4A) Regulations under subsection (1) may not amend, modify or repeal section 1 of the National Health Service Act 2006.”

This amendment would prevent section 1 of the National Health Service Act 2006, which sets out the purposes of the NHS, from being amended by regulations. Its effect would be to require changes to be made by an Act of Parliament instead.

Amendment 105, page 29, line 4, leave out subsection (6).

Amendment 15, page 29, line 5, at end insert—

“(6A) Regulations under this section must provide that, where a body other than a public authority provides voluntary assisted dying services under subsection (1), that body must publish an annual statement that includes information on the following—

(a) the number of persons to whom the body has provided a preliminary discussion under section 5(3);

(b) the number of persons to whom the body has assessed under section 9(1);

(c) the number of persons to whom the body has assessed under section 10(1);

(d) the number of persons to whom assistance has been provided under section 23(2);

(e) the cost and revenue associated with providing such assistance; and

(f) any other matter that the Secretary of State may specify.”

This amendment would require private providers of the services permitted under the Act to publish annual statements of the numbers of people to whom they have provided those services. It would also require them to disclose their associated costs and revenue.

Amendment 92, in clause 39, page 29, line 13, leave out from “Wales” to end of line 14.

Amendment 106, page 29, line 16, leave out subsection (2)(a).

Amendment 107, page 29, line 22, leave out subsection (4)(a).

This amendment and amendment 93 ensure that the power under subsection (3) also covers provision securing that arrangements are made for the provision of services, so far as such provision is outside the legislative competence of the Senedd.

Amendment 93, page 29, line 27, at end insert—

“(b) a reference to provision about voluntary assisted dying services includes in particular provision securing that arrangements are made for the provision of such services.”

See the statement for Amendment 92.

Amendment 29, in clause 40, page 30, line 5, at end insert—

“(5) Any notification to the Commissioner made pursuant to regulations under this section must be forwarded by the Commissioner to the relevant Chief Medical Officer.

(6) The relevant Chief Medical Officer may exercise any power granted to the Commissioner under subsection (2).

(7) In this section “relevant Chief Medical Officer” has the meaning given by section 37(5).”

Amendment 21, in clause 43, page 31, line 15, at end insert—

“(4) For the first reporting period referred to under subsection (2) (a) the report must set out an assessment of the state of health services to persons with palliative and end of life care needs and the implications of this Act on those services.

- (5) The report under subsection (4) must, in particular, include an assessment of the availability, quality and distribution of appropriate health services to persons with palliative and end of life care needs, including—
- (a) pain and symptom management;
 - (b) psychological support for those persons and their families;
 - (c) information about palliative care and how to access it.”

This amendment would require the Secretary of State for Health and Social Care to prepare and publish an assessment of the 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). This would mirror the assessment already required as part of the 5 year review of the act.

Amendment 28, page 31, line 32, leave out clause 45.

This amendment is linked to NC4.

Amendment 35, clause 45, page 32, line 20, after “characteristics” insert

“, including persons representing Black, Asian and Minority Ethnic communities.”.

Amendment 36, in clause 46, page 33, line 11, after “disabilities” insert

“, and

(ii) persons from Black, Asian and Minority Ethnic communities”.

Amendment 90, page 33, line 18, leave out clause 47.

This amendment is consequential on NC21.

Amendment 39, in clause 47, page 33, line 19, after “provided” insert “in Wales”.

This amendment specifies that this section applies only to services provided in Wales.

Amendment 40, page 33, line 24, at end insert—

“(2A) Any entity providing a service or fulfilling a function under this Act must take all reasonable steps to ensure the particular health professionals providing a service or fulfilling a function under sections 5, 9, 10, 12, 15, and 23 have fluent proficiency in the Welsh language, if the services are to be provided to a person in Welsh under subsection (1).

(2B) For the purposes of subsection (2A), “fluent” includes speaking fluent Welsh in order to enable conversations with the person in Welsh.

(2C) The Commissioner must take all reasonable steps to ensure members of Assisted Dying Panels will, if the person to whom the referral relates has asked for services to be provided in Welsh, when hearing from or questioning that person under section 15(4)(b), do so in Welsh.”

Amendment 103, in clause 50, page 34, line 24, leave out from “under” to end of line 29 and insert

“any provision of this Act unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament.”

This amendment would require all statutory instruments in the Act, except commencement orders, to be made by the draft affirmative procedure. It is linked with Amendment 104 which creates the power for the Secretary of State to use the made affirmative procedure in cases of emergency.

Amendment 72, page 34, line 24, after “10(9)”, insert—

“(Regulation of approved substances and devices for self-administration).”.

This amendment provides that regulations under NC13 are subject to the draft affirmative procedure.

Amendment 50, page 34, line 24, after “10(9)”, insert “(Doctor independence)”.

This amendment makes regulations under NC7 [Doctor independence] subject to the affirmative procedure.

Amendment 100, page 34, line 24, after “10(9)”, insert “25(1)”.

This amendment makes regulations under clause 25(1) subject to the draft affirmative procedure. It is consequential on Amendment 99.

Amendment 73, page 34, line 25, leave out “or 39” and insert—

“39, or (prohibition on advertising)”.

This amendment provides that regulations under NC14 are subject to the draft affirmative procedure.

Amendment 88, page 34, line 25, after “39” insert “or (Collection of statistics)”.

This amendment provides that the changes to NS2 should be made by affirmative regulations, and is consequential to NS2.

Amendment 104, page 34, line 32, at end insert—

“(5A) If they reasonably consider it urgent and necessary for the protection of others, the Secretary of State or the Welsh Ministers may dispense with the requirement to lay a draft statutory instrument.”

This amendment is linked with Amendment 103. It creates the power for the Secretary of State to use the made affirmative procedure in cases of emergency (this means that it would come into effect straight away but there would be a vote afterwards).

Amendment 76, in clause 53, page 36, line 12, at beginning insert “Subject as follows,”.

This amendment is consequential on amendment 77.

Amendment 77, page 36, line 12, at end insert “only.

(2) Sections (Regulation of approved substances and devices for self-administration), (Prohibition on advertising), 50 and 52, this section, and sections 54 and 55 extend to England and Wales, Scotland and Northern Ireland.

(3) Section (No obligation to provide assistance etc)(8) and Schedule (Protection from detriment) extend to England and Wales and Scotland.”

This amendment provides for NC13 (regulation of approved substances etc) and NC14 (prohibition on advertising), and the general provisions of the Bill, to extend to each part of the United Kingdom; and for NC10 (no obligation to provide assistance etc) and NS1 (protection from detriment) to extend to England and Wales and Scotland.

Amendment (a) to amendment 77, in subsection (2), leave out

“(Regulation of approved substances and devices for self-administration).”.

This would provide that NC13 (regulation of approved substances etc...) does not extend to each part of the United Kingdom and only applies, like most of this Bill, to England and Wales.

Amendment (b) to amendment 77, in subsection (3), leave out “and Scotland”.

This amendment would provide that subsection (8) of NC10 (no obligation to provide assistance) and NS1 (protection from detriment) only extend to England and Wales.

Amendment 42, in clause 54, page 36, line 16, leave out subsections (2) to (5) and insert—

“(2) In relation to England, the provisions of this Act not brought into force by subsection (1) come into force on such day or days as the Secretary of State may by regulations appoint.”

This amendment will mean that, except as provided by subsection (1), provisions of the Bill will only commence in England when the Secretary of State makes a commencement order, and not automatically.

Amendment 37, in clause 54, page 36, line 21, leave out subsection (4) and insert—

“(4) Regulations under this section cannot be made unless the Secretary of State has previously—

- (a) made a statement to the effect that in their view the provisions of the Act are compatible with the Convention rights; or
- (b) made a statement to the effect that although they are unable to make a statement under subsection (4)(a), the Government nevertheless wishes to proceed with commencing provisions of the Act.
- (4A) The statement required by subsection (4) must be laid before both Houses of Parliament.
- (4B) A statement under subsection (4)(b) must include the steps the Government plans to take to resolve any incompatibility.”

Amendment 3, page 36, line 22, leave out “four” and insert “three”.

Amendment 94, page 36, line 25, leave out “Wales” and insert—

“sections 39(1) and (2) and (Provision about the Welsh language)(2) and (3) which come into force on such day as the Welsh Ministers may by regulations appoint.”

This amendment provides that the Welsh Ministers have power to commence clauses 39(1) and (2) and NC21(2) and (3), and that other provisions of the Bill come into force in accordance with subsections (1) to (4) of this clause.

Amendment 95, page 36, line 26, leave out subsection (6).

This amendment is consequential on Amendment 94.

New schedule 2—*Statistics to be collected*—

“*Characteristics*

- 1 The Voluntary Assisted Dying Commissioner must collect the following information about persons requesting assisted dying—
 - (a) sex,
 - (b) age,
 - (c) self-reported ethnicity,
 - (d) level of education,
 - (e) Index of Multiple Deprivation based on postcode,
 - (f) region of residence,
 - (g) marital status,
 - (h) living status (alone, with others, in a care home etc),
 - (i) main condition leading to “terminal illness” fulfilment,
 - (j) other medical conditions,
 - (k) other psychiatric / mental health conditions,
 - (l) presence of physical disability, and
 - (m) presence of intellectual disability.

Health and Care Support

- 2 The Commissioner must collect statistics on the following information about health and care support—
 - (a) whether the person was, before the request—
 - (i) under a specialist palliative care team, and
 - (ii) under a psychiatry team,
 - (b) whether following the request there has been—
 - (i) referral to specialist palliative care team, and
 - (ii) referral to psychiatry team following request.

Information about requests

- 3 The Commissioner must collect statistics on the following information about the requests for assistance—
 - (a) the main reason for requesting assisted dying,
 - (b) any other subsidiary reason for requesting assisted dying,
 - (c) any previous requests for assisted dying from that patient,
 - (d) time between first request and subsequent request(s),
 - (e) number of times a second opinion was requested under section 10, and

- (f) number of times the second opinion disagreed with the first.

Information about refused requests

- 4 The Commissioner must collect statistics following information about requests that are refused—
 - (a) at what stage of the process was the request refused, and
 - (b) reasons for refusal.

Information about the process

- 5 The Commissioner must collect statistics on the following information about the process—
 - (a) time from initial discussion to first declaration,
 - (b) time from first declaration to first doctor’s assessment,
 - (c) time from first doctor’s assessment to second doctor’s assessment,
 - (d) time from second doctor’s assessment to panel approval,
 - (e) time from panel approval to second declaration,
 - (f) time from second declaration to provision of assistance to self-administer lethal drugs,
 - (g) time from panel approval to death (whether by lethal drug or natural causes),
 - (h) duration of relationship between patient and coordinating doctor at first request, and
 - (i) use of a proxy and reason for using proxy.

Information about clinicians and pharmacies

- 6 The Commissioner must collect statistics on the following information about clinicians and pharmacies—
 - (a) number of clinicians participating, their speciality, and number of assisted deaths each carries out per year, and
 - (b) number of participating pharmacies; number of times assisted dying drugs are dispensed.

Information about Assisted Dying Panel processes

- 7 The Commissioner must collect statistics on the following information about Assisted Dying Panel process—
 - (a) number of applications made,
 - (b) number of applications granted and rejected,
 - (c) reasons for rejection,
 - (d) whether family members informed of proceedings,
 - (e) whether family members took part in proceedings,
 - (f) number of requests for reconsideration made,
 - (g) number of reconsideration requests granted and rejected, and
 - (h) reasons for granting requests.

Information on approved substances

- 8 The Commissioner must collect statistics on the following information about the approved substances—
 - (a) name of drug(s) used for the assisted death,
 - (b) whether intravenous or oral self-administration is used,
 - (c) presence and nature of complications following self-administration of drugs (vomiting, regurgitation, seizures, regained consciousness, other),
 - (d) time from self-administration to loss of consciousness,
 - (e) time from self-administration to death,
 - (f) whether emergency services called at any time following self-administration of drugs,
 - (g) location of death,
 - (h) health care professionals present at self-administration,
 - (i) non-professionals present at self-administration,
 - (j) health care professionals present at death,
 - (k) non-professionals present at death.”

Amendment 82, in schedule 2, page 41, line 18, leave out sub-paragraph (1) and insert—

“(1) The Judicial Appointments Commission must make arrangements for the appointments to a list of persons eligible to sit as members of panels.”

This amendment requires that panel members be appointed by the Judicial Appointments Commission. It is linked with Amendments 83, 84, 85 and 86.

Amendment 83, page 41, leave out lines 23 to 26 and insert—

“but has not reached the age specified in section 11 (Tenure of office of judges of Senior Courts) of the Senior Courts Act 1981.”

This amendment requires that the legal member of the Panel is someone who holds high judicial office or has held high judicial office but not yet reached the mandatory retirement age. It is linked with Amendments 83, 84, 85, and 86.

Amendment 41, page 41, line 34, at end insert—

“(2A) In Wales, the Commissioner must take all reasonable steps to ensure each member of a panel has fluent proficiency in the Welsh language if services or functions in the Act are to be provided to an individual in Welsh under section 47(1).

(2B) For the purposes of subsection (2A), “fluent” includes speaking fluent Welsh.”

Amendment 84, page 42, line 2, leave out “or deputy judge”.

This amendment ensures that only High Court judges, and not deputy High Court judges, can chair the panel. It is linked with Amendments 83, 84, 85 and 86.

Amendment 85, page 42, line 2, at end insert—

“(4) All judges of the High Court are automatically on the list and will remain so for the duration of their appointment to the High Court.

(5) If they have not already, all persons on the list (whether as a legal member, psychiatrist member, or social care member) must take the judicial oath.”

This amendment makes all High Court judges automatically eligible to chair panels without needing further application and it requires that the non-legal members take the judicial oath before they can sit. It is linked with Amendments 83, 84, 85 and 86.

Amendment 86, page 43, line 5, at end insert—

“(3) Panels shall have the same powers, privileges and authority as the High Court.”

This amendment gives the panel the same powers as the High Court. It is linked with Amendments 83, 84, 85 and 86.

Kim Leadbeater: It is a privilege to open today's debate and to present to the House the amendments tabled in my name, a number of which relate to issues that I promised to return to when they were raised in Committee. All amendments in my name have been drafted with technical advice and expertise from civil servants from the Department of Health and Social Care and the Ministry of Justice, along with the brilliant Government Legal Department and the Office of the Parliamentary Counsel, in order to make the Bill workable and to give coherence to the statute book, as confirmed by the Minister for Care, my hon. Friend the Member for Aberafan Maesteg (Stephen Kinnock), and the Minister for Courts and Legal Services, my hon. and learned Friend the Member for Finchley and Golders Green (Sarah Sackman), in their recent letter to MPs. Some are technical and drafting amendments, and all are there to strengthen the Bill, so I hope that colleagues will be able to support them, wherever they stand on the principle of assisted dying.

I know that many colleagues wish to speak today, so I will endeavour to speak with brevity. I will speak first to the new clauses that stand in my name, starting with new clause 13. This important new clause and the related amendments would create a regulatory framework and safeguards around the approved substances referred to in the Bill by imposing a duty to make regulations about those substances and a power to make regulations about devices for use in connection with their self-administration.

Amendment 72 provides that the regulations relating to approved substances would be subject to the affirmative procedure, meaning that they must be laid before Parliament and approved by resolution of both Houses, providing important parliamentary oversight. These measures ensure that the substances used in assisted dying are subject to a specific and appropriate regulatory regime.

Patricia Ferguson (Glasgow West) (Lab): I am genuinely looking for clarification. As a former Cabinet Minister in the Scottish Government, I jealously guard the devolution settlement. I wonder how the extension of some of these clauses to include Scotland will be interpreted. What conversations have taken place between my hon. Friend, Scotland's Lord Advocate and the Scottish Government?

Kim Leadbeater: I have taken legal advice from Government officials to ensure that devolution is respected at every stage in proceedings. Where legislation that affects other jurisdictions needs to be amended, those conversations have already started and will continue.

Jim Shannon (Strangford) (DUP): Will the hon. Lady give way?

Kim Leadbeater: No, I am going to make some progress, if that is okay.

The substances that would be used would not be new substances. As we know, assisted dying is available in many other jurisdictions, and there are substances that have been used safely and, in some cases, for many years. Their safety and efficacy has been proven around the world, but they do need to be treated differently, which is the purpose of new clause 13.

Simon Hoare (North Dorset) (Con): Will the hon. Lady give way?

Jim Shannon: Will the hon. Lady give way?

Kim Leadbeater: I am going to make some progress.

However, it is most likely that these products are already licensed for other purposes. They could well be regulated through the Medicines and Healthcare products Regulatory Agency and within the Human Medicines Regulations 2012 for the purposes of the Bill, but it is important that time is given—

Cat Eccles (Stourbridge) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I will.

Cat Eccles: As an operating department practitioner with more than 20 years of experience, I emphasise that controlling and administering drugs is already a key part of every healthcare professional's practice. Medicines

[*Cat Eccles*]

management is at the front and centre of everything we do when handling drugs. Does my hon. Friend agree that the safeguards added to this Bill, along with the existing frameworks, are more than adequate to deal with this?

Kim Leadbeater: I thank my hon. Friend for sharing her expertise, along with other colleagues with medical backgrounds who have worked with me on this amendment.

Several hon. Members *rose*—

Kim Leadbeater: Given what you have said, Mr Speaker, I will make some progress. [*Interruption.*] A lot of Members wish to speak today.

I now turn to new clause 14 and amendment 73. The new clause imposes a duty to make regulations prohibiting advertising of services related to voluntary assisted dying. This issue was discussed in Committee, following an amendment tabled by the hon. Member for West Worcestershire (Dame Harriett Baldwin). It was proposed that there should be no advertising of assisted dying services. I agree, and there was a consensus on that in the Committee. There were some issues with the previous amendment's workability, so I gave a commitment to return to the matter on Report—hence the inclusion of this new clause. Amendment 73 provides that regulations under new clause 14 would be subject to the affirmative procedure, providing parliamentary oversight.

Jim Shannon: On the evidential basis, on page 15 of today's edition of *The Times* there is a story about a gentleman who was born in South Africa and lives in Australia. He has come to London this week for this particular Bill in order to give his story. He was diagnosed with pancreatic cancer and told he had only two weeks to live: he lived for three years and one month, and he is still living. There is a growing evidential basis. He said that he was never afraid to die, but he says that he is afraid of the process of dying, and the hon. Lady is the initiator of that. Will she acknowledge the evidential basis and the importance of this subject? Does she realise that the evidential basis against this Bill is growing?

Kim Leadbeater: I thank the hon. Gentleman for the intervention, although I am not sure that it is relevant to the banning of advertising for assisted dying services, which I will try to stay focused on.

Gregory Stafford (Farnham and Bordon) (Con): Will the hon. Lady give way?

Kim Leadbeater: I am afraid that I am going to have to make some progress, based on the number of Members who wish to speak today.

I thank the hon. Member for West Worcestershire and the hon. Member for Reigate (Rebecca Paul) for working with me on amendment 73, and I am very pleased that they support it.

Dr Ben Spencer (Runnymede and Weybridge) (Con): Will the hon. Lady give way?

Kim Leadbeater: I will not—sorry.

New clause 15 and amendment 54 make changes to the Coroners and Justice Act 2009 that the Bill would necessitate. They would insert a new clause into the Act to provide that deaths that occur in accordance with the Bill will be certified by an attending practitioner and medical examiner and will not be subject to a coronial investigation.

Dr Spencer: Will the hon. Lady give way?

Kim Leadbeater: I am afraid not.

Coroners investigate suspicious or violent deaths, or situations in which the cause of death is unknown. Assisted deaths would not fall into these categories, and there would therefore be no need for a default coronial investigation. This will ensure that any unnecessary delays and distress for bereaved families are avoided. These are not unexpected deaths; sadly, they were inevitable.

Jess Asato (Lowestoft) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I will not, I am afraid.

It is the manner and timing of their death about which the patient will make a legal, informed choice, having been thoroughly assessed. As Professor Aneez Esmail has said, "I cannot think of any death that would be the subject of greater scrutiny in advance of the person dying than an assisted death. The process far exceeds the level of safeguarding that is in place for many of the deaths that are, at present, routinely reviewed by medical examiners and not referred to a coroner." Of course, anyone can report a death—including an assisted death—to the coroner, or indeed to the police, if they have any concerns that it was not carried out in accordance with the Act, and if any offences have been committed, they will be investigated.

9.45 am

Subsection (2) of new clause 15 requires that the medical certificate of cause of death must state the death as an assisted death, but it must also record the illness or disease that caused the person to be terminally ill and enabled them to receive assistance under the Act. This is really important for data collection and monitoring. In jurisdictions with similar legislation, around 70% of patients have some form of cancer, and the new clause would ensure that data is collected, not only in relation to how many people access assisted dying but in relation to the terminal illnesses that make them eligible.

I now turn to new clause 20, which relates to the guidance about the operation of the Act, including with respect to devolution. Put simply, new clause 20 ensures that the right rules and responsibilities sit with the right people. First, it places the obligation to issue guidance with the Secretary of State. Secondly, it enables Welsh Ministers to issue guidance on devolved matters. The Secretary of State must consult the chief medical officers in order to have the benefit of their expertise, which is also really important. New clause 20 also adds a provision that ensures that the Secretary of State must consult people with learning disabilities and people with protected characteristics, which include disability, race, religion and belief.

Ms Polly Billington (East Thanet) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I am going to make some progress, I am afraid.

The Secretary of State must also consult providers of health and care services, including palliative and end-of-life care. I am really pleased that Hospice UK is supporting this amendment—it is very important that those voices are heard. The Secretary of State can also consult anyone else they feel to be appropriate, creating a flexible and holistic approach.

Turning to devolution, this long-overdue reform would apply to England and Wales, which share a criminal justice system. Health is a devolved matter, of course, and I have recognised from the outset that the legislation must respect devolution. I am fully committed to observing the same conventions that the Government would if this were a Government Bill. I have worked with UK Government officials to ensure that the right steps are taken at the right time by the right people. I have engaged with colleagues in the Welsh Government—I met the Welsh Health Minister in Cardiff, and there have been ongoing detailed discussions between the two teams of Government officials to ensure the workability of the legislation in both jurisdictions, in line with the devolution settlement.

Amendments 92 to 95 also ensure that the devolution settlement is respected and adhered to. I thank the right hon. Member for Dwyfor Meirionnydd (Liz Saville Roberts) and the hon. Member for Chesham and Amersham (Sarah Green), not only for their diligent work on the Bill Committee but for working with me on the amendments in relation to Wales, and I thank the Welsh Government for their guidance and support. I hope that colleagues across the House can support these new clauses and amendments.

I now turn to new clause 21, which makes specific provision about the use of the Welsh language. The conversations that happen at the end of a person's life are extremely personal and should be handled with the utmost sensitivity. It is very important that they are conducted in the best interests of the patient, and a big part of that is using clear communication. In this respect, language matters, so if a patient in Wales has Welsh as their first or preferred language, all efforts should be made to ensure they can communicate with voluntary assisted dying services in Welsh. I committed to this in Committee, and have made good on that commitment.

Turning to amendments 76 and 77, as with any Bill, it is important that the amending legislation secures overall coherence with the statute book. As such, the clauses relating to medicines, advertising and employment protections amend, or confer power to amend, other legislation that currently extends to parts of the UK. Of course, this does not mean the provision of assisted dying, but, for example, they extend the prohibition on advertising to the whole of the UK and apply the employment protections in the Bill to Scotland. That is in line with the guidance I have received from legal experts, and as such I hope all colleagues can support these amendments. If the Bill passes, I will, if necessary, work with other devolved Administrations in the same way as I have worked with the Welsh Government to ensure that devolution is respected.

That concludes the explanations of the amendments tabled in my name. Many colleagues are keen to speak, so I am not going to comment on all the amendments in the group; I will just make two comments about amendments that are not in my name, and allow other people plenty of time to speak.

Amendment 42, tabled by my hon. Friend the Member for Newcastle-under-Lyme (Adam Jogee), would not only try to remove the backstop for the provision of assisted dying in England, but create a number of other issues in relation to commencement. If Parliament chooses to give this choice to terminally ill people, there cannot be a clause in the Bill that would prevent that from being available as soon as it was safe and practicable. But the amendment would remove the four-year backstop. It would also prevent the appointment of the voluntary assisted dying commissioner and create a potential commencement gap between England and Wales. Given that, I have been strongly advised that the amendment would create serious workability issues. I urge colleagues who want an operable Bill to join me in rejecting the amendment.

To finish, I am pleased to support amendment 21, tabled by the hon. Member for Twickenham (Munira Wilson). I thank her for her engagement with the Bill and the amendment, which would require the Secretary of State to prepare and publish an assessment of the availability, quality and distribution of palliative and end-of-life care, as part of the first report on the implementation of the Act, mirroring the assessment already required as part of the five-year review.

Although the Bill seeks to address what in some respects is a very specific issue in terms of the failings of the current law, it has become part of a much-needed broader conversation about death, dying and end-of-life care. We all have our own experiences of death, loss and grief, and we do not talk about them enough. I am really pleased that the Bill has led to many conversations up and down the country; whatever our views, that has to be a positive thing.

Danny Kruger (East Wiltshire) (Con): Will the hon. Lady give way?

Kim Leadbeater: I have nearly finished.

I have had many such conversations over recent months with those who support the amendment, including with palliative care doctors, nurses, hospice staff, GPs, Hospice UK and Marie Curie. I thank them all for their constructive engagement with the Bill. I cannot imagine that anyone in this place is not truly grateful for the outstanding work done every day by the wonderful people working in palliative and end-of-life care in every one of our constituencies. Many of us, if not most of us, will have personal experience of the kindness and compassion that those people have shown to our own families and friends.

But this is not an either/or conversation. Palliative and end-of-life care and assisted dying can and do work side by side to give terminally ill patients the care and choice that they deserve in their final days. Just as there should not be an either/or for dying people, there should also not be an either/or for us as legislators in having to choose between supporting assisted dying or other end-of-life choices. That is why I am supporting amendment 21:

[*Kim Leadbeater*]

to ensure that in this place we channel our energies into supporting all options available to terminally ill people—something that I have always committed to do.

Sarah Olney (Richmond Park) (LD): It is a privilege to be called at this stage in the debate. My principal reason for voting against the Bill on Second Reading was my concern that vulnerable people would be put at risk. I agreed to serve on the Bill Committee to do what I could to allay my concerns about that issue and address some of the issues raised by others. I do not think that the revised version of the Bill properly or completely reflects the concerns expressed on a multitude of different occasions. Consequently, it does not fully mitigate the risks to vulnerable groups.

We all recognise that decision making of any kind does not take place in a vacuum and that, in all parts of life, we live in a particular context. The Equality Act 2010 recognises that many people face discrimination or unfair treatment as a result of particular characteristics and that reasonable steps should be taken to eliminate that. It was very clear from the oral evidence sessions that particular care has to be taken to assess the context within which people are making the decision to seek an assisted death: if they suffer from a mental illness or eating disorder, if they are from a low-income or ethnic minority background, if they suffer from a disability or if they are in an abusive relationship. Those factors are likely to lead to an increased risk that someone will seek an assisted death that they would not have sought if those factors were not present.

In Committee, I and others made the point that it would have been desirable to have received an equality impact assessment before the detailed work of Committee scrutiny had begun, so that Committee members had a sense of how the proposed legislation would impact groups that we know can suffer disproportionate levels of disadvantage.

Sir John Hayes (South Holland and The Deepings) (Con): Will the hon. Lady give way?

Sarah Olney: I will not, if that is okay.

We were told that it was not practical to produce such an assessment until after Committee stage, as it would be necessary to assess the impact of amendments made in Committee.

The equality impact assessment was finally published five weeks ago. I have to say that I was pretty astounded. It does not recognise that certain groups in this country may have their lives prematurely shortened as a result of this legislation; instead, it concerns itself with the barriers that vulnerable people may face when trying to access assisted dying. I find that astonishing. Did the people who drafted the assessment not hear the speech of the hon. Member for Vauxhall and Camberwell Green (Florence Eshalomi) on Second Reading? She spoke with passion about how the underlying inequalities in access to healthcare experienced by those from black and minority ethnic backgrounds would be exacerbated if the Bill passed unamended. Did they not listen to the oral evidence that Dr Jamilla Hussain gave to the Bill Committee? She talked about her experience of working

with racialised communities in Bradford and their fears of being pushed disproportionately towards an assisted dying pathway. Did they not listen to the testimony of Dr Miro Griffiths on the experience and concerns of disabled people—testimony that has been echoed by Baroness Tanni Grey-Thompson and the actress Liz Carr?

I find it inexplicable that the framing of the impact on vulnerable people should be the removal of barriers to accessing assisted dying and not, as it should be, the increased risk to their health and wellbeing that the Bill presents. I am concerned that we are thinking about the impact on vulnerable people solely with reference to those who are suffering a terminal illness with less than six months to live. We are not thinking about the impact on wider society of introducing a concept of lives not being worth living and how that might disproportionately affect our more vulnerable communities.

My new clause 19 and consequential new schedule 2 and amendment 88 seek to ensure that a comprehensive range of statistics are collected about those who seek and receive an assisted death, so that proper and complete monitoring of requests can be carried out. It is imperative that we get the most detailed possible picture of who is requesting an assisted death so that any patterns of disproportionality can be properly detected and addressed.

Jim Shannon: What assurances does the Bill give to the families of people with a disability, or those with mental health issues and those who are anorexic? I do not see any. Does the hon. Lady see any assurances for those who want to end their lives but suffer from those ailments?

Sarah Olney: I welcome that intervention. I spoke extensively about the Bill's impact on anorexic people, and I am not satisfied that those concerns have been addressed.

I am pleased to support amendment 21 tabled by my good friend, colleague and constituency neighbour, my hon. Friend the Member for Twickenham (Munira Wilson), which has attracted support from across the House. It would require the Secretary of State to report on the impact that the Act has had on the healthcare available to those with palliative and end-of-life care needs. I am really pleased that the hon. Member for Spen Valley (Kim Leadbeater) has agreed to accept the amendment.

I am also pleased to support amendments 103 and 104 in the name of my other constituency neighbour, my hon. Friend the Member for Wimbledon (Mr Kohler). They seek to make all statutory instruments made under the Act subject to the affirmative procedure rather than the negative procedure. As it stands, the Act will come into force in four years' time with no further scrutiny by MPs, yet a whole host of issues that have been delegated to the Secretary of State or have not even been considered will need to be legislated for after Royal Assent. As the Bill stands, the only way for Parliament to scrutinise those powers will be to call for a 90-minute debate on a motion that cannot be amended and will be voted on only if the Leader of the Opposition calls for a vote. Making statutory instruments subject to the affirmative procedure rather than the negative procedure would mean that the Secretary of State, whoever that is, can exercise the powers delegated to them only with the

approval of Parliament. For an issue as sensitive and profound as assisted dying, I believe that to be an appropriate level of scrutiny.

Paula Barker (Liverpool Wavertree) (Lab): Will the hon. Lady give way?

Sarah Olney: I am sorry, but I will make some progress.

In a similar vein, I plan to support the amendments in the name of the right hon. Member for Tonbridge (Tom Tugendhat), which seek to remove all Henry VIII powers from the Bill and from the amendments introduced by the hon. Member for Spen Valley. I will support the right hon. Member's amendments if they are selected for a vote, as I do not believe that the use of Henry VIII powers is appropriate or necessary.

I want to speak against amendment 94 in the name of the hon. Member for Spen Valley. It appears to be innocuous, but in reality it would reverse the effect of an amendment that I had accepted in Committee. The Bill as originally drafted would create an enormous constitutional minefield. It seeks to amend the criminal law of England and Wales, which is a reserved matter for the UK Parliament, and simultaneously to make provision for healthcare, which is a matter devolved to the Senedd in Wales. The Senedd debated a motion calling on the Welsh Government to support the principles of assisted dying, but it was defeated by 19 votes to 26. The motion was non-binding, but the Bill gives the UK Parliament the power to impose on the Senedd in Wales a measure that it has expressly said it does not want. The Bill as amended in Committee would give the Senedd the power to decide for itself when it is ready to bring the Bill into force.

Amendment 94 would reverse that provision and deprive the Senedd of the right to exercise its legitimate powers. It is not just that the amendment would restore the constitutional loophole that the Committee had closed; it threatens to create real problems and risks for Welsh citizens if the Senedd is forced to implement the Bill before its devolved healthcare system is ready. I urge fellow Members to have regard to the Committee's decision and vote against amendment 94.

10 am

I will briefly speak in favour of a couple of other amendments. I remain highly concerned at the idea of a future Secretary of State having the power to change the National Health Service Act 1946—specifically section 1, which sets out the purpose for which the NHS exists—by using regulations instead of an Act of Parliament. Once that power exists, it can be used not once, but at any time, to make fundamental changes to what our NHS is for. I was dismayed to see a change of this magnitude made to the Bill in Committee, and I will vote for amendment 12, in the name of the hon. Member for Mitcham and Morden (Dame Siobhain McDonagh), to reverse it.

Amendment 42, in the name of the hon. Member for Newcastle-under-Lyme (Adam Jogee), seeks to remove the automatic commencement of this Bill after four years. For the vast majority of Acts of Parliament, the Secretary of State decides when to bring the key provisions into force, rather than it happening automatically. The effect of the provisions of this Bill is that even if we have a covid pandemic or the Secretary of State realises

that the adequate training has not yet been completed, it will still come into force—come what may—after four years. That is not safe. It is unusual and reckless, and for that reason I support amendment 42.

Amendment 13, in the name of the hon. Member for Glasgow West (Patricia Ferguson), would require the appointment of the new voluntary assisted dying commissioner to be approved by the Health and Social Care Committee. The commissioner, a role created from scratch, will be a high-profile, influential and important position. Adding a second layer of approval would add more rigour to the appointment process, and provide transparency in the event of any problems that arise. It is vital that Members of this House have the opportunity to scrutinise and debate that new role, which was not included in the Bill on Second Reading.

Dr Jeevun Sandher (Loughborough) (Lab): Thank you, Mr Speaker, for allowing me to rise to speak to new clause 6, which proposes a special representative for ethnic minorities. I am not white, as some Members may have noticed. The fact that my presence in this House is unremarkable is in and of itself remarkable. That did not happen by chance; it happened because of those who came before me.

The Mother of the House, my right hon. Friend the Member for Hackney North and Stoke Newington (Ms Abbott), has spoken powerfully in this debate, and I know that my unremarkable presence here is due to her remarkable achievements. We may not always hold the same opinions, but we have always shared the same Labour values. She will never know how grateful we all are to her. I may be part of the last generation of MPs who can say this to her while she is in the House: thank you.

My hon. Friend the Member for Vauxhall and Camberwell Green (Florence Eshalomi) has spoken powerfully in this debate, and my right hon. Friend the Member for Walsall and Bloxwich (Valerie Vaz) has tabled new clause 6. I know I stand on their shoulders too, and I do not doubt their good intentions, but this Bill has nothing to do with the colour of my skin. New clause 6 proposes a special representative for ethnic minorities. I disagree with the new clause, because the colour of my skin has no bearing here and no special place in this debate. Equalities data will be reported through the Equality and Human Rights Commission, as set out in clause 51, and the Secretary of State can already consult community representatives. For every person of every skin colour, this Bill gives those already dying a choice to end their suffering—

Mr Speaker: Order. We need to make sure that contributions are tied to the amendments. We are not debating the general points of the Bill—we have gone past that. The hon. Gentleman is making more of a Third Reading speech, which he might want to save.

Dr Sandher: It is to the point of where we are—

Mr Speaker: Order. I will make that decision. Please do not challenge the Chair.

Dr Sandher: I do apologise, Mr Speaker.

[Dr Sandher]

What I meant to say is that new clause 6 would introduce a special representative for ethnic minorities, and I am trying to explore why we do not need one. A duty to consult is already included in clause 51.

Anna Dixon (Shipley) (Lab): This is a very sensitive issue. There is data to support the fact that people from minoritised ethnic groups are less likely to trust their health professionals—the figure is 18% among the general public, but as high as 30% among those groups. Does my hon. Friend not think it is necessary to make sure there are additional protections for those who face additional barriers, such as people from minoritised ethnic groups?

Dr Sandher: My hon. Friend makes a powerful point, and other hon. Members have also spoken powerfully about the impact that the Bill could have on ethnic minorities. Does any hon. Member know how many ethnic minorities access assisted dying in other nations? I will give way on this point; the hon. Member for Richmond Park (Sarah Olney) raised it earlier.

Sarah Olney: The hon. Member calls me to speak. If we do not know, it is probably because those other nations are not collecting the data. My position is that we should be collecting the data, which is why hon. Members should vote for my new clause 19.

Dr Sandher: We do know. Ethnic minorities are less likely to access assisted dying in jurisdictions where it is in place. In Oregon, 10% of those accessing assisted dying are ethnic minorities, but they make up 40% of the population. In California, ethnic minorities make up 15% of people accessing the option, but 30% of the population. However, that is not the point. The point of the Bill is to give people the choice to end their life regardless of the colour of their skin. There is no special quality about the colour of my skin that affects my access or the need for a special representative in this case, which is covered by the ECHR and by the Secretary of State.

Naz Shah (Bradford West) (Lab): I am quite perplexed by my hon. Friend's speech, but I would like to understand whether he has data related to the demographics of those jurisdictions compared with the UK. If he does, could he present it to the House to support his argument?

Dr Sandher: I have spent a lot of time around data, but I am not sure that I understand the question.

Simon Hoare: Will the hon. Member give way?

Dr Sandher: I will make a bit more progress.

This has been a heated debate, and hon. Members on both sides of the House feel strongly about it. I am grateful to Members who came before me, who made my place here possible and who have spoken so powerfully and movingly in this debate, but I believe—and the evidence shows—that the colour of my skin does not belong in discussion of the Bill.

Rebecca Smith (South West Devon) (Con): I rise to speak to amendment (a) to new clause 15, tabled in my name, which I hope hon. Members will support. Although it may seem technical, it is in fact a simple amendment

with a significant impact. It will ensure that there is genuine protection against abuse, proper detection of coercion, and effective scrutiny of how the law works in practice. Simply put, it will ensure that deaths from assisted dying under the Bill will still fall within the coroner's duty to investigate deaths under section 1 of the Coroners and Justice Act 2009. I will explain why that is important.

Like many hon. Members, I have been deeply concerned from the outset about how the Bill is drafted, its workability, and its impact on the NHS and on the lives of vulnerable people up and down the country. To be clear, my view is that one unintended death as a result of the Bill becoming law is one too many. I humbly ask hon. Members who are still considering their position, or who are minded to support the Bill, to consider this point about my amendment carefully: what is an acceptable error rate?

Based on the figures in the Government's impact assessment, which I think underestimates the impact, even a 1% error rate would see a minimum of 13 wrongful deaths in year 1, with 45 per year by year 10. A 5% error rate would see 65 deaths in year 1 and 227 in year 10. A 10% error rate would see 131 deaths in year 1 and 455 in year 10. As I say, I think those are low-ball estimates, but they are nevertheless chilling. If this law is passed, it will be exceptionally difficult to say whether there have been errors or instances of abuse; or, at the very least, any errors picked up will be but a fraction of the true picture, as tragically those who would testify to the fact will already be dead. My amendment (a) to new clause 15 directly addresses that issue.

In England and Wales, a coroner will investigate a death when certain legal conditions are met. This duty is primarily governed by section 1 of the Coroners and Justice Act 2009. Judge Thomas Teague KC, who served until 2024 as the chief coroner of England and Wales, notes:

"any death arising as a consequence of the ingestion or administration of a lethal substance constitutes an unnatural death which the local coroner is under a statutory duty to investigate".

Clearly, assisted dying meets that definition, and it is right that such deaths be afforded the best possible posthumous judicial scrutiny.

Lizzi Collinge (Morecambe and Lunesdale) (Lab): Does the hon. Lady not feel that the provisions in the Bill already have safeguards? Also, and most importantly, does she not feel that putting a family through a coronial process when the death is expected is unfair, unjust and completely beyond the bounds of what coroners are meant to do?

Rebecca Smith: On the first point, I do not believe that the Bill is strong enough as it stands. On the second point, we are already dealing with the fact that families are not even guaranteed knowledge of their loved one having an assisted death, so I do not think the hon. Lady's point is entirely to be considered.

As it stands, the Bill would disapply the duty of the coroner to investigate in the case of an assisted death that has been carried out in accordance with the Bill's provisions. New clause 15, specifically, would amend the Coroners and Justice Act to clarify that assisted death does not constitute "unnatural death" for the purposes of the Act. I think it takes an extraordinary

leap of imagination not to conceive of deliberately self-administering lethal drugs as anything but an unnatural death.

Tim Farron (Westmorland and Lonsdale) (LD): I am grateful to the hon. Lady for giving way; I want to support her in what she is saying. We are going through a process, as we consider the appalling situation of coercive control in domestic abuse cases, where a person who is a victim may not realise they have been a victim until years later. Obviously, a person who has gone through an assisted death will have no years later. Is the amendment not a way of making sure that we guard against the evil of coercive control?

Rebecca Smith: I thank the hon. Member for his intervention and I completely agree with him. These are the sorts of safeguards that even the promoter of the Bill is saying should be there. I do not think that they are in the Bill and my amendment to new clause 15 would make them much stronger.

Simon Hoare: My hon. Friend is right in what she says. Those of us who are opposed to the death penalty, for example, are against it because we do not believe in the infallibility of the state. The state can get things wrong; professionals can get things wrong—and when they do, there should be a proven, clear path as to how that wrongdoing can be identified, to try to ensure that it does not occur again.

Rebecca Smith: I thank my hon. Friend. The statistics I quoted earlier are pretty clear on the point he makes. Let me make some progress.

The work undertaken by the coroner is not a box-ticking exercise or a bureaucratic hurdle. In the context of assisted dying, it is an extremely powerful deterrent against abuse and malpractice. Again, to quote Judge Thomas Teague KC, in a letter to *The Times* on 7 May this year, he said that the removal of

“any realistic prospect of an effective inquest...would magnify, rather than diminish, the obvious risks of deception and undue influence”.

Naz Shah: I thank the hon. Member; she is making a very powerful speech. Does she share my concern about the removal of the coroner, as stated clearly by the Royal College of Pathologists, which speaks to her amendment?

Rebecca Smith: I thank the hon. Member and I will come to that point very soon. I will now make some progress; I will not take any further interventions.

I struggle to see how removing automatic oversight of assisted deaths squares with a commitment to enact legislation with the “strongest safeguards in the world”. By doing so, the Bill sets a lower bar for scrutiny and review, and creates an information deficit. Put another way, we simply do not know what we do not know. Implementing a novel piece of legislation such as this without ensuring the most robust possible scrutiny of deaths taking place under the Act is astonishing. Under the Bill, assisted deaths would be the outlier, as any other intentionally procured death would automatically be reviewed by a coroner. Why should deaths under this legislation be any different?

Requiring automatic scrutiny from a coroner for assisted deaths should not be viewed as an add-on at the end of the process or perhaps just a safety net, although it is that.

Dr Simon Opher (Stroud) (Lab): Will the hon. Lady give way?

Rebecca Smith: No, I have already said that I am not going to take any further interventions. I have been very generous with my time.

It is imperative to consider the whole picture, particularly regarding malpractice or coercion—whether that be on the part of medical professionals, families or third parties. In written evidence to the Committee, Dr Rees Johnson, a legal expert from Essex Law School, highlights that, in some cultures,

“decision-making is a collective process involving family and community members.”

10.15 am

This approach, combined with the Bill’s provision for signing by proxy in clause 19, “potentially creates opportunities for coercion or abuse, particularly where family members have conflicting financial, social or emotional burdens.”

Without a coroner’s inquest, Dr Johnson notes that

“we would lose the ability to fully and properly investigate the possibility of where coercion or abuse took place”

in such culturally sensitive situations. Investigation of assisted deaths by coroners is not a luxury; it is a vital safeguard, without which people will fall through the cracks.

Dr Opher: Will the hon. Lady give way?

Rebecca Smith: No.

Beyond coercion, automatic inquests provide vital opportunities to identify other critical issues that may not otherwise be picked up. Without a coroner’s inquest, there would be no post-mortem examination. This is not merely an academic point; studies have shown that autopsy reveals that one in four cases have been misdiagnosed. Without this oversight, as His Honour Judge Thomas Teague KC, the former chief coroner, notes, there is

“no certain means of knowing whether the approved substance has led to a quick and painless death, or a lingering and distressing one, or even whether it had failed to cause death altogether and the deceased had been dispatched by manual asphyxiation or some other unlawful means.”

I am not sure whether that could be more clear. The view of experts in this area—both the Royal College of Pathologists and the former chief coroner of England and Wales—is that this Bill’s proposals, as drafted, are not fit for purpose. I strongly urge hon. Members to support my amendment (a) to new clause 15.

Several hon. Members rose—

Mr Speaker: May I informally suggest that we aim for speeches of around six minutes? I call Paul Waugh to provide a good example.

Paul Waugh (Rochdale) (Lab/Co-op): I rise to speak in support of the amendment in my name, which seeks to strengthen new clause 14 tabled by my hon. Friend the Member for Spen Valley (Kim Leadbeater). Why do

[Paul Waugh]

we want to restrict advertising about assisted dying? It is not just because such adverts could appear crass or insensitive, or because we worry that private companies could profiteer from death, but because advertisers know that they influence choices. The issue of choice, whether it is informed choice, skewed choice, self-coercion or coercive control, as has already been mentioned, is, in many ways, at the heart of the Bill and whether its safeguards are sufficient.

My brother works in advertising and he knows its power. It is why companies spend billions of pounds on it, why Google is the giant that it is, why we see lots of adverts at Westminster tube station trying to influence every single one of us, and why X is full of ads. Advertising works because we human beings are suggestible, and prone to messaging, visual cues and hints. Older people are bombarded with adverts for everything from stairlifts to care homes. One person's advert, though, is another person's public information campaign. It is not impossible to imagine a future Secretary of State, who passionately believes in the merits of assisted dying, authorising such a campaign. It could be a Government-approved plotline in a soap opera, or an ad read out by a podcaster that ever so subtly sounds like a news item, or even their own opinion. Many in this House rightly try to protect teenagers from online harms, but the online harm of an ad for a website about assisted dying shared on TikTok could be a reality without the tighter safeguards in my amendment.

Anna Dixon: I thank my hon. Friend for speaking so clearly about the issue of advertising. Does he recognise that this country has banned pharmaceutical advertising because we do not want to have the situation that exists in America where people are popping pills all the time? There is a reason that we are protecting patients and we need to do the same with assisted dying.

Paul Waugh: I completely agree with my hon. Friend. The dangers of what is happening in America provide a real lesson for us here.

As the hon. Member for Reigate (Rebecca Paul) put it, conversations about assisted dying should happen in person—between the relevant doctor and the patient. They should not be prompted by a TV ad, or something seen on a bus. My hon. Friend the Member for Bexleyheath and Crayford (Daniel Francis) spoke very movingly about the way that IVF services have been commercialised, leaving people who are, as he says, “already on their knees” vulnerable to exploitation, so that someone else can profit.

I am certain that nobody in this House believes that passing this Bill into law should mean the rise of a similarly aggressive market for assisted death, but it is our role—indeed our responsibility—to deal not only in intended consequences, but in unintended ones, too. The real risk in the drafting of new clause 14 is that it allows exceptions that are not specified in the Bill. A future Secretary of State will be empowered not only to make the necessary regulations, but to amend them at any time; and a future Secretary of State, who does not share the concerns of this House, would have the ability to draw the exceptions so widely as to make the

ban worthless. There are a number of similar advertising bans already in place on tobacco products, surrogacy and the latest cancer drugs being marketed to the public. In every case, the legislation sets out the exceptions, leaving no room for doubt as to how Parliament intended to protect the public.

Why should the services that this Bill would legalise not be subject to that same legal clarity? Do people who have less time to live not deserve all the protection we have the power to give them from a death they do not truly want? I cannot believe that this Parliament would be content to have that power taken out of its hands, and the rights of our most vulnerable constituents left for someone else to decide on some other day.

My amendment therefore sets out that exceptions to the advertising ban should be limited to cases where a person has requested information and where the materials are intended for health professionals and not for their patients. New clause 14 would allow a future Secretary of State to make provisions that would usually have to go through the House in legislation. It is not at all clear to me why that power is needed to introduce a ban on advertising.

Sir John Hayes: I am very grateful to the hon. Gentleman and I entirely support his argument and his amendment. This is the difference between, in his estimation, accepting a request and promoting a service. Advertising is about the promotion of a service to doubtful, fearful and vulnerable people, and that is precisely what his amendment addresses.

Paul Waugh: I agree with the right hon. Gentleman, and there is a wider point here about the Henry VIII powers in the Bill. This would be the third such power added to the Bill since Second Reading. At that stage, it had none. The Attorney General, Lord Hermer, has said that “excessive reliance” on Henry VIII powers “upsets the proper balance between Parliament and the executive”, and he is right.

Away from matters of constitutional principle, I am especially concerned about the practical impact of such a power, which would allow a future Secretary of State to change the law as set out in the Suicide Act 1961. This is the Act that contains the offence of encouraging or assisting a suicide. Ministers have confirmed that the Bill leaves the offence in place in all cases except where a medical practitioner assists a person to die under its provisions. We must surely therefore not hand the power to a future Secretary of State to weaken or even abolish that offence without the need for primary legislation. My amendment specifies that the Suicide Act cannot be amended in that way.

I hope that my hon. Friend the Member for Spen Valley recognises that my amendment does not seek to undo or undermine her new clause, but rather to build on it and to ensure that the ban she intends to deliver does not collapse around the loophole at its heart.

Kim Leadbeater: My hon. Friend is making a powerful point, and there is consensus across the House about banning the advertising of assisted dying services. His amendment, though, would be slightly limited in that it makes just two exceptions. There would probably need to be a broader piece of work on that, but I commit to working with him if he is interested.

Paul Waugh: The point of my amendment is to make sure that a future Secretary of State would have to come before the House with primary legislation.

Report stage is not about the principles of the Bill. It is not about whether a Member may, in principle, support the idea of assisted dying, as Mr Speaker will point out to everybody who strays from the amendments. It is about the individual Bill before us today. We have to ask: what will it mean in the real world for our very real constituents?

Danny Kruger: Will the hon. Gentleman give way?

Paul Waugh: I will not; I am short of time.

Just how strong are the Bill's safeguards? We are not commentators; we are legislators. Our job is to scrutinise, to test and to test again the Bills that come to this place. I spent 26 years up there in the Press Gallery writing about politics, but the big difference between them and us is that we have a vote in this place. With that vote, particularly a free vote, comes responsibility, and there is no greater responsibility than protecting the vulnerable from feeling they have to end their life. That is why I tabled the amendment.

I am not driven by religion, though I do not believe that those with religious faiths should be denigrated or patronised, as they have been during the passage of the Bill. It is worth saying that some of those who passionately support assisted dying have a faith—a devout faith—that their world view is the right one. I am driven instead by my duty as a legislator to get this Bill right, and by what I see as my moral duty to protect the most vulnerable in society.

I believe that my duty is to protect those who do not have celebrity names or campaign groups behind them—the people who do not get heard, who do not want to be a bother, who do not want to make a fuss, and who feel at the end of their lives that they are a burden on their family but may never say so. I worry about the unheard, the unseen, the ignored and the marginalised. Most of all, I worry about the heartbreaking modesty of that phrase we often hear from older people: “I don’t want to be any trouble, love.” We need, for their sakes, to make sure that the safeguards in the Bill are the strongest they can possibly be.

Dame Caroline Dineneage (Gosport) (Con): I intend to speak only briefly. We have to be really honest about where we are, and the current situation under the legal status quo is not working. It is failing terminally ill people who want choice, compassion and control at the end of their lives.

Right now, those with the means are travelling abroad to die, often alone, away from their loved ones, without medical support, and when they can physically make it rather than at a time of their choosing. Those without the means face suffering they do not want, or try to take matters into their own hands here in the UK unsafely and illegally. It is not humane, it is not fair and it is not sustainable.

I spent two years as a Minister in the Department of Health, with palliative care and end-of-life care as part of my portfolio, so this matter came across my desk on a regular basis. I have had a lot of time to think about it. It is not easy to find an answer and a solution, but we

owe it to people to try to do that. That is why I support the Bill: it brings the issue out of the shadows and into a framework of regulation with safety and dignity.

Rachael Maskell (York Central) (Lab/Co-op): I do not know whether the hon. Member has yet had time to read the report from the independent commission on palliative and end-of-life care, which goes into how pain and symptoms can be palliated. Ultimately, the problem at the moment is poor care and poor provision of specialist commissioned palliative care services. Will she read that report to understand the difference that palliative medicine can make for all the examples of poor care we have heard about in these debates?

Dame Caroline Dineneage: I certainly will read that report. The hon. Member makes an excellent point. Palliative care is really important and needs to be improved. In many cases it makes such a difference, but it is not the solution for everybody. There are the most heartbreaking cases—I have met people in these situations in my constituency—where that form of palliative care would not have made the difference. That is why I support the Bill, and that begins with new clause 13.

Sir Desmond Swayne (New Forest West) (Con): On a point of order, Madam Deputy Speaker. I wonder if you can assist me as I am at a loss as to what amendment we are discussing.

Madam Deputy Speaker (Ms Nusrat Ghani): I have no doubt that if the right hon. Member gives the hon. Member for Gosport (Dame Caroline Dineneage) a moment, she will address it quickly, because even Members who are contributing do not have long.

Dame Caroline Dineneage: Thank you, Madam Deputy Speaker. I am addressing new clause 13, which provides the strict regulation of life-ending substances and self-administering devices. That means there will be transparency about what substances are used and how they are stored, prescribed and delivered. We owe it to patients, clinicians and the public to ensure that every part of the process is governed by clinical standards and ethical safeguards. For those physically unable to swallow or self-ingest, the new clause ensures that devices to support self-administration can be safely used. Without that, we risk creating a system that excludes some of the very people it is meant to support.

While we must regulate the system properly, we must also reject amendments that would undermine or stall the Bill's delivery. Amendment 19 proposes adding suicide prevention, the Mental Health Act and deprivation of liberty safeguards to the code of practice. As the Minister who put much of that legislation through, those are really important topics for me, but this is not the legislation to address them. Let us keep the code focused on the Bill's core function of ensuring a safe, consistent and compassionate assisted dying process.

Amendment 20 would allow non-adherence to the code to be used in civil or criminal proceedings. That is not appropriate. Guidance is meant to help professionals navigate difficult decisions, not become a legal trap. If clinicians act negligently, existing law already applies. We should not be creating new liabilities for those acting in good faith in very difficult conditions.

[*Dame Caroline Dinenage*]

I also oppose amendments 97 and 27, which would require the MHRA to license drugs specifically for assisted dying and the National Institute for Health and Care Excellence to recommend them. That would make the Bill unworkable.

Jonathan Davies (Mid Derbyshire) (Lab): Does the hon. Member share my concern that the impact assessment associated with the Bill says:

“The safety and efficacy of those substances used for assisted dying is currently difficult to assess”?

Dame Caroline Dinenage: I am not entirely sure that I agree with that.

However, I want to talk about the MHRA, which is just not set up to license drugs for ending life. Clinical trials to support such a licence and MHRA requirement would be impossible. However, the substances likely to be used are already tried and tested in other jurisdictions and are MHRA approved for other purposes. New clause 13 already provides us with the strict regulation that we need, without putting prohibitive hurdles along the path to a compassionate and painless death.

Amendment 42 would remove the backstop date for implementation, giving the Government indefinite discretion over when or whether to put this law into effect. That cannot be right. If Parliament passes the Bill, there must be a clear and reasonable timeframe for implementation. The four-year backstop already gives Government more than enough time to get this right. Removing it simply invites delay.

This is a moment to show that we can be both compassionate and competent, and that we can bring an end to the quiet suffering caused by an unjust status quo and replace it with a system that is safe, fair and accountable. Let us support new clause 13, let us reject amendments that would add red tape or stall the Bill's progress, and let us show dying people that we are ready to treat them with the dignity and trust that they deserve.

10.30 am

Sadik Al-Hassan (North Somerset) (Lab): Before entering this place last July as the Member for North Somerset, I had been a pharmacist for nearly 20 years. Pharmacists have a unique role in our healthcare system as the group of health professionals who specialise in drug usage and safety. That is where I wish to focus my thoughts today, and on which I offer the House my expertise.

Throughout the passage of the Bill, we have had the great benefit of learning from a number of international examples. In Australia, we have seen a carefully designed countrywide pharmacy system that has delivered self-administered assisted dying safely and with dignity. The evidence from that experience is greatly reassuring. Even in cases where the drug was not fully ingested, every patient who made use of the service died peacefully and without complications, with not a single complaint yet received from any of the families involved.

From Switzerland, we have learned from decades of practice, over which they have refined the substances and processes involved to the point where complications are now nearly unheard of. Their approach demonstrates that with care and rigorous regulation, drugs can offer an effective and compassionate route to end one's life.

That brings me to new clause 13, introduced by my hon. Friend the Member for Spen Valley (Kim Leadbeater). The clause outlines a comprehensive framework for the oversight and safety of substances involved in assisted dying. As is only right for life-ending drugs, the public expect the highest standards of transparency and the highest standards from manufacture to dispensing. As someone who has been involved in every facet of pharmacy for the past 20 years, I believe that the clause meets all our expectations. By strengthening safeguards and enhancing the workability of the Bill, new clause 13 ensures that healthcare professionals can act with clarity and confidence.

Amendment 72 is similarly important, and I believe it will provide much assurance to those in this place who are uncertain about whether they can support the Bill. By ensuring that all regulations made by the Secretary of State under new clause 13 are subject to the draft affirmative procedure, it will ensure that this place continues to play a central role in overseeing the safe and effective implementation of this legislation for years to come, and through our collective and continued scrutiny, it offers the opportunity for many millions of constituents who have contacted us on this issue to continue to have their voices heard and their concerns answered.

Dame Harriett Baldwin (West Worcestershire) (Con): I rise to speak to new clause 14 and amendments (a) and (b) to that new clause. I am honoured to speak after the hon. Member for Rochdale (Paul Waugh). I also thank the hon. Member for Spen Valley (Kim Leadbeater) for working closely with us on the issue of banning advertising. Whatever our views on assisting terminally ill adults to end their lives—and I remain implacably against the potential harms that arise when our society and our imperfect state are given permission to help people kill themselves—I have to acknowledge that there was a majority on Second Reading in favour of the Bill and a majority for closing down debate in the last sitting on Report.

Thinking ahead to the possibility that this Bill might get on to the statute book, I hope that everyone participating in the debate will recognise that we should not allow the services of the organisations that will arise from the legislation to advertise on television, online, on posters, on TikTok or on any platform that our constituents may see.

We can all imagine a scenario where, if the Bill passes without the House agreeing to new clause 14, independent contractors and not-for-profit firms, and perhaps even the NHS, will be able to advertise to potential customers, for instance on afternoon television. Can you imagine a situation, Madam Deputy Speaker, where, while watching a repeat episode of “One Foot in the Grave”, an advert runs for a funeral plan company, and is then followed by an advert for an organisation offering services to make it easier to have an assisted death?

Members may think the situation I am painting is merely hypothetical, but in Belgium, in fact, the Government themselves are running online adverts featuring young, healthy women at a yoga class talking about how they are worried about granny's situation, and discussing whether they have considered telling her about the option of assisted dying.

I am grateful to the hon. Member for Spen Valley for tabling new clause 14. It is not perfect, but she and I have had a lot of discussion about the wording. I also support the intention behind amendments (a) and (b) to new clause 14. It is important that Ministers confirm—as we have heard before, and as I hope we will again today—that encouraging assisted dying under the Bill remains a crime under section 2 of the Suicide Act. However, this requires showing intent to encourage, and adverts might be framed so that they are not so intended, so a specific provision on advertising is needed in this legislation.

I am also concerned about the scope of some of the exceptions in unamended new clause 14. I am grateful that the example set out in subsection (2) does not refer to potential service users, but there is nothing preventing the Secretary of State from exercising Henry VIII powers to exempt them, and doing so would negate the point of the prohibition. I would be grateful if the Minister would confirm that the power will not be exercised to create exceptions for adverts targeted at potential service users.

It is the case, as the hon. Member for Rochdale mentioned, that a number of advert bans already exist on the face of legislation, such as the Cancer Act 1939, the Surrogacy Act 1985 and the Tobacco Advertising and Promotion Act 2002. Such bans are set out clearly on the face of those Acts.

I hope the matter can be resolved. I hope the House today will, at a minimum, support new clause 14. I hope that the House will also support the strengthening amendments, which I endorse. I hope that Ministers will confirm that these powers will never be used to create an exemption to section 2 of the Suicide Act in order to partially allow encouragement of assisted dying, as I think it would defeat the whole point of the provision.

Alison Hume (Scarborough and Whitby) (Lab): I rise to speak in favour of new clause 15, which clarifies that an assisted death would not be classified as an unnatural death and that a full coroner's inquest would not normally be required.

My constituent Anthony Shackleton lived with motor neurone disease for six long years. As his condition worsened, his options narrowed until there was only one choice that preserved his dignity, autonomy and peace: to travel to Dignitas in Switzerland and end his suffering on his own terms. Louise, as his wife of 25 years, and someone who had known him since the age of 18, did what any loving partner would do: she stood by him. She helped him on to that plane and held his hand through the most difficult decision of their lives, and now, for that act of love, she is under police investigation.

That is precisely why we need new clause 15. If the Bill is passed, assisted dying would be a legal, strictly regulated and monitored choice made by the individual concerned.

Jess Asato: I recognise that the situation facing my hon. Friend's constituent is awful, but we are here today to balance such situations with the choices of people who may not be loved as dearly as him. Our concerns would be about the fact that many of these killings could be mercy killings, and if there is no recourse to

the coroner, some people may be taking their own lives under coercion and pressure that may never be discovered, because the full law will not be applied.

Alison Hume: New clause 15 particularly addresses the role of coroners. Coroners investigate deaths in which there is a reasonable suspicion that the deceased has died a violent or unnatural death, where the cause of death is unknown, or if the deceased died while in custody or state detention. This is not the case with an assisted death, and there would already be strong safeguards in place, including multiple layers of oversight and assessment. The process is cautious, thorough, and heavily safeguarded. There is no need to investigate an assisted death, as it is not unnatural. In this country, it is still a crime to help someone die peacefully and with dignity, even when they are suffering unbearably from a terminal illness.

Dr Opher: Will my hon. Friend give way?

Alison Hume: I will make some progress, thank you.

It is still a crime, even when the person is of sound mind and even when it is their deeply considered wish. Anthony wanted a good death—he wanted to die peacefully and with grace, without pain and without profound suffering. He got that in a foreign country, far from home and far from family, because our laws force people like him to make that desperate journey abroad. That is why I support this Bill and, in particular, new clause 15, as there is no need for coroners to investigate an assisted death.

Rachel Taylor (North Warwickshire and Bedworth) (Lab): One of my constituents told me of her mother's pain in her last few months of suffering. It was so painful that she could not bear to be touched by my constituent or her brother. Now, both my constituent and her brother are facing post-traumatic stress disorder because of the difficult situation they witnessed while their mum was dying. Does my hon. Friend agree that if they had helped her to die in the way that this Bill allows, they should not then be subject to a coroner's investigation? It is not going to help them, and it is not going to help their mother.

Alison Hume: My hon. Friend makes a powerful case on behalf of her constituent. New clause 15 is a compassionate and practical clause, ensuring that the Bill works not only for the individual making the choice, but for the families they leave behind. Let us not turn our backs on people like Anthony and Louise; let us not make criminals out of the compassionate. The death of a loved one is always difficult. When someone has gone through the legal and safeguarded process of assisted dying, it is not right that their family should face an unnecessary, potentially lengthy and distressing coroner's investigation.

Dr Opher: Will my hon. Friend give way?

Alison Hume: I am coming to my conclusion. New clause 15 will protect bereaved families such as that of my constituent Anthony, and therefore I urge hon. Members to support it.

Madam Deputy Speaker (Ms Nusrat Ghani): As Mr Speaker has already mentioned, in order for everybody to get in—well, in order for most to get in—we need speeches to be shy of six minutes, and interventions to be short. I call Gregory Stafford.

Gregory Stafford: Thank you, Madam Deputy Speaker. I am conscious of those comments and will try to limit my remarks to new clause 13 and some of the amendments to it.

The Royal College of Physicians, the Royal College of Psychiatrists, the Royal College of Pathologists, the Association for Palliative Medicine and the British Geriatrics Society have all said that there are problems with this Bill, and I have heard nothing from its sponsor, the hon. Member for Spen Valley (Kim Leadbeater)—despite trying to intervene on her a number of times—about what she has done to ensure that their concerns have been addressed. This brings us directly to a fundamental concern: namely, the means by which assisted death would be carried out under new clause 13. The impact assessment for the Bill recognises that

“The safety and efficacy of those substances used for assisted dying is currently difficult to assess”.

Peter Prinsley (Bury St Edmunds and Stowmarket) (Lab): Does the hon. Member agree that the barbiturates that we are considering are conventional agents? They have been used in anaesthesia to cause loss of consciousness and suppression of respiration for generations. These are not novel substances.

Gregory Stafford: I obviously respect the hon. Gentleman, given his medical background, but as far as I am aware those substances have not yet been used for murdering people, which is what we are going to do here. That leads me neatly on—

10.45 am

Dr Andrew Murrison (South West Wiltshire) (Con): Will my hon. Friend give way?

Gregory Stafford: I will make a little progress before taking another intervention.

No safeguards can prevent complications from taking medicines. As I am sure the hon. Member for Bury St Edmunds and Stowmarket (Peter Prinsley) knows, there can always be complications. In this case, those could include regurgitation of the drugs, regaining consciousness and seizures.

Caroline Voaden (South Devon) (LD): Will the hon. Gentleman give way?

Gregory Stafford: Can I just finish this point? During the 27 years that the law in Oregon has been in place, data is available for only about 36% of cases. However, within that, 59 incidents of regurgitation are known to have occurred and nine people are known to have regained consciousness. Different drug protocols have been used in those 27 years but the efficacy and safety of the drugs are unknown, with a time range between ingesting the drugs and death ranging from one minute to nearly six days.

The lack of defined protocols for the regulation, supply and administration of life-ending substances is precisely why I have tabled my amendment (c) to new clause 13, tabled by the hon. Member for Spen Valley (Kim Leadbeater).

Dr Murrison: My hon. Friend was right to table his amendment, which I certainly support. Does he agree that the Medicines and Healthcare products Regulatory Agency would insist that a barbiturate or any other substance used in medicine should be approved for a specific cause? We cannot translate that to a completely different cause or reason for using it. Would he also agree that the way to deal with the issue is for it to be properly regulated through the MHRA?

Gregory Stafford: I entirely agree. Some of the amendments tabled by my hon. Friend the Member for Gosport (Dame Caroline Dinenage) may address that.

Sadik Al-Hassan: Will the hon. Gentleman give way?

Gregory Stafford: I will make a little progress, but I will give way to the hon. Gentleman in a moment.

My amendment would require the Secretary of State to prohibit the use of medical devices designed to induce death by the administration of gas, such as the Sarco suicide pod, which has been in the press recently. That device bypasses medical oversight entirely and presents an ethical rupture in our current framework. If the Bill proceeds without safeguarding against such methods, we risk opening the door to a deeply troubling precedent—one that would erode professional accountability and compromise the integrity of end-of-life care.

Sadik Al-Hassan: I would like to share my expertise as a pharmacist with the hon. Member. Drugs can be used for many indications and are quite commonly used in unlicensed situations, where there would be less evidence to support them than in the situation that we are discussing today with new clause 13: an idea that is incredibly well researched, practised and evidenced in multiple countries.

Gregory Stafford: I thank the hon. Gentleman for his intervention. I do not disagree that drugs are used for different things; that is not the thrust of the argument that I am making. What I am saying—relatively clearly, I hope—is that when the drugs we would potentially use in these situations have been used, there have been unintended consequences and side effects. We must ensure that the drugs we use, if the Bill passes, are absolutely effective in what they are intended to carry out: namely, the end of the life of the individual.

Sir John Hayes: Will my hon. Friend give way?

Gregory Stafford: This is the last intervention that I will take, as I must make progress.

Sir John Hayes: The reason why what my hon. Friend has said is so important is that it is yet another important safeguard, particularly given that, as we learn from analysis in the impact assessment, much of this is outsourced to private organisations. Those organisations need to be regulated in precisely the way he has described.

Gregory Stafford: My right hon. Friend is entirely correct.

The Royal College of Physicians has said:

“Medicines prescribed and administered in assisted dying must be regulated for safety and efficacy for this use.”

If that is a requirement of the Royal College of Physicians, we in the House should take it seriously and put it into the Bill.

I will now draw my remarks to a close, but I should say that I also support amendment 99, which would require a report on the drug’s effects before Parliament approves the regulation, as well as a number of the other amendments, which hopefully would remove the wide-ranging Henry VIII powers currently in the Bill. In the light of all that I have said, I remain deeply sceptical as to whether the Bill, in its current state, provides the robust, protective and operationally sound framework that such a profound societal change deserves.

Adam Jogee (Newcastle-under-Lyme) (Lab): I am grateful to you, Madam Deputy Speaker, for giving me my first opportunity to speak in the Chamber on this most important of issues. As I do so, I think of all those who were killed in the horrendous plane crash in India yesterday. I think of their families, their friends and the lives they have left behind. May their collective and individual memories be a blessing.

I rise to speak to amendment 42, tabled in my name and those of more than 60 colleagues from the majority of parties in the House, representing constituencies in all four nations of our United Kingdom. It would remove the automatic commencement of the Bill’s provisions in England. It is a safeguard, good and proper.

As it stands, the entire assisted dying process will commence automatically in England four years after the Bill is passed. Notwithstanding some of the comments we have heard, that will happen regardless of how far along the plans and preparations are—plans for the manufacturing and supply of the drugs that will be used to end the life of anyone who chooses this step; for the identification and training of those on the panel; for the impact on the national health service in England and Wales and its budgets; and all the rest.

Colleagues will know that, as the Bill was originally drafted, the process would have commenced two years after it was passed. I welcome the fact that my hon. Friend the Member for Spen Valley (Kim Leadbeater) amended that period from two years to four. That was a genuinely welcome acknowledgment that such a serious and consequential change to every aspect of our country, from our healthcare system to our legal system, should not, must not and cannot be rushed. Therein lies the basis of my amendment. If this change is going to happen, let us do it properly. Let us not impose a timeframe that puts us in a bind—one that means we are driven by timing over purpose, and the pressure that comes with a ticking clock, rather than by the need to do it properly.

People living in Newcastle-under-Lyme and York Outer, in Buckingham and Bletchley and Pembrokeshire, are counting on us parliamentarians—those of us who are concerned about assisted dying and those who passionately support it. The Bill’s supporters have won every single vote, apart from on this issue in Committee. Our people are counting on us to make sure, if the Bill passes, that it is a success, that it will be consistent and, most importantly, that it will be safe. If the Bill passes, it will introduce assisted dying in the biggest jurisdiction

yet by population. These are uncharted waters; this will not be like anything else. The last thing we should do is rush this process.

In Committee, the hon. Member for Richmond Park (Sarah Olney), who spoke excellently earlier today, tabled an amendment to remove the automatic commencement deadline for Wales. It provided that assisted dying could be rolled out only once Welsh Ministers deemed that everything was ready for a safe roll-out. The Committee voted by a majority to give that extra safeguard to the people of Wales. If it was good enough for the people of Wales in Committee, it is good enough for the people of England today. We face a situation in which assisted dying may proceed in England months or even years before it does in Wales. The provisions and systems may look different. The process of organising the English system to meet the arbitrary four-year deadline would almost certainly lead to rushed decision making.

My hon. Friend the Member for Spen Valley has sought to remedy the disparity, but her solution is not to extend to my constituents in England the safeguard that the members of the Bill Committee—members that she appointed—voted for. No, her remedy is to allow for automatic commencement to happen in Wales as well, removing the safeguard that the Committee voted for. The answer is not to fast-track the roll-out of assisted dying in both England and Wales, potentially putting the lives of some of the most vulnerable at even greater risk due to rushed decisions that are not fully thought through.

I have not been on these Benches for very long, but I know that arguing for the automatic commencement of legislation is generally, in the kindest interpretation, unusual. For legislation of this magnitude it is, I am afraid to say, reckless, and reinstating automatic roll-out in Wales when the Committee explicitly voted against it borders on the undemocratic.

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): I visited the Isle of Man and met the sponsor of the Bill there. The House of Keys, which has only 24 Members, took three years to get to this point, and the sponsor of the Bill thinks it will take at least five years to implement the Bill in that much smaller jurisdiction.

Adam Jogee: My hon. Friend makes a very good point.

Sir John Hayes: Will the hon. Gentleman give way?

Adam Jogee: I will take one intervention from the other side of the House, and then I will continue.

Sir John Hayes: The hon. Gentleman is fast becoming one of my favourites on the Government Benches, among many competitors. The point that he makes is fundamental. If we are going to do this right, we have to do it thoroughly and with independent analysis. Had the hon. Member for Spen Valley (Kim Leadbeater) engaged in pre-legislative scrutiny and thorough analysis before introducing the Bill, we may have ironed these matters out in the first place.

Adam Jogee: I thank the right hon. Gentleman for his intervention—it teaches me not to take them. I also thank him for helping my street cred this morning. He raises an important point.

[Adam Jogee]

Members of this House have been told that this Bill—it is this Bill we are voting on, not the principle—was rigorously tested and refined in Committee. However, we are now seeing efforts to undermine the decisions of that same Committee. Amendments 94 and 95 serve the singular purpose of undoing amendments introduced in Committee to improve the Bill and make it a safer and more conventional piece of legislation, but their implications go beyond just that: they challenge the basic tenets of our democracy.

One of the key roles at the heart of our democratic system is the role of the or a Minister of the Crown. It is our Ministers who prepare the groundwork for legislation to be enacted successfully, and amendments 94 and 95 would completely do away with that core ministerial function. They would see the responsibility for ensuring the roll-out of assisted dying in Wales—the power that we the people entrust to our Ministers and democracy—taken away from them. *[Interruption.]*

Conscious of your cough, Madam Deputy Speaker, I shall quickly move towards the end of my remarks—I have taken half of them out already. In my view, Ministers should be able to lead the roll-out of assisted dying in Wales, just as they should in England. It is Ministers, not the supporters of the Bill, who will be responsible for delivering these seismic changes to our health and legal systems, so it is only right that they decide when the provisions become law. Amendment 42 would put England back on an even footing with Wales.

Getting this right is literally a matter of life and death. It makes sense to avoid any possible pressure on decision making and decision makers and, at the very least, allow Ministers to enact legislation with the usual constitutional powers. One death because of a rushed decision would be one too many and should give us all food for thought. I do not want it on my conscience that our collective sticking to an arbitrary deadline led to a death or deaths that may otherwise have not taken place. We must recognise that we can prevent any such situation, and we can prevent that with our vote today. To do so, we must remove the deadline for automatic commencement in England and uphold it in Wales. I urge Members to support my amendment 42 and to vote against amendments 94 and 95.

Tom Gordon (Harrogate and Knaresborough) (LD): I rise to speak to amendment 3 in my name, which would do the exact opposite of the amendments of the hon. Member for Newcastle-under-Lyme (Adam Jogee)—in fact, it would see the commencement period reduced from four years to three years. As a member of the Bill Committee, when we had the initial conversation about increasing the commencement period from two years to four years, I was the only person to speak against it, and I pushed it to a vote.

What frustrates me about the situation we are in is that, in effect, we are acknowledging that the reason we are here and debating this Bill is that the status quo is not acceptable. People are pushed to taking decisions that they should not be and having to go to foreign countries to have opportunities overseas. Those of us who support the Bill are broadly in agreement on those principles. A number of things frustrate me about the four-year period, principally that the people in office—the

Government of the day—will not necessarily be here to implement it. I am really hesitant about supporting a Bill when we do not know who would see through those details.

Amendment 3 would reduce the threshold back down to three years, which would still be more than most jurisdictions around the world. Countries have implemented assisted dying legislation after as short a time as six months, 12 months or 18 months, so three years would still be a substantial increase compared with other countries. We are not innovators or leaders in this field: there is no reason why we cannot take best practice and learn from and speak to colleagues around the world. I believe that this Bill has the strongest safeguards of any, which is why I think an implementation period of three years would more than meet the requirements.

Tony Vaughan (Folkestone and Hythe) (Lab): I want to put on record my sincere thanks to my hon. Friend the Member for Spen Valley (Kim Leadbeater) for the way that she has approached this Bill. Her willingness to listen to concerns from across the House has been evident, not least in new clause 14, brought forward in the names of the hon. Members for Reigate (Rebecca Paul) and for West Worcestershire (Dame Harriett Baldwin). That is a testament to how we can work together on these deeply sensitive issues.

I rise to speak in favour of new clause 14 and against amendment (b) to new clause 14. I absolutely understand the intent behind the amendment in the name of my hon. Friend the Member for Rochdale (Paul Waugh). Nobody in this House wants to see voluntary assisted dying services being advertised in a way that is insensitive, inappropriate or exploitative. We all want to protect individuals, particularly those who may be vulnerable or more easily influenced, so I fully share that concern. Although I respect the principle behind the amendment, however, I do not believe it offers the right solution.

New clause 14 rightly prohibits advertising voluntary assisted dying services to the public, while giving Ministers tightly defined powers to create appropriate exceptions through regulations. That is important, because in a healthcare system as complex as ours, we must be able to draw the line between unethical promotion and responsible professional communication. I think the new clause gets that balance right.

11 am

The amendment does two things that are, in my view, both problematic. First, it tries to define in the Bill a narrow list of exceptions—just two—to the advertising ban, which are replying to individual requests, and professional communications that patients are unlikely to see. I share the view of the legal experts who we have heard from that writing such exceptions into primary legislation would remove essential flexibility and may even hamper the implementation of the measure.

Ministers would not be able to respond to future developments or clarify borderline scenarios without coming back to the House with further primary legislation. The amendment could also limit future Ministers' ability to clarify how the system should work in real-world and evolving situations. Good regulation should be responsive and proportionate, not fixed to a point in time.

James Naish (Rushcliffe) (Lab): Will my hon. and learned Friend give way?

Tony Vaughan: I will press on.

Secondly, the amendment attempts to limit the scope of future regulation by barring any changes to the Suicide Act 1961, but that is already covered by new clause 14, which prevents other changes to this Bill, should it become an Act. The amendment is not only duplicative, but closes off avenues for future clarity that might be needed in the Suicide Act, such as to ensure that offences around coercion or fraudulent practice are properly dealt with.

In short, the amendment does not add clarity; it risks confusion. It does not strengthen the advertising ban; it introduces constraints that could make it harder to enforce with evolving practice.

David Smith (North Northumberland) (Lab): I thank my hon. and learned Friend for giving way, given the time constraints. I have a simple but key question: does an advertisement include a leaflet on a GP's surgery table or on a door going into the GP? It seems unclear to me what is information and what is advertisement.

Tony Vaughan: That will have to be worked out; I do not have the answer at my fingertips, but others might.

I was pleased to hear my hon. Friend the Member for Spenn Valley say earlier that she is open to working with my hon. Friend the Member for Rochdale and others in the Lords to find a workable way forward on all these issues. I hope that he will take her up on that offer. This is obviously an area where constructive cross-party work could ensure that strong safeguards are achieved without unintended consequences.

Several hon. Members *rose*—

Tony Vaughan: I am essentially finished.

I urge hon. Members to reject amendment (b) to new clause 14 in its current form, not because we oppose its aim, but because we can and must find a better way to achieve it.

John Glen (Salisbury) (Con): I am grateful to have my first opportunity to contribute on this Bill. It would not be appropriate to dilate on my profound anxieties about it, but I approach these amendments in the spirit of constructive engagement. I rise to speak to linked amendments 82 to 86, which would strengthen the panel by giving it some of the features of the High Court safeguard that was, regrettably, removed.

We heard from the hon. Member for Spenn Valley (Kim Leadbeater) that the panel will now be stronger because it includes a broader range of expertise. The argument against that, of course, is that the High Court was a stronger safeguard because it has the powers of a court and the independence of the judiciary. My amendments would mean that we do not have to choose between the two: the panel is part of the Bill, but we can have a better panel if we give it some of the features of the High Court, namely its independence, the calibre of its judges, and its powers as a court.

Amendment 82 would require all panel members to be appointed by the Judicial Appointments Commission, which nominates judges in England and Wales. Currently, the selection of panel members is wholly down to the voluntary assisted dying commissioner. Schedule 2 says:

“The Commissioner must make appointments to a list of persons eligible to sit as members of panels.”

I have absolutely no doubt that the commissioner will be someone of great integrity and experience, but he or she will certainly be a strong advocate of assisted dying, as will those who put themselves forward for the panels. That may create an impression that the VAD commission is a self-selecting group with a particular set of institutional views.

If the system is to command public confidence, I believe that appointments would be best administered by an external body, and the Judicial Appointments Commission is the obvious choice. We in this country trust the judiciary, partly because we know that they represent no set of opinions.

Danny Kruger: I am grateful to my right hon. Friend for his amendments. He is absolutely right to say that this country trusts the judges, which is why this House was so enthusiastic about the inclusion of the High Court in the original Bill. Does he agree that by reintroducing proper judicial scrutiny at this stage we would be reverting to the Bill that the House voted for on Second Reading?

John Glen: It will not surprise my hon. Friend to hear that I agree wholeheartedly. I recognise that that was a major reason that many colleagues gave at earlier points in our discussions and deliberations.

Kim Leadbeater: I thank the right hon. Gentleman for his constructive engagement, but he did not vote for the Bill when it included a High Court judge, and now he is trying to reintroduce a High Court judge. Is there a version of the Bill that he would vote for if it had some sort of judicial oversight other than a commissioner who is a judge or a retired judge, a deputy commissioner who is a judge or a retired judge, and someone on the panel who is a legal expert?

John Glen: I have been very clear that I have tabled my amendments in a constructive way to reflect the will that the hon. Lady has expressed, but to recognise the meaningful dilution in the authority of the process and what can reasonably be amended to invigorate it, based on the principles that I think were intended at the outset.

I will revert to the point I was making about the judiciary. They have a commitment to uphold the law, and that should be the standard we are looking for when it comes to matters of life and death. The Judicial Appointments Commission already conducts appointments for all tribunals, including lay members. The Government's impact assessment compared the panel to the mental health tribunal. All appointments to the mental health tribunal, including the non-legal members, are made by the Judicial Appointments Commission, so this would not be a novel function for it.

Let me move on to amendment 85, which would ensure that all members of the panel have to take the judicial oath if they have not done so already. If other amendments pass, amendment 85 would be necessary only for the non-legal members, and it is crucial for public confidence that the judicial oath is taken.

Amendments 83 and 84 seek to preserve an important element of the Bill as originally presented to the House. They would ensure that the most senior decision-making

[John Glen]

figure, the chair of the panel, is a High Court judge with all the experience, responsibility and professionalism that that implies. Under these amendments, all High Court judges would be automatically eligible. They would need to be currently serving or at least be below retirement age, and would have to be a judge of the highest authority and not a deputy judge. Members of this House and the public were originally told that this would be a safe Bill precisely because it would have a High Court judge. That was a persuasive promise, and I think there is a way to honour it, even in the new version of the Bill.

I will briefly mention the retirement age, because it is important. It used to be 70, but judges can now continue until they are 75. However, there is no age limit for members of the panel. If we are saying that an 80-year-old retired judge is still with it and is able to decide on matters of life and death, why are they too old to help clear the backlog of criminal cases? That seems to be a meaningful anomaly.

I have been very clear about the purpose of my amendments. I have tabled them in the spirit of trying to strengthen the Bill and return it to what was intended, so that it can meet the expectations of so many Members who supported it at an earlier point.

Dr Allison Gardner (Stoke-on-Trent South) (Lab): I rise to support a number of new clauses and amendments to the Bill. The common thread running through all of them is a need to address some of the gaps in the safeguards and oversight. Should the Bill pass, I at least want to ensure that we improve its protections and remove some of the risks that it contains.

New clause 4 requires the chief medical officer to monitor the operation of the legislation, rather than depending solely on the assisted dying commissioner. Alongside the requirement for a High Court judge, oversight by the CMO was removed during the Committee stage. This means that, essentially, the assisted dying commissioner would mark their own homework. New clause 4 returns the safeguard of independent oversight, which is sensible given the significant concerns expressed by many experts and organisations, which were often neutral on the principle, but concerned about the Bill. They include the Royal College of Psychiatrists, the Association for Palliative Medicine, the British Geriatrics Society, the Royal College of Physicians and many experts such as Professor Jane Monckton Smith, a leading criminologist, Baroness Finlay, Parliament's leading expert on palliative care, Sir David Haslam, former head of the British Medical Association and of the National Institute for Health and Care Excellence—my previous employer—and many more. All have expressed concerns, even when neutral on the principle of the adequacy of the Bill.

Hence new clause 4 requires an annual report to include

“information about the application of the Act in relation to—

persons who have protected characteristics, and

any other description of persons specified in regulations made by the Secretary of State.”

I fervently hope that that includes domestic violence victims.

Amendment 13 very sensibly adds the requirement that the commissioner appointment is not the sole remit of the Prime Minister at the time, by requiring the consent of the Health and Social Care Committee. This provides a safeguard against ideological and politically motivated appointments, and I would be very critical of anyone who would want to prevent that.

Amendment 15 addresses the significant concerns about the involvement of private—for profit—providers of assisted dying. There are concerns that, when there is a commercial relationship between providers, there will be a gaming of the system. That risks compromising the relationship between the co-ordinating doctor and the independent doctor. Likewise, the existence of such providers does not allay concerns about doctor shopping, as was raised in the previous debate. Hence amendment 15 will require private providers to be transparent and provide reports on service members, service numbers, costs and revenue.

In previous debates and in the public discourse I have found it very disconcerting that, in response to legitimate concerns, all that we have been offered—as we have seen today—are some promised, unspecified future regulations that will fix the gap—[HON. MEMBERS: “Hear, hear!”]

Naz Shah: My hon. Friend is making a powerful point. Does she share my concern that most of our discussions today were thrashed out in Committee, and now we are being told that we have to leave them to the Lords, because we cannot fix the issues here? That is a really flawed process.

Dr Gardner: I entirely agree with my hon. Friend.

To expect MPs to improve the Bill without clarity as to what the regulations are or what they will be, and how the service will be delivered without rigorous regulatory oversight is fundamentally wrong.

Furthermore, the fact that the implementation of the Bill will be automatic in 2029—a general election year, incidentally—is not realistic when reflecting on the many areas that still lack detail. Hence I support amendment 42, proposed by my hon. Friend the Member for Newcastle-under-Lyme (Adam Jogee), which allows the Secretary of State to determine the appropriate date for the Bill to be implemented. This would allow time to make the NHS fit for purpose, to strengthen palliative care, and for Parliament to draft and scrutinise adequate regulations without being rushed.

Similarly, but fundamental to the society in which we live, amendment 12 protects the status of our most dear institution, the NHS. The Bill before us provides Henry VIII powers to amend the National Health Service Act 2006 without limit, which could include a specification of charges. If, as Labour MPs, we are committed to the NHS remaining free at the point of use, then amendment 12 is vital, as it will require any changes to the 2006 Act to be made by an Act of Parliament. The future is uncertain. We must build safeguards in the Bill to protect us from measures that fundamentally alter the fabric of our society.

Briefly, amendment 27 requires the MHRA to license the drugs used for assisted dying. Research has shown that painful and protracted deaths via assisted dying drugs are not uncommon, with deaths ranging from three minutes to 137 hours—nearly a week—with up to

eight hours to lose consciousness. Furthermore, serious side effects disproportionately affect younger people. Amendment 27 will help to ensure the safety and efficacy of these substances.

I will close by quoting Sir David Haslam on how we balance some of the individual stories used on both sides of the debate with the good of society. As we know, NICE has to make the difficult decision to approve or not approve medications and treatments based on a cost and clinical effectiveness model. It is experienced in weighing up societal good—[*Interruption.*] I will be quick, Madam Deputy Speaker—versus the needs and wishes of individuals.

11.15 am

Sir David states:

“From individual perspectives, assisted dying might appear a logical development. But from the perspective of society, it is likely to have a profoundly different impact—with a legion of unintended consequences...Once we blur that boundary, there is no going back, and the elasticity with which assisted dying laws have been applied in other countries should serve as a warning that such legislation is inherently unstable.”

In closing, even if we apply all the safeguarding amendments put forward, the Bill will still not be fit for purpose. The Renters’ Rights Bill contains 191 pages; this Bill consists of just 43. But should it pass, let us at least try to ensure that we have inserted some level of safeguarding and oversight. As such, no matter how they stand on principle, I urge hon. Members to support the new clauses and amendments I have addressed, and those I have not had time to address, in particular new clause 4 and amendments 12, 15, 27 and 42.

Mr Paul Kohler (Wimbledon) (LD): Let me begin by laying my cards on the table. I am, of course, a liberal and have always supported the right of individuals to choose freely when they want to end their life. I have no religious or philosophical objection to assisted dying, and when the debate on the Bill began, I assumed I would vote in favour of it. However, as the debate in this Chamber on Second Reading progressed, and in particular as a result of the compelling speeches by the hon. Members for Vauxhall and Camberwell Green (Florence Eshalomi) and for City of Durham (Mary Kelly Foy), and in particular from the Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), I came to the reluctant decision that the state of palliative care in this country and the safeguards against coercion in all its forms were not sufficient to vote in favour of the Bill. Despite the changes in Committee, my mind has not changed. I will again be voting against the Bill.

However, let me be equally clear that amendments 103 and 104, in my name and to which I will now speak, are not wrecking amendments, but critical to ensuring proper parliamentary scrutiny if the Bill becomes law.

Iqbal Mohamed (Dewsbury and Batley) (Ind): The issue of palliative care has been raised across the House. We have been repeatedly told that this is not an either/or choice, but does the hon. Member agree that without world-class palliative care, that will force some patients down the assisted dying route, where otherwise they would have chosen better care?

Mr Kohler: I agree entirely with the hon. Member. It would not be a free choice if we make that choice now, given the standard of palliative care.

Christine Jardine (Edinburgh West) (LD): Will my hon. Friend give way?

Mr Kohler: This is the last one; I will.

Christine Jardine: I thank my hon. Friend for giving way. I share with him concerns about the level and quality of palliative care in this country. However, I do not agree that giving people the choice to end their life, if they are terminally ill and have been diagnosed as dying shortly, in any way undermines our ability as a House to insist on an improvement in palliative care. What is more, statistics from other jurisdictions show that once given that choice, people often turn to palliative care.

Mr Kohler: I thank my hon. Friend for her intervention. Giving people a choice when they look on the internet and see how awful their death might be because of the shocking state of palliative care is not a free choice.

This is an extraordinary Bill. It has 55 clauses and 38 regulation-making powers, of which five are Henry VIII powers—in other words, powers to modify primary legislation. As Ruth Fox of the non-partisan Hansard Society, which is absolutely neutral on assisted dying, made clear, there are lots of powers in the Bill conferred on Ministers. Why is that a problem? Lord Hermer KC, the Attorney General, in his Bingham lecture last year, puts the point as follows:

“Henry VIII clauses...upsets the proper balance between Parliament and the executive. This not only strikes at the rule of law...but also at the cardinal principles of accessibility and legal certainty.”

I am afraid the Bill is an example of such excessive reliance. That is a major problem because in large part the safeguards are left to be decided by regulations. What level of qualification and training will doctors need to have? How will mental capacity be assessed? Who can be a proxy? What happens if the self-administration of drugs goes wrong and a person suffers complications but does not die? When pressed on the key safeguards and key issues, supporters of the Bill say that they are problems that can be approved later.

The same goes for how the Bill will actually be delivered. Will it be delivered by the NHS, and if so, how? Will private providers be commissioned, and if so, how, by who and on what terms? Will for-profit providers be allowed? All those questions go unanswered by the Bill. I had hoped that they would be answered in Committee, but they were not, and instead we got even more reliance on delegated powers.

First, that means that MPs cannot make a judgment about assisted dying and how it will work in practice. On training, for example, MPs might assume that the training provided will be a robust two-week course on assessing coercive control, but there is no such requirement in the Bill. Indeed, the impact assessment suggests that it would be a short course. Secondly, regulations cannot override statute and are ultimately bound by it. While it might be reassuring that a code of practice must be issued to take into account how depression can impair a person’s decision making, as the Royal College of

[Mr Kohler]

Psychiatrists recently reminded us, that does not change the fact that impaired judgment does not mean that someone lacks capacity. Thirdly, leaving all those matters to be considered by guidance and regulations places them outside the democratic control of MPs. With limited exceptions, we will not get a vote on those regulations, and will have no input, directly or indirectly, in formulating them.

The case for the defence might be that reliance on such guidance and regulations is inevitable with a Bill of this complexity, but the experience of other common law jurisdictions suggests that that is not the case. In Victoria, the first Australian state to legalise assisted dying, there are only 20 pages of regulations and much more has been included in the Act, which is necessarily longer than the Bill before us. That is a good thing, as it means more parliamentary scrutiny.

I wholly understand why it was not possible for the hon. Member for Spen Valley (Kim Leadbeater) to draft a Bill as detailed as the Australian Act before Second Reading, but I had hoped that with the help of Government resources, those gaps would have been filled in Committee and on Report. Sadly, that is not the case. [Interruption.] I had much more to speak about, but heeding your cough, Madam Deputy Speaker, let me say clearly that I will vote against the Bill, but even if Members disagree with me, they should please vote for my amendments.

Rachel Taylor: I begin by thanking my hon. Friend the Member for Spen Valley (Kim Leadbeater) who has exemplified the integrity and transparency that we need in public service.

I will speak about amendments 82 to 86, which were introduced by the right hon. Member for Salisbury (John Glen) earlier, because as a former lawyer, they concern me. In Committee, the Minister of State, Ministry of Justice, my hon. and learned Friend the Member for Finchley and Golders Green (Sarah Sackman) was clear that the panel's decisions will be subject to public law principles. That will include procedural propriety and an absence of bias, including the appearance of bias. My concern is that the panel is deliberately designed to be inquisitorial. It is intended to collect information; it is not meant to be adversarial like a court.

Dr Ben Spencer: Will the hon. Lady give way on that point?

Rachel Taylor: No, I will make some progress. Requiring a judicial oath would be inappropriate because the panel is not performing a judicial function. It is a specialist, administrative panel whose first priority must be focused on safeguarding and the review of evidence.

Jess Asato: Will my hon. Friend give way on that point?

Rachel Taylor: No, I will make some progress and expand on my point. Disqualifying retired and deputy judges would only shrink the pool of experienced candidates, and I do not believe that those changes would make the process safer, more effective or better. Instead, they would make it more difficult to appoint experts to allow the panel to function as the necessary safeguard that it needs to be.

Finally, I turn to the most important aspect of the Bill, which is those who are affected directly. Opponents present hypotheticals, but I have heard real stories from my constituents who support the Bill. One constituent told me about her husband who died of metastatic prostate cancer. He wanted to die at home, and despite the efforts of a dedicated palliative care team, his final month was marked by excruciating pain. Our constituents deserve better. They deserve the choice to say goodbye in peace, surrounded by loved ones, without unbearable pain. For me, this debate is about whether the status quo is acceptable. After hearing these stories and listening to lawyers and doctors, I know that it is not. If we vote in favour of the Bill, our constituents must be able to expect that it will be brought into law quickly. I therefore oppose amendment 42.

The British public overwhelmingly support the Bill. They are looking to this House for courage and leadership. That is why I will vote for the Bill, with the amendments that strengthen it. Let us bring dignity, peace and choice to those facing the end of their lives in difficulty and pain.

Dr Ben Spencer: Before I come to the substantive part of my speech, I would like to pick up on the comments of the hon. Member for North Warwickshire and Bedworth (Rachel Taylor). I have signed the amendments tabled by my right hon. Friend the Member for Salisbury (John Glen). I support them because I think the panel needs strengthening. It is not the case that courts have to be adversarial. Tribunals are set up to be inquisitive. In fact, the mental health tribunal is set up to be inquisitive. That is why, in Committee, I tabled amendments to use a tribunal panel as the mechanism for scrutinising decision making.

It has been a real pleasure to listen to the debate, particularly in relation to the prohibition of advertising, because the debate started to move to focus on the issue of suicide promotion and prevention. I have been quite concerned from the beginning that that has not been part of what we have been talking about. Duties to prevent suicide—whether they be doctors' duties under article 2 of the European convention on human rights, the NHS's clinical duties around suicide prevention, or duties relating to the Mental Health Act 1983—are a blind spot in the Bill.

The reason why the issue has not been focused on until now is that the Bill has been framed as the assisted dying Bill, as opposed to the assisted suicide Bill. I blame myself in part for that, because I started by calling it physician-assisted suicide, but then I started using the term "assisted dying" because it was in common parlance and it was what everyone was using. The problem is that it frames it as something else. It frames it as reducing the dying process as opposed to what it is, which is an act to end somebody's life. That is why the Bill amends the Suicide Act, and it is why I have tabled similar amendments on how it is conceptualised.

Caroline Voaden: I take issue with some of the language being used. We have heard the words "murder", "killing" and "suicide". Twenty-three years ago next week, my husband died of terminal cancer. He was in extreme pain and was given morphine to relieve it. As the pain got worse, he was given more morphine so that he could die gently and not in complete agony. This is about helping people die in a civilised way, and helping their

families to not go through the horrendous experience of watching a loved one die in agony. To call it murder and killing is so wrong, and we have a duty to mind our language with this Bill. It is about helping people die quickly and with dignity. It is assisted dying.

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Before Dr Spencer resumes, I note that this has been a well-tempered debate. Let us keep it so. We know our constituents are watching.

Dr Spencer: I thank the hon. Member for her intervention. Of course there are situations in which a decision to end one's life is perfectly understandable—indeed, rational. I spent my career looking after people, many of whom presented to me and to medical services with thoughts about wanting to end their life. Many of them had mental illness. Some had terminal illness. The fundamental problem with the Bill is that it has a complete blind spot for those people who are highly vulnerable. It is scandalous that we have got to this point and are still having a debate about the core concepts. The Bill should have been dealt with properly from the start with a royal commission or a review so that we did not get to the point where we are still debating core principles on Report.

11.30 am

Over the past months, I have tabled amendments that I thought would help get the Bill—if it becomes law—to a point of ensuring that the most vulnerable are protected. My amendments 19 and 20 would work to edit the code of practice for the Bill to ensure that there is clear guidance with regard to doctors' duties, suicide prevention, article 2 on the protection of human life, and interaction with the Mental Health Act. The Bill is currently blind on what to do with people detained in hospital and patients presenting with suicidal thoughts. I have great concerns that many people who are quite unwell psychologically will start presenting to services seeking an "assisted death" rather than presenting with suicidal ideation.

Tim Farron: I will not be the only person in this place who has lost someone they loved to suicide. In listening to what has been said recently by the Royal College of Psychiatrists, which is not opposed to the Bill in principle, the penny dropped for many of us that many people given a terminal diagnosis will have mental health issues that come with that. How does the hon. Member think we can distinguish between a person who chooses to end their own life because of a mental health issue caused by despair from having a terminal illness and somebody who wants to end their life because of despair caused by something else? Does that not blur our approach to the importance and sanctity of life and to preventing suicide in every circumstance?

Dr Spencer: I thank the hon. Member for his intervention. Of course, these are difficult things to disentangle. People will say, "You would say this, wouldn't you, Ben?", but we should get the person in front of a psychiatrist or a clinical nurse specialist working in psychiatry. This is what psychiatry does; this is what it is about. That is why I tabled amendments to ensure that the person is put in front of a psychiatrist as part of the process to deal with the blind spot. *[Interruption.]* Apologies, Madam Deputy Speaker; I will finish now.

My amendment would ensure that the code of practice clarifies the interaction with services.

Shokat Adam (Leicester South) (Ind): Will the hon. Member give way?

Dr Spencer: I think I am pushing it.

I tried to intervene on the hon. Member for Spen Valley (Kim Leadbeater) to ask what she thinks about that. She is welcome to intervene on me now if she has further points to add. Otherwise, I ask the Minister to address those points.

Marsha De Cordova (Battersea) (Lab): I rise to speak to amendment 27, which would require the doses and types of lethal drugs to be properly licensed by the MHRA. It is important that I put it on the record that I do not think the Bill is safe. It does not provide adequate safeguards. Most importantly, it will deepen and exacerbate inequalities. On that, I know that I speak for tens of thousands of disabled people who rightly say, "We need assistance to live, not to die."

Throughout the passage of the Bill, hon. Members across the House have received many letters and briefings from leading experts, including this week a letter from over 1,000 doctors across all areas of medical practice expressing their clear view that the Bill does not provide answers on how we can improve management of the end of people's lives. They said that the drugs expected to be used in assisted deaths should undergo rigorous testing and approval, as would be required for any other prescribed medication. Those requirements are missing from the Bill. Indeed, there is nothing in the Bill requiring lethal drugs to be regulated by the Medicines and Healthcare products Regulatory Agency. That is contrary to good medical practice.

Many of us will have heard that in Oregon, complications with drugs used for assisted dying occurred in about 7% of deaths and included vomiting, seizures and prolonged deaths of up to 137 hours. Where is the requirement in the Bill to inform patients about how those risks, including prolonged dying, might be managed? Where is the plan to identify the most acceptable medications? If they have not already done so, I urge hon. Members to consider this letter, signed by many leading experts. If we do not listen to them—the very people who would have to implement the Bill—who will we listen to?

Sam Rushworth (Bishop Auckland) (Lab): On that point, will my hon. Friend give way?

Marsha De Cordova: I will not take any interventions.

It is clear that the Bill does not protect vulnerable patients from coercion. In 2021, the UN's human rights experts raised concerns that, even if assisted dying is restricted to those with terminal illness, disabled and older people may feel subtly pressured to end their lives due to social attitudes and lack of appropriate services and support. Across the House, we know that support for disabled and older people is inadequate. We know that disabled people continue to face disproportionate levels of poverty, isolation and hardship. Until that changes, I urge every Member to think and not vote for the Bill.

Ellie Chowns (North Herefordshire) (Green): I rise to speak in support of new clauses 13 to 15, tabled by the hon. Member for Spen Valley (Kim Leadbeater), to support amendments 94 and 95, and to oppose amendment 42. I pay tribute to the hon. Member for Spen Valley for her compassionate leadership and immense hard work, to the Members of all views who served on the Bill Committee for their thoughtful and hard work, and to those who have worked behind the scenes to scrutinise the Bill and contribute to the debate.

I thank all the constituents who have been in touch with all of us. I am sure that, like me, hon. Members have carefully reflected on those contributions and taken them into account. It is clear that the status quo is not acceptable. That is why it is right that we have this legislation before us, and that we are scrutinising it so carefully and looking at it in such immense detail.

Turning to new clause 13, regarding the regulation of substances for use in assisted dying, those substances obviously have to be properly regulated, although it is equally obvious that they cannot be subject to conventional clinical trials in the same way as other medicines, which is why the proposal to make that process go through the MHRA is inappropriate. The regulations provided for in new clause 13 will ensure that that critical part of the process is carried out with the highest possible level of scrutiny and harm prevention. It is essential that there is transparency and assurance of the process, from manufacture all the way through to administration, which is what new clause 13 does.

Ms Billington: I am interested in what the hon. Lady says about the safety of those drugs. Does any adverse event data exist globally to quantify how much harm and suffering could be caused while inducing the dying process?

Ellie Chowns: I thank the hon. Member for raising that issue and giving me the opportunity to speak about the detailed evidence given by my constituent Emeritus Professor Sam Ahmedzai, with whom I spoke at length yesterday about precisely this detail. I have reviewed a number of tables of data about this. Any substance has side effects but, as the comments made today have indicated, in reality those substances are being held to a far higher standard than substances routinely used in palliative care.

We have to recognise that there is a huge amount of evidence about the efficacy of the substances that are talked about in relation to assisted dying. There is a huge amount of published, peer-reviewed evidence about the effectiveness of those substances, and people like Professor Ahmedzai, who has 40 years of experience and is a global expert in this area, point out that we know how to assist people to have a peaceful, compassionate death effectively, and that is what the Bill is about: helping people who are terminally ill to die with dignity and to face those final moments with the support, love and care of their family around them; not in agony, but in whatever degree of peace is possible when facing death.

As the hon. Member for West Worcestershire (Dame Harriett Baldwin) said, new clause 14, which relates to advertising, has been developed in consultation, as a result of concerns raised by opponents to the Bill, to try to ensure the crucial fact that assisted dying is not an

advertised service. There is a crucial distinction between advertising and information, and this new clause will ensure that assisted dying remains a careful, clinical process and not something that would be promoted commercially. It is a balanced, cross-party safeguard supported by people on all sides of this debate.

Jonathan Davies: Will the hon. Lady give way?

Ellie Chowns: I am very short of time, so I think I had better continue.

Turning to new clause 15, which relates to the role of coroners, if the Bill is passed, assisted dying would be a very strictly regulated process—the choice of an individual; not a death caused by others, but by the individual themselves. As Aneez Esmail has pointed out, this would be the most scrutinised type of death in the country, and it therefore makes no sense to require another legal process at the end when there have already been multiple layers of scrutiny before the death.

Dr Opher: Will the hon. Lady give way?

Ellie Chowns: I am so sorry, but we are very short of time.

New clause 15 is a compassionate and practical clause. There are strong safeguards already in place, and requiring a coroner's inquest would go against the spirit of compassion that should be driving us all.

I will briefly turn to amendment 42, tabled by the hon. Member for Newcastle-under-Lyme (Adam Jogee), which would remove the backstop commencement. Essentially, the amendment would leave it in the hands of the Secretary of State to decide when, or if, the Bill comes into effect. That would go against the will of the House. If the House passes this Bill, it is perfectly reasonable and workable for the detail of it to be worked out within the next four years. We have already doubled the length of time allowed for that to happen. Amendment 42 is effectively a wrecking amendment that seeks to kick the Bill into the long grass. *[Interruption.]* That would be its effect.

To conclude, I will briefly address the misconception that seems to have informed some of the comments I have heard in today's debate, which is the assumption that families would want to pressure family members to die quicker. My mum is a specialist palliative care social worker, and she has told me that in all her years of practice she has never experienced that happening. It is the other way around.

Several hon. Members rose—

Ellie Chowns: I am sorry, but I am concluding. We are each speaking from our own experience and from the heart.

Several hon. Members rose—

Madam Deputy Speaker (Ms Nusrat Ghani): Order. The hon. Lady has made it clear that she is not taking interventions at this time.

Ellie Chowns: The evidence shows that it is dying people themselves, facing the end of life, who wish to have the choice. Only small numbers of them will take

up that choice, but it is crucial, humane and compassionate for us to offer them the choice. Assisted dying is complementary to palliative care, not contradictory, and this Bill has been through a huge amount of scrutiny—far more than any other Bill in this Session. Therefore, I deeply hope that the House will pass this compassionate, humane, clearly drafted and tightly structured Bill, to offer a dignified death to those who are facing death.

Patricia Ferguson: I rise to speak to my amendment 13, which concerns the appointment of the voluntary assisted dying commissioner. In Committee, it was decided that the Prime Minister would appoint the voluntary assisted dying commissioner, and that the appointee would serve for five years and be responsible for appointing the assisted dying review panels. The commissioner would also oversee the training of panel members, give them guidance on the procedures to be used and, crucially, decide when a case that a panel has refused should be referred to another panel for reconsideration. According to the Bill, the commissioner will not be acting as a judge, but they must be a current or former senior judge of the Supreme Court, Court of Appeal or High Court. However, they are not required to have any expertise in medicine or healthcare.

Importantly, following our considerations in Committee, the Bill no longer requires that the chief medical officer be responsible for monitoring whether or not the assisted dying regime complies with the law. That responsibility has now been transferred to the voluntary assisted dying commissioner, so the person in charge of overseeing the process and setting up the panels will also be the person deciding whether the Act is being administered correctly.

Jonathan Davies: Given the scandals we have seen in healthcare over many years, from infected blood and medicines that should not have been prescribed to what happened at Mid Staffs hospital, it is clear that having that independent, robust oversight from the chief medical officer is a good way forward if people are going to be able to trust this legislation, if it comes into law.

11.45 am

Patricia Ferguson: My hon. Friend makes a valid point. The point of my amendment, as I will come on to, is that we need to ensure as much scrutiny as possible in this regard.

From what I have outlined, this is clearly an exceptionally important post, which carries great responsibility and significant power; indeed, it seems the postholder will require the judgment of Solomon to be able to fulfil their role. It is therefore surprising that, as the Bill stands, there is no requirement for pre-appointment scrutiny by the relevant Select Committee, despite the profile of the post and the controversy it will inevitably attract.

Considering that such pre-appointment scrutiny is required for the chair of the Competition and Markets Authority, the chair of the BBC, the chair of the Charity Commission, the Information Commissioner, the chair of the Care Quality Commission, the health service commissioner for England, the chair of the Judicial Appointments Commission and the chair of the UK Statistics Authority, the omission of such scrutiny in

this case is clearly a serious oversight, which my amendment seeks to remedy by ensuring that the correct Select Committee has the power of scrutiny.

In my view, we need to guard the rights and privileges of Parliament jealously. We must ensure that Parliament is involved in the scrutiny of this legislation going forward as much as we possibly can. The Bill itself requires this to be as rigorous and transparent as is possible. No matter what side of the debate we are on, it is important to ensure that the Bill is as strong and as good as it possibly can be; we owe it to the people who send us here—the people who have been writing to us in such great numbers. My amendment seeks to strengthen the Bill in respect of the voluntary assisted dying commissioner.

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): I refer right hon. and hon. Members to my entry on the Register of Members' Financial Interests—I am an NHS consultant paediatrician.

The debate so far has focused primarily on ethical considerations, legal frameworks and who will be eligible—the who, the when and the why—but I want to focus my remarks on the how. As a doctor, I know that various drugs in different combinations can be fatal; in other words, there is more than one way to kill people. Which would be the best drug, if that is what we wished to do? Which would be the most comfortable, and how do we know?

Some forms of assisted dying use neuromuscular blockades, which, in common parlance, means that they paralyse the body. Imagine a situation where someone in a lot of pain is given such a drug; from the outside they would look relaxed and peaceful as their muscles relaxed, but inside they would be in a lot of pain, and unable to express that to anybody else. Do we want people to be comfortable and to know that they are comfortable, or only to appear comfortable to us? Clearly, we want them to be comfortable inside as well. We therefore need to have drugs that are properly understood and regulated for this purpose.

Assisted dying is often portrayed as safe, peaceful and controlled, but the reality in comparable countries where it has been legalised so far is more complicated. Technical difficulties frequently arise, leading to complications causing greater suffering, requiring intervention and potentially leading to a prolonged and painful death.

A report in *The BMJ* by Dr Suzy Lishman, former president of the Royal College of Pathologists—who, I should say, works at the same trust as me—showed that there is a lack of reliable data on the effectiveness and safety of the drugs used, largely due to inconsistent reporting in jurisdictions where such dying is legal. In Belgium it is estimated that only 52% of euthanasia cases are reported to the Federal Commission for the Control and Evaluation of Euthanasia.

During a Select Committee visit in the last Parliament to Oregon to discuss assisted dying, which I and two other hon. Members from the Labour Benches went on, we heard about the complications being unknown in 71% of cases. No healthcare professional was present when the drugs were given so we could not really know, and we did not even know if the drugs had been taken in some cases. Where we did, we found a history of seizures, vomiting and prolonged deaths. On having

[Dr Caroline Johnson]

been given the drugs, patients in nine cases in Oregon in 2023 had reawakened later. How they felt in the intervening time is difficult for us to know.

In Washington, a 2018 report found that 31% of patients took more than 90 minutes to die. I also remind hon. Members that an absence of evidence that things are not going well is not evidence of an absence of things going wrong.

Anna Dixon: I thank the hon. Lady for so eloquently describing some of the variation in the use of drugs in the case of assisted dying. In normal practice we have a yellow card scheme, which allows for any adverse events from ingestion of prescribed medication to be reported. Is it her understanding that, under the current proposals, that would not happen for assisted dying? Is she also aware of a review that shows a great variation in the range and dosages of drugs used?

Dr Johnson: I think one of the key problems with this form of intervention, compared with others, is that we cannot ask the patients afterwards how that felt. We cannot get their feedback, because they are dead. If we are going to give them things such as neuromuscular blockers or sedatives, we may not be able to tell what they feel. There are physiological ways in which we can monitor patients and get some idea—perhaps in their heart rate or blood pressure—but we will not be doing that. That is, therefore, one of the reasons for my tabling the amendments, to ensure that the drugs are properly regulated by the MHRA, so that we know that they have been properly tested on the purpose for which they are to be used.

Sadik Al-Hassan: Will the hon. Lady give way?

Lizzi Collinge: Will the hon. Lady give way?

Dr Johnson: I do not have much time and I do not want Madam Deputy Speaker's cough to return. [Laughter.]

If one examines the litany of drugs involved in other jurisdictions where assisted dying is legal, it makes for troubling reading. It is often an ad hoc cocktail of lethal substances, including sedatives, analgesics, cardiotoxic agents, neuromuscular blockers and antiemetics. There is no internationally agreed drug regime. Jurisdictions such as Oregon, Canada and the Netherlands use varying combinations of barbiturates, sedatives, opioids and antiemetics. In 2020, the official Oregon report stated that, compared with single barbiturates,

“All drug combinations have shown longer median times until death”.

As the Bill currently stands, doctors will have to consider prescribing untested drugs or drug combinations, which could potentially breach the General Medical Council prescribing guidance that a doctor must be satisfied that the drug serves the patient's needs. To address some of those concerns, I have tabled several amendments.

Amendments 96 and 97 ensure that no drug can be approved under the Act unless there is a scientific consensus that it is effective and does not cause undue pain or side effects, and that it has been specifically licensed for that purpose by the MHRA. I cannot really understand why anyone would disagree with that.

Amendment 98 clarifies that the Secretary of State is not compelled to approve any drug if, after consultation, it is concluded that no substance is appropriate or safe enough to meet the standard.

Amendment 99, alongside amendment 100, mandates that before any regulations are laid before Parliament, a comprehensive report must be provided. That report must include time to death, possible complications including pain, and any likely side effect of the proposed substances. Again, I cannot see why that would be controversial, because surely we all want everybody to be fully informed and make fully informed decisions, and that is part of making an informed decision.

Amendment (b) to new clause 13 requires any medical devices for self-administration be approved by the MHRA and that the Secretary of State consult the MHRA before making any regulations. That is a basic safeguard that we would expect in any medical intervention, and it should be a non-negotiable condition here.

Finally, amendment 42 removes a time limit and therefore the pressure on the Secretary of State. I understand other people's concerns about that. There is often a narrative that it will lead to patients being able to die at a time and in a place of their choosing. However, the regulations in the Bill require the doctor to stay with the patient from the moment the drug is given until they are dead. We have heard that that could take quite a long time. Do we really have enough doctors to do this at people's homes at a time of their choosing? At the moment, I do not think we do, and I do not see how, in a short period of time, that will be achievable either.

Mr Alex Barros-Curtis (Cardiff West) (Lab): I stand in support of new clauses 20 and 21, along with amendments 89 and 90 and 92 to 95, all of which are in the name of my hon. Friend the Member for Spen Valley (Kim Leadbeater). Colleagues need not fear—I will not speak to all of them.

I am a proud Welsh MP, and a lot of the debate today has centred on differences or confusion about the distinction on devolution on aspects of the Bill. Focusing on new clause 21 and consequential amendment 90, I pay tribute to my hon. Friend the Member for Spen Valley and to the right hon. Member for Dwyfor Meirionnydd (Liz Saville Roberts) for their work together on this issue to ensure that people in Wales can access the assisted dying process in the Welsh language, if that is their preference.

In the last few months, I have met with many constituents about this Bill, including medical professionals and palliative care consultants. One of their overarching concerns is a fear that the language barrier may inadvertently impact on the ability of a relevant person in Wales properly to access and understand the assisted dying process. I am grateful to those constituents, including Dr Siwan Seaman and Professor Mark Taubert.

Accordingly, new clause 21 and amendment 90 are important. They seek to replace clause 47 and provide Welsh versions of the forms for the first or second declaration, the report about the first or second assessment of a person, and the final statement. Further, they stipulate that where a relevant person informs the voluntary assisted dying commissioner that they wish to communicate in Welsh, the commissioner must take all reasonable steps to ensure that that wish is respected and that

communications by the relevant assisted dying review panel are in Welsh. These are important amendments, as they are about accessibility and respect, ensuring that language is never a barrier to compassionate end-of-life care. They uphold the principle of linguistic equality, which is well-established in public services in Wales, and I trust that that should not be controversial to colleagues when they come to vote later on.

As a Welsh MP, I am pleased to see the inclusion of amendments 92, 93, 94 and 95. While they may appear to be small amendments, they are important. As my hon. Friend the Member for Spen Valley said, they fully respect the devolution settlement by ensuring that Welsh Ministers have all necessary powers on devolved aspects of the Bill—health—while retaining the powers of UK Ministers over aspects that are not devolved. I think that was slightly misunderstood earlier by some in this debate.

Taken together, the amendments provide clarity and legal certainty and offer reassurance to patients, clinicians and Government agencies in Wales. That principle should be uncontroversial. I know from my own discussions with the Welsh Government and the Welsh Health Minister that he is extremely grateful for the interactions he has had with my hon. Friend the Member for Spen Valley, and he is confident this measure is workable from the Welsh perspective.

New clause 5 seeks to mandate that the Secretary of State must, within six months, publish a report setting out the impact of this legislation on the civil procedure rules and probate proceedings. During the debate and the streams of evidence we have heard, I do not recall a suggestion that this Bill is likely to result in any serious changes to those specifically referenced matters. On the contrary, England's CMO, Professor Sir Chris Whitty, warned against creating a "bureaucratic thicket", saying that the best safeguards are the simplest ones. Let us keep that at the centre of our minds when we consider this legislation and avoid inserting amendments that are no doubt well-intentioned but would create such a thicket.

I conclude by sharing one story from a constituent of mine who was focused very much on safeguards, which has been the debate on all these amendments and new clauses.

Danny Kruger: Will the hon. Gentleman give way?

Mr Barros-Curtis: I will not, because I want to finish up; I appreciate the hon. Member's forbearance.

That constituent was Claire O'Shea. Claire was originally diagnosed with irritable bowel syndrome; it was only much later that it was realised she had stage 4 cancer. Within an hour of this House voting to pass this Bill on Second Reading, Claire messaged me to say:

"What a powerful debate today. It's hard to say I'm 'pleased' as it's a terrible issue to have to contemplate. But it's such a relief to know the next stage is open and hopefully allays the fears of those talking about safeguards."

Claire lost her battle with cancer last month, so I am pleased that we are here again, discussing the specifics of this Bill and talking about amendments in good faith that either side thinks will enhance its safeguards. In honour of Claire and for all those like her, I urge colleagues to support the amendments and new clauses I have outlined and to support the Bill itself.

12 noon

Robin Swann (South Antrim) (UUP): I rise to speak in support of amendment (a) to amendment 77, which is in my name. I should also refer to my entry in the Register of Members' Financial Interests about my involvement with the Royal College of Psychiatrists.

New clause 13, we are told, is a replacement for clause 34; I hope that Members have taken the time to compare the two. New clause 13 contains even more powers than clause 34. It follows the trend of this Bill: instead of more detail being added, more powers are added. It seems to me that the line is, "There are some issues that we'll sort out later," but that this place will not be involved in that "later". What is particularly concerning is that the powers that the Bill creates contain no explicit limit or guiding principle by which they are to be exercised. Nor do we have the benefit of a policy paper from the Secretary of State saying how he intends to exercise those powers or how his successors will.

I believe that the provisions relating to "approved substances"—clause 25 and new clause 13—face a real problem. As Dr Greg Lawton, a barrister and pharmacist, told the Committee in written evidence, the lethal substances intended to end life are not medicinal products within the meaning of the Human Medicines Regulations 2012. That definition is itself derived from EU law, which states that

"the term 'medicinal product'...must be interpreted as not covering substances whose effects merely modify physiological functions and which are not such as to entail immediate or long term beneficial effects for human health."

That creates the real problem: if the substances are not medicinal products, why does the Bill provide that pharmacists are to be involved in their preparation and why would doctors be supplying them? New clause 13(4) seeks to get around the problem by giving the power to the Secretary of State to amend the Human Medicines Regulations 2012 so that the substances fit in. The impact assessment tells us that the Government have no plans to conduct or rely on the sort of scientific studies normally done for drug approvals or for the MHRA to be involved.

Sadik Al-Hassan: As a pharmacist, I should say that the drugs to be used for assisted dying are commonly used in pharmacy now. It would be obvious for pharmacies to supply those drugs in some way, shape or form. I accept the hon. Member's point about medicines being used, but he will, I hope, accept my point: how would the same studies used to approve treatments be used to approve their use for death?

Robin Swann: I think the hon. Gentleman said in an earlier intervention that those medicines would then be used off licence, to the risk of the prescribing doctor and the person using them. That is where the risk falls back on the individual rather than being covered by anything in the Bill. That is where my regret comes.

I understand the need to treat the substances as medicinal products in England and Wales if it is the will of the House to change the law here; what I cannot understand is why the law should change the situation for the rest of the United Kingdom. That is the basis of my amendment to amendment 77. The House is not voting for assisted dying in Northern Ireland, so it has no locus to change the definition of a medicinal product

[Robin Swann]

in Northern Ireland in order to accommodate this Bill, which we have been told applies to England and Wales only. Or is it the intention of the Bill's sponsor or those behind her to extend it to Northern Ireland at a later date, using some of the Henry VIII regulations in it?

There is a further issue in Northern Ireland. We are still in part subject to EU law, and I would be interested to know whether the Government have considered that aspect. Can the Minister really change, by ministerial diktat, EU law in Northern Ireland when it comes to the use of these substances? If so, why is he not being granted such power in other areas of significance to Northern Ireland? Why only this? Why has so much Government time previously been spent on medicine regulation and supply for Northern Ireland? Why did the right hon. Member for Melton and Syston (Edward Argar), as the Minister of State for Health, and I, as the Minister of Health in Northern Ireland, spend so much time on that? To that extent, I ask the hon. Member for Spen Valley (Kim Leadbeater) and the Minister: what engagement has there been with the Department of Health in Northern Ireland or the chief pharmaceutical officer for Northern Ireland? Or is this another part of the Bill that is being put in to meet the promoter's needs without any background or engagement?

In conclusion, the application of those provisions to Northern Ireland also has implications for the conscience protection. If, as a result of regulations made under those provisions, pharmacists in Northern Ireland are required to be involved in the manufacture or preparation of such substances, they will not have the benefit of the conscience clause, as that clause has not been extended to Northern Ireland. I therefore oppose the extension of those provisions to Northern Ireland and Scotland. I will also oppose amendment 77 and ask hon. Members to support amendment (a) to amendment 77 in my name.

Blair McDougall (East Renfrewshire) (Lab): I rise to speak in support of amendment 15, which is tabled in my name. I will minimise my comments to maximise the time available to other hon. Members.

Owing to the widespread unease among NHS practitioners and the growing number of concerned voices about the Bill's shortcomings, if it is passed by the House—I still hope that it will not be—it is likely that assisted deaths will take place away from the public sector. Indeed, the Bill does not prevent assisted deaths from being outsourced to private companies, and there is no definition of what “reasonable remuneration” means in return for helping to end someone's life. My amendment seeks to ensure that providers publish annually the number of people to whom they have provided those services, the costs of doing so, and the revenues received in return.

Many hon. Members will be guided by their religion when they vote on these issues. Although I deeply respect that, I am not a person of faith. If there is a booming baritone voice appealing to my conscience, it is not that of God, but that of Nye Bevan, who was concerned about the commodification of care. In his time, the worry was about the role of the market in extending life. Today, my concern is about the potential role of the market in ending it.

Throughout the Bill's passage, we have discussed different kinds of coercion by individuals on the lives of people whose protection is entrusted to us. As a Labour MP, I do not think that we can have this debate without addressing the economic coercion experienced by the vulnerable in our society. As someone who has sat beside a bed and prayed for mercy, I genuinely understand the attraction of arguments around freedom of choice, but arguing for that as a fundamental principle in isolation, without also acknowledging the economic, social and cultural context in which people make such choices, is not a Labour approach to the issue.

Shockat Adam: Does the hon. Member agree that no matter how many new clauses we introduce, we cannot militate against people being vulnerable, particularly financially? According to the charity Mind, 2.7 million people in this country have considered suicide because of financial hardship. How could we militate against that?

Blair McDougall: The hon. Member makes an important point that we have to consider. We must recognise that, as he says, people's choices are limited by the unfair distribution of wealth, the injustices that disabled people face throughout their life, or the attitudes of the powerful in society towards those who are less fortunate.

Dr Opher: If my hon. Friend looks at the statistics, he will see that it is usually the better-off in society who choose assisted dying, not the less well-off.

Blair McDougall: I will come to that point shortly.

We have a duty to ask whether the poorest and most vulnerable will be coerced into choosing assisted dying over palliative care because of economic disadvantage. Will they be exploited by those with a financial interest in their choosing to end their life? Will their death become a commodity? If we are really going to pass legislation that allows someone's death to become a matter of business, we must have full transparency on those financial motivations, and my amendment 15 would require that. If we are really going to pass legislation that allows someone's death to become a matter of business, we must have full transparency on those financial motivations, and my amendment 15 would require that.

Carers in the private sector are not bad people any more than people working directly in the NHS, but private healthcare operates in a context. The evidence that profit influences the moral choices made in the care and treatment that is already provided in this country is overwhelming; this is not a hypothetical concern. For example, a systematic review published by *The BMJ* found that private equity ownership of healthcare is associated with lower standards of care. Around the wonderful miracle of IVF there is an industry profiting from people's desperation as they start life rather than end it. Already, at the end of life—this relates to the point made by my hon. Friend the Member for Stroud (Dr Opher)—choice in palliative care is limited by economic status, with the wealthy more likely to die a good death than the poor. My amendment seeks to address the fundamental question of whether free choice really is free by bringing into daylight the financial motivations of those involved in individuals' decisions.

Anna Dixon: My hon. Friend makes a strong argument for excluding private, for-profit providers. He may know that I tabled an amendment in Committee that would have limited the provision of assisted dying to charities; unfortunately, it was rejected. Will he clarify where and how he thinks assisted dying should be provided, and his understanding of the Bill in that respect, given the lack of clarification we have had from my hon. Friend the Member for Spen Valley (Kim Leadbeater)?

Blair McDougall: My hon. Friend makes an important point. Amendment 15 seeks to recognise that there is a difference in where private providers' income stream comes from and that that raises moral issues.

Dr Opher: Will my hon. Friend accept one more intervention?

Blair McDougall: I do not wish to exacerbate your bronchitis, Madam Deputy Speaker, so I will continue.

Amendment 15 touches on a fundamental point at the heart of the debate. Disabled people and the sick, in every aspect of their lives, have to fight every day for resources from a state, a market and a society that view them as a drain on finances. Do we honestly believe that at the moment when the most vulnerable are least able to argue for themselves, under the most intense societal and cultural pressure, and at their most expensive, those same public and private sector institutions will succeed in making choice real for them when they have failed to do so throughout the rest of their lives? Even if we stretch credulity and convince ourselves that that will be true in the state sector, can we say that it will be true in the market? I do not believe that the Bill should be passed, but if it is, let us not make it worse by allowing unscrutinised profit from the loss of human beings.

Simon Hoare: I rise to speak in support of amendments (a) and (b) to new clause 14, new clauses 1, 2 and 16, and amendment (a) to new clause 15.

I will make two observations at the outset. I do so as a Welshman representing an English constituency, as a former Chair of the Northern Ireland Affairs Committee, and as the current Chair of the Public Administration and Constitutional Affairs Committee. I remain to be convinced, despite the confidence expressed by the Bill's promoter, that the Bill honours, in spirit and letter, the devolution settlement. Based on the expression on the face of the Chair of the Scottish Affairs Committee, the hon. Member for Glasgow West (Patricia Ferguson), I do not think she believes that it honours the devolution settlement as far as Scotland is concerned either.

I also make the point that we are here to make law that has to stand the test of time. She was not the only one to do so, but the hon. Member for North Herefordshire (Ellie Chowns) shared a heartfelt anecdote about a conversation with her mother as a result of her mother's professional work. I know how easy it is to do, because it is a trap that I have fallen into, but, particularly on an issue as emotive and literally life-changing as this, we should not base our decision just on anecdote. We must base it on cold analysis of what is before us.

It is almost six months to the day since the Bill was introduced and still I think it is best described as skeletal. We have been told time and again by the hon. Member for Spen Valley (Kim Leadbeater) and the

Minister how busy officials have been looking at the practicalities of the Bill and how to operationalise it and make it workable. Yet this House is kept in the dark on what Ministers intend. Indeed, the hon. and learned Member for Folkestone and Hythe (Tony Vaughan) said in his earlier contribution that his understanding was that the hon. Lady was still prepared to work with colleagues to perfect the Bill. But, Madam Deputy Speaker, we are on the second day of Report stage and we could easily fall to Third Reading today. The time for that evolutionary conversation is long past. The time for detailed clarification is now. The Bill remains skeletal.

12.15 pm

The most common phrases in the Government's impact assessment are: "not known" 26 times; and "unknown" eight times. It is left to *The Times* to ferret out the information that Ministers are thinking of outsourcing ending the lives of the terminally ill to private contractors on a for-profit basis. The hon. Member for East Renfrewshire (Blair McDougall) who spoke before me referenced Nye Bevan. I can hear Nye spinning in his grave at the thought of that.

Rather than fill in the blanks and constrain the powers to be given to Ministers, even more Henry VIII powers have been added—Henry VIII powers which were not in the original Bill. We were told—I know full well that many right hon. and hon. Members bought this—that the role of the Committee and the further stages of the Bill would provide all the answers, dot all the i's, cross all the t's and provide full clarification. That has not happened. This House rightly bridle when Ministers of the Crown bring forward legislation that has an unhealthy reliance on Henry VIII powers. If we bridle at other such legislation, we certainly should bridle at this Bill.

It is beginning to feel as if this were a deliberate tactic. "Keep things vague, do not make anything too real or tangible, and do not confront what this will mean day-to-day. Let's just keep it light. Let's keep it airy-fairy. Let's keep it in the cloud of principle and, somehow or another, through benign intervention, good will accrue." This is too serious an issue in which to place that faith, because it could be misplaced. That relies on us as Members of Parliament not to care—to switch off when we hear the words "secondary legislation", something that we know can often be dealt with in five or 10 minutes in a Committee room, with 14 or 20 people selected by the Whips and no debate on the Floor of the House. This is not a niche issue for the Hansard Society or the Delegated Powers and Regulatory Reform Committee, and it would be a shame and a stain on this House and this Parliament if we were to nod through a Bill that gives us the idea that Henry VIII is the way to go.

Jim Shannon: Will the hon. Gentleman give way?

Simon Hoare: I will not; I am very conscious of time.

Madam Deputy Speaker, given that so many right hon. and hon. Members have been constrained in the length of their contributions because of your persistent cough—I say that not as a criticism—and that next week we have a lot of one-line Whips and the following week we have exactly the same, more time really should be given to the Bill. I do wish the Government had taken it on, not as a Government Bill but by finding Government

[Simon Hoare]

time for Report on the Floor of the House. This is too serious an issue to have as many gaps and lacunae as this Bill has.

The founding fathers of the United States worked on the basis that the vague generalities of the constitution would always be adhered to, and that men and women of goodwill would adhere to it. I am pretty certain that they are now beginning posthumously, with the current incarnation, to wonder whether that is true. We should not be legislating to leave it up to Ministers to define regulations and decide how they come forward. We have Bills that have page after page after page which, when people ask themselves, “What is this all about?”, actually amount to very little. The amendments that have been tabled, and which I support, have been tabled in good faith, but I am afraid to say that, in trying to improve the Bill, they are trying to make a silk purse out of a sow’s ear.

Catherine Fookes (Monmouthshire) (Lab): I rise to support new clauses 20 and 21, and amendments 70, 71 and 92 to 95. They are all about the right people having the right powers at the right time, and they respect the devolution settlement for Wales. I am mindful of time, and therefore I am sorry but I will not take interventions. I am extremely grateful to my hon. Friend the Member for Spen Valley (Kim Leadbeater) for engaging so meaningfully and strongly with the Welsh Government, including going to Cardiff to speak with Welsh Health Ministers and officials, to ensure that they are continually consulted during this process.

New clause 20 ensures that the Secretary of State, not the chief medical officer, is responsible for issuing guidance on the operation of the Bill. It enhances oversight and accountability by placing that responsibility with the Secretary of State, so that scrutiny and accountability regarding how the Bill will be implemented in practice is put in the right place. It is normal practice that officials whose roles and responsibilities may alter over time are not named in primary legislation. It is, however, important to note that the chief medical officer is not being cut out of the process, because the chief medical officers for England and Wales must be consulted. The new clause also allows persons with learning disabilities and other protected characteristics, as well as providers of palliative care services, to contribute to the process of provisioning guidance. It is a simple but important measure that ensures the right level of ministerial oversight, and I urge colleagues to support it.

As my hon. Friend the Member for Cardiff West (Mr Barros-Curtis) has explained, it is important to urge Members to support new clause 21, because it ensures that people in Wales are able to access the assisted dying process in the Welsh language if that is their preference. Almost 30% of the population in Wales speak Welsh, and it is so important that they can access this service in their language should they wish to do so. It is a small change, but it will make a huge difference to patients, families and clinicians in Wales.

Amendments 70 and 71 simply refine provisions around the use of interpreters, requiring the Secretary of State to publish a code of practice on the matter. Interpreters are essential to ensure fair and equal access to the assisted dying process for those whose first language is not English or Welsh.

Amendments 92 and 93 provide greater detail on the Welsh Government’s responsibilities in delivering assisted dying services in Wales. Some hon. Members seem confused about what is and is not devolved, but as a Welsh MP, I wholeheartedly support the amendments, which 100% respect devolution. They ensure that Welsh Ministers have all the powers they need regarding the devolved aspects of the Bill and the health provisions, while retaining the powers of UK Ministers over those aspects that are not devolved, such as criminal justice provisions and, crucially, changes to the Suicide Act 1961.

Amendments 94 and 95 clarify how and when provisions relating to voluntary assisted dying will come into force in Wales. They do not impinge on the devolution settlement, but simply provide clarity and legal certainty. All the amendments would help my constituent, Noah, a 19-year-old with a terminal brain tumour who knows what he wants if his pain becomes unbearable. The Bill is about giving people like Noah the choice, control and compassion that they deserve at the end of life. Who are we to deny that choice?

I pay tribute once again to my hon. Friend the Member for Spen Valley for working closely with officials in both Wales and this place to craft what could be the strongest and most safeguarded assisted dying legislation anywhere in the world. It is a Bill designed to protect everyone, including my constituents in Monmouthshire and people across Wales. Thanks to the careful, considered amendments, including the ones that I have spoken about today, the Bill not only respects the devolution settlement but ensures that the right people hold the right powers at the right time to deliver this law safely. I urge Members to join me in the Aye Lobby to legislate to protect the rights of the terminally ill in their final months—to legislate for compassion, for choice and for dignity.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC): Diolch yn fawr iawn, Dirprwy Lefarydd. I rise to speak to amendments 39 to 41, which stand in my name; clause 47, on the provision of information in Welsh and English; and new clause 21, which was tabled by the hon. Member for Spen Valley (Kim Leadbeater). Others have touched on the Welsh language, and I will touch on the settlement in Wales as well.

In relation to the Welsh language, we are talking about something that is quite conventional: forms and guidance should be available in written Welsh. However, of much more significance is the opportunity for people to use Welsh—it may well be their first language—in dealing with the provisions in this Bill. My amendments would ensure that “all reasonable steps” are taken to find a co-ordinating doctor and an independent doctor who can question people in Welsh where necessary. I would dearly like it to be more than “all reasonable steps”, but the reality is that we have to deal with the staff who are available and the language skills that they have.

I thank the hon. Member for Spen Valley for tabling new clause 21. It recognises that it is really important for a Welsh-speaking individual to be able to communicate in the language in which they can best express themselves when it comes to the assisting dying review panel, because that is the final stage at which we will recognise whether there are questions of coercion and capacity. I welcome the fact that there are different clinical specialists on the panel; I believe that having an expert psychiatrist

and a social worker will help to identify potential questions of coercion and capacity, because they will have different approaches to those questions.

I must step back to the reality of how Welsh language speakers can use Welsh in the justice system, which is where the assisted dying review panel comes in. In the justice system, an individual has the right to speak Welsh. If they use Welsh in a court, an interpreter will be used to interpret their words to the people to whom they are speaking. That is not acceptable in this context. This is the most serious and most desperately difficult conversation that people will have, and they must be able not just to speak Welsh, but to be heard in their own language, if all the subtleties and what they really want to express are to be heard. I will not press my amendments 39 to 41, and will support new clause 21 wholeheartedly.

I turn to the Senedd powers, particularly those in clause 54. I welcome new clause 20, which provides clarity on the responsibility of Ministers in the Welsh Government and the UK Government, but there are two issues here: the clarity of powers, and respect across legislatures. I have concerns about amendments 94 and 95, tabled by the hon. Member for Spen Valley, which would amend the amendments moved by the hon. Member for Richmond Park (Sarah Olney) in Committee. What did those amendments do? They ensured a vote in the Senedd to decide when the Bill will come into force in its entirety in Wales.

The Scottish Parliament passed stage two of the Assisted Dying for Terminally Ill Adults (Scotland) Bill on 13 May. Such a Bill could not be brought forward in Wales, because Wales has no powers over criminal law. The Bill that we are discussing today could not be brought forward in Wales. Although I appreciate what the hon. Members for Cardiff West (Mr Barros-Curtis) and for Monmouthshire (Catherine Fookes) said about the devolution settlement, and I am glad that we have clarity, there is also a question of respect for decisions already made in the Senedd. As things stand, what does the Senedd have to do? It will be required to pass a legislative consent motion, as required by the Sewel convention, but that can be ignored by the UK Parliament. This legislation effects action in Wales, but the Sewel convention can be overridden, as can an LCM.

The second thing that can happen in the Senedd—and this will be expected—is in those areas that are within the power of the Senedd. On commencement, a decision is required on the provisions of the Bill that have devolved competencies: specifically, the NHS in Wales. Bear in mind that if that consent is refused in Wales, the Bill, if enacted, can be brought in only in the private sector. That decision lies with the Senedd.

12.30 pm

Critically, a number of us have raised the debate on 23 October last year when the Senedd debated in principle the question of assisted dying, and the Senedd voted against it. Professor Emyr Lewis of Aberystwyth University believes that to be highly significant, and I agree. By the way, the First Minister and the Health Minister of Wales voted against the principle of what we are discussing here.

To me, therefore, the amendment made in Committee that allows the Senedd to have a vote on the entirety of the Bill's commencement when enacted is highly significant.

Although I support much of the Bill in principle and in broad detail, I cannot support amendments 94 and 95, because they would roll back on that.

Dame Siobhain McDonagh (Mitcham and Morden) (Lab): I rise to speak to amendment 12, which stands in my name. I want to be clear that a decision on amendment 12 would not be a vote for or against assisted dying. The amendment is about preventing any Government of any political persuasion from rewriting the very purpose of the NHS, using a small group of MPs in a Committee Room rather than debate on the Floor of the House. The amendment seeks to protect the foundational document of our NHS and ensure that any changes to it are properly debated in open Parliament, as the public should expect. Let me explain why that matters.

In Committee, clause 38 was added to the Bill. The clause gives a future Secretary of State sweeping powers to amend existing health law through delegated legislation. Subsection (4) allows a future Government to change the very purpose of the NHS by amending section 1 of the National Health Service Act 2006.

Antonia Bance (Tipton and Wednesbury) (Lab): My hon. Friend is setting out her concerns eloquently. What concerns does she have that the Bill writes a blank cheque for a future Health Secretary to change the nature of the NHS without parliamentary scrutiny?

Dame Siobhain McDonagh: That is the whole purpose of my amendment and my speech. Section 1 of the 2006 Act is the legal foundation on which every NHS duty rests, guaranteeing that our NHS will serve everyone, always. The section, which expresses the promise of “a comprehensive health service designed to secure improvement...in the physical and mental health of the people of England”, has remained virtually unchanged since 1946. Those words, spoken by Nye Bevan and enshrined in law, set out the purpose of the NHS: a national health service free at the point of delivery.

Andrew Pakes (Peterborough) (Lab) *rose*—

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Before an intervention is taken, may I put it on the record that Members should not be wandering into the Chamber and then very quickly making an intervention? Lots of Members are waiting to speak and to make interventions. Is that the case? Have you been in the Chamber for a while?

Andrew Pakes *indicated assent.*

Madam Deputy Speaker: Okay, go on.

Andrew Pakes: I did use the facilities, Madam Deputy Speaker; I apologise for that. I am a gentleman of an age. [*Laughter.*]

I thank my hon. Friend for taking an intervention. We are about to reach the 80th anniversary of the landslide 1945 Labour Government, which set the NHS in train, and the 77th anniversary of the NHS. Fundamental to that is her point about the NHS being free at the point of need and being about care, compassion and

[*Andrew Pakes*]

life. What assessment has she made of how the Bill, if it goes through unamended, will fundamentally challenge that great victory and legacy that Labour Members cherish?

Dame Siobhain McDonagh: The power to alter the intentions, as mentioned by my hon. Friend, was not in the Bill we voted for in November. That is why I have tabled my amendment: to prevent anyone from tampering with the NHS as founded by our forefathers.

Let us be clear about what clause 38 would allow. It would allow a Minister, through delegated legislation, to rewrite the very purpose of our NHS; it would let them do so without the full scrutiny that primary legislation demands; and it would mean that Parliament could be denied any real chance to amend or reject that change. These are not abstract constitutional concerns; this is about whether the founding promise of the NHS can be quietly rewritten—not through open debate or an Act of Parliament, but by a handful of MPs behind closed doors in a Committee room. Once that pass is sold, there is no telling what future Governments might do or undo.

That is why this matters so deeply, because the NHS is not just a set of services, but a promise—a promise made right here in this House nearly 80 years ago, on Second Reading of the National Health Service Act 1946.

Ms Billington: It is important for my hon. Friend to be able to explain in detail what the philosophical and institutional implications are. But, fundamentally for ordinary patients, what does she think the Bill will do to change the relationship between the patient and the doctor?

Dame Siobhain McDonagh: Its potential is to alter everything in a very undemocratic manner. In this very Chamber, Nye Bevan told us that the NHS would

“lift the shadow from millions of homes...keep very many people alive who might otherwise be dead...relieve suffering...produce higher standards for the medical profession”

and

“be a great contribution towards the wellbeing of the common people”.—[*Official Report*, 30 April 1946; Vol. 422, c. 63.]

We have a duty in this place to defend that promise. We cannot allow the promise to be reworted without the full voice of Parliament. We owe it to the public, to patients and to the NHS staff who dedicate their lives to this service, to stand firm and protect what is sacred.

The amendment is simple but its impact is profound. It would ensure that any future changes to the core principles of the NHS must be debated openly, transparently and with the full consent of every Member—no short cuts, no sidestepping, no ministerial overreach. I urge colleagues across the House to support amendment 12, to stand with our NHS and with the people it serves. I urge my side—the Labour side—not to allow the assisted dying Bill to be the trojan horse that breaks the NHS, the proudest institution and the proudest measure introduced by our party in 120 years.

Calum Miller (Bicester and Woodstock) (LD): I rise to speak in support of amendments 21, 103, 104 and 42, tabled by my hon. Friend the Member for Twickenham

(Munira Wilson), the hon. Member for Newcastle-under-Lyme (Adam Jogee) and my hon. Friend the Member for Wimbledon (Mr Kohler). As other Members have said, this is a deeply consequential Bill. I want to record my thanks to the hon. Member for Spen Valley (Kim Leadbeater), to all members of the Bill Committee, and to all those who have contributed to its careful scrutiny through the tabling of amendments and debates over them.

The Bill is about the end of life. It is an emotive and sometimes painful topic, and I am grateful to the many constituents who have generously shared with me their experiences and opinions. I have also taken some time to consult palliative care practitioners, including those providing hospice care in my constituency. Those conversations reinforced the awe and admiration I hold for these caring professionals. Their expertise and deep commitment are always impressive. Contrary to the points made by the hon. Member for Gosport (Dame Caroline Dinenage), they are adamant that they can provide sufficient pain relief to the vast majority of those receiving end-of-life care. The issue is about not the efficacy of treatment, but access to it. In this, I echo the powerful points of the hon. Member for East Renfrewshire (Blair McDougall) on the present inequality of access to palliative care.

Amendment 21 would ensure that the availability, quality and distribution of palliative and end-of-life care is published within one year of the Act being passed. When assessing the provision of end-of-life care, it is critical that this House and the public can see how palliative care is being delivered. For the measures in the Bill to provide a genuine choice to those at end of life, palliative care must be much more widely available.

The hon. Member for Spen Valley (Kim Leadbeater) argues that there should be no false choice between palliative care and assisted dying, yet she and health Ministers know that there is a choice as resources are limited. When so many hospices have closed beds due to funding shortages and receive more than 70% of their funding from donations, I am concerned that we may see significant expenditures on a new regime for assisted dying, funded by the state as a health treatment, while the palliative care sector and hospices in particular remain chronically underfunded.

Josh Fenton-Glynn (Calder Valley) (Lab) *rose*—

Calum Miller: I will not give way.

Only by having the assessment of the palliative care system that is proposed in amendment 21 can we be confident of knowing whether access to palliative care is sufficient. If we are to provide a true choice at end of life, that is critical.

I also stand in support of amendments 103, 104 and 42. Amendments 103 and 104 would give this House a say over the key decisions that still remain to be taken on the implementation of the Bill. Given the significance of the Bill and the importance of the many questions still to be resolved, these amendments are critical.

Amendment 42 would ensure that we do not career towards the enactment of this Bill in four years whether or not the system is ready to operate safely and fairly. Taken together with amendments 21, 103 and 104, this

would ensure that this House has the chance to consider whether those at end of life can access the full range of support, advice and protections intended by the Bill, and which they deserve from palliative care services across the country.

Like so many in this House, I have direct personal experience of the issues addressed by the Bill. My father was diagnosed with stage 4 cancer in May 2002. Over seven weeks, he and my family benefited from the incredible care of our local hospice. Sharing my dad's life, care and death has shaped me, so I fully understand why so many of my constituents have asked me to vote on this legislation in the light of their and their loved ones' experience.

Yet our task is to legislate for a new system that will affect thousands of people and society as a whole. However this House votes on this Bill, our debates must result in a new focus on the provision of palliative care, so that all people at end of life truly have options in the management of their care and death.

Dr Rupa Huq (Ealing Central and Acton) (Lab): I rise to support amendments 34 to 36 and new clause 6, tabled by my right hon. Friend the Member for Walsall and Bloxwich (Valerie Vaz), who sadly cannot be here today.

Health inequality shapes life expectancy and outcomes—covid deaths illuminated that—but it is absent from the Bill. A younger me would have been 100% behind this Bill. I am very pro body autonomy when it comes to abortion, but 10 years of being an MP has exposed me to coercion, duress, the billionaire price of London property, and elder abuse. It is no coincidence that, like me, the majority of London MPs and of black and minority ethnic MPs oppose the Bill.

Let us look at amendment 34. The experience of my aged parents—now no longer with us—opened my eyes to a world of pills, incontinence pads, hoists, power of attorney, key safe boxes and carer worries. I saw how non-native English-speaking pensioners—I am not talking about Welsh speakers—have their agency denied, perhaps unconsciously, by health professionals in a stretched system. My mum's GP had a clear contempt for her accented words. At every appointment she would say to her, "One question only". As my mum grew frailer and began to lose the power of speech, she reverted to her mother tongue and was seen by hospital teams as an annoyance, a time waster, and bed blocker. Similarly, the disabled are often written off. People cannot see beyond the wheelchair or the non-verbal. Amendment 34 would place a duty on the chief medical officer to provide information at every step of the way

Jess Asato: On that point, will my hon. Friend give way?

Dr Huq: Will I get more time? [*Laughter.*]

Madam Deputy Speaker (Ms Nusrat Ghani) indicated assent.

Jess Asato: I thank my hon. Friend and I recognise the time constraints. On the issue of vulnerable groups, she may know that a letter has been sent about eating disorders but the spokesperson for the Bill's sponsor dismissed it, saying that the concerns raised were old

news. Does she agree that there is a problem with the way the Bill is being run, as so often the concerns and evidence presented by groups have been dismissed out of hand?

12.45 pm

Dr Huq: I totally agree. We know that Esther Rantzen and Jonathan Dimbleby want the Bill to be implemented, but our role is to be voices for the voiceless, so I totally agree with her.

As opposed to the vague, ever-changing qualifying criteria that are held up as safeguards, at least these amendments would put ethnic minority people on the board: new clause 6 says that if they are on the ward, they should be on the board as well. The Bill seems to have neglected them altogether, so the new clause would provide real protections.

We know that in a cost of living crisis, assisted dying could be quite attractive. BAME communities have lower disposable household incomes than standard households, and during a cost of living and housing crisis, it is possible to imagine relatives wanting to speed up granny or grandad's probate—or naani maa or dadima, even—to get a foot on the ladder.

Lizzi Collinge: On that point, will my hon. Friend give way?

Dr Huq: No, because I will not get any more time.

Given the cost of care, people could convince themselves that elderly relatives would be better off out of the way, in order to get the younger generation on the ladder.

We know from the experience of other places that once assisted dying is allowed, the scope broadens—depressed 12-year-olds in Holland can get it—and the incentive to fix palliative care will lessen. Why now, with the state of the NHS? What of Suicide Prevention Week? Yes, we know that public opinion is in favour of assisted dying, but public opinion also supports bringing back hanging.

Naz Shah: On that point, will my hon. Friend give way?

Dr Huq: No, I am not giving way.

At my advice surgery, people have pointed out the unfairness of the £10,000 cost of Dignitas. We know that the status quo is imperfect, but let us not remedy it with something that will make things worse. We need to get this 100% right if we are going to do it all.

Although well intentioned, the Bill has too much room for error, manipulation, misapplication and unintended consequences. Six months to live is impossible to predict and, with life and death, it is too late to change your mind after the latter has happened, is it not? This week, 1,000 doctors have argued that it will widen inequalities and it is simply not safe. These amendments strengthen the Bill by taking ethnic minorities into account, when hitherto they have been completely unacknowledged by it. They must be incorporated into any assisted dying legislation, but the best thing of all would be not to rush down this road with indecent haste in the first place, because it is so littered with obstacles.

Richard Tice (Boston and Skegness) (Reform): I rise to support new clauses 13 to 15, and to oppose amendment 42. I commend the hon. Member for Spen Valley (Kim Leadbeater) on the way that she has navigated this incredibly difficult and sensitive process.

In considering these clauses and the passage of the Bill, I have kept in mind the simple but difficult word “pain”, because the legislation is about those who face a certain death in unimaginable pain, and its relationship with palliative care and the word “choice”.

Danny Kruger: On that point, will the hon. Member give way?

Richard Tice: I will not, because so many hon. Members wish to speak.

In this country we are lucky enough to have some of the finest palliative care in the world, and it is a noble aspiration to want to improve that—to be the best in the world. Nevertheless, many of us will have seen loved ones, family members and friends, suffer huge pain even given the finest palliative care. The trauma that that leaves for those left behind can be painful and enduring, which is why we are where we are.

Rachael Maskell: On that point, will the hon. Member give way?

Richard Tice: No, that would be unfair as so many wish to speak.

In considering the Bill, I think, yes, let us improve palliative care, but let us remember that choice, when faced with certain unimaginable pain, is the right thing to provide. That is why I will be supporting the Bill.

Melanie Ward (Cowdenbeath and Kirkcaldy) (Lab): I am almost in my 13th hour of trying to speak on this topic, so I hope Members will understand that I am not going to take any interventions. I rise to speak in support of new clause 4, tabled by my hon. Friend the Member for Peterborough (Andrew Pakes); amendment (b) to new clause 14, tabled by my hon. Friend the Member for Rochdale (Paul Waugh); and amendment 13, tabled by my hon. Friend the Member for Glasgow West (Patricia Ferguson).

Let me start by saying that ending suffering is a shared goal of all Members across this House. No one has a monopoly on wanting to end suffering; the question is how best we do it. As a former aid worker and someone who has risked my own life in order to alleviate the suffering of total strangers in war zones, I promise the House that I am motivated to end suffering at least as much as the next Member. It is worth the House knowing, too, that my darling dad died of terminal cancer in a hospice that was run and funded by a charity, because the NHS does not have that provision.

New clause 4 matters, because we do not live in an equal society, although many of us—particularly on the Labour Benches—seek to bring one about. This is a deeply flawed Bill, and the truth is that in seeking to give choice to some, it risks causing new harm to a much larger, vulnerable group of our citizens. The safeguards, which were watered down in Committee, will not prevent this. Indeed, this week, we have seen a letter from over 1,000 doctors saying that the Bill will “widen inequalities” and that it is “simply not safe”.

Earlier, we heard a powerful speech from my hon. Friend the Member for Rochdale about the impact of advertising on the most vulnerable. New clause 4 would increase the collection of data about the impact on the most vulnerable and bring in proper oversight from the chief medical officer, including in relation to those with protected characteristics.

Last time we debated the Bill, we heard from my hon. Friend the Member for Bexleyheath and Crayford (Daniel Francis). We are in the shared situation of having close and dearly loved family members who have complex disabilities. My hon. Friend and our families know how it is to have to struggle—to fight every week for the access to basic state services that our loved one is entitled to but cannot access. Those services and precious state resources would increase their equality and ability to live well, but were stretched beyond breaking point by successive Tory Governments. It is that experience that brought me into politics and into the Labour party, and to this day—away from my day job as a Member of this House—I still have to fight on behalf of my loved one, who has significant physical impairments as well as learning difficulties, for them to access the healthcare and support that they desperately need.

Vulnerable people do not always make decisions in their own best interests, and I also know from my family experience that they can be highly susceptible to pressure from others who do not have their best interests at heart. That is why the transparency created by new clause 4 matters. I remind the House, too, that the Royal College of Psychiatrists has described the so-called safeguards in the Bill as “inadequate”, and that in Washington state, almost two thirds of those who had an assisted death in the last year for which data is available cited fear of being a burden on their family, friends or caregivers as a reason for doing so. I do not want that to happen in our country. Over 350 disability rights organisations oppose the Bill as it stands, and one of my constituents has told me that the Bill contributes to a sense among disabled people that “We are disposable.”

Amendment 13 and new clause 4 both make important changes to the role of the voluntary assisted dying commissioner. I ask my hon. Friends on the Labour Benches whether they have questioned the wisdom of the Prime Minister himself having to personally appoint the death tsar—as the media have christened that role—shortly before the next general election.

Finally, earlier this week, I heard an hon. Member say that he believes the Bill is flawed, but plans to vote for it anyway so that it becomes law and we would have to sort out the problems later—we have heard more of that today. The hon. Member did not specify how he thought this would happen, or when. He is right that the Bill is flawed, but he is wrong that we can ignore those problems. To do so would be to fail in our job as legislators. Being in favour of these amendments and against the Bill does not mean accepting the status quo, as some have tried to suggest. It means that we choose, instead, to protect the NHS and to work, to fight and to battle for a palliative care system that is worthy of those we represent, rather than diverting time and energy into helping people to kill themselves.

Munira Wilson (Twickenham) (LD): Even though I am not opposed to the principle of assisted dying, I have a number of deep concerns about the content of

the Bill, the process by which we are legislating for such a monumental change and, importantly, the context in which it would be enacted, given the numerous challenges facing our health and care services. That is why I have tabled amendment 21 relating to palliative care and end-of-life needs, which has attracted cross-party support.

I am grateful to the hon. Member for Spen Valley (Kim Leadbeater) for supporting the amendment. I want to pay tribute to her today for kick-starting a debate about dying well and, in particular, about palliative care—a topic that has been neglected by many of us, myself included, for far too long.

Amendment 21 would require the Secretary of State to lay a report before Parliament a year after the Act has passed detailing the availability, quality and distribution of health services to those with palliative and end-of-life needs. Marie Curie estimates that one in four people who could benefit from specialist palliative end-of-life care do not receive it. People who are poorer, less educated and, yes, non-white are even less likely to receive it.

I was horrified, if I am honest, by the earlier speech from the hon. Member for Loughborough (Dr Sandher). All the data shows us that people from minority ethnic communities are less likely to access the healthcare services they deserve, in particular palliative care. There is a deep distrust of health services, and those of us who were in this place during the covid pandemic saw that played out in real time in hospitals and care settings up and down the country, with far more people from minority ethnic communities losing their lives and far more healthcare professionals from ethnic minorities not protected in the way that they should have been. If those people from minority ethnic and disadvantaged communities are less likely to access palliative care as a result of the Bill being passed, contrary to what its supporters say, my fear is that more people—rather than fewer—will die a terrible, horrendous, traumatic and painful death and they will be disproportionately from those communities.

Dr Sandher: The hon. Member raises a powerful and excellent point about the people from ethnic minorities who died during covid and their access to healthcare. As she will understand, that is of deep importance to me too. She is right about the need for greater palliative care and I am glad, as she says, that we are having that discussion.

If we look at assisted dying around the world and concern around ethnic minorities being more likely to access it, the stats show that it is the other way around and they are less likely to access it. However, that point is neither here nor there; rather, given that the safeguards are in place, the question is: is the process working well? Those are where the stats are going forward. I believe that the hon. Member raises the matter in good faith, and I thank her for doing so.

Munira Wilson: I actually think the stats the hon. Member cited undermine his own argument, because all the data shows us that the members of the communities I am talking about are less likely to access the healthcare services they need and therefore, less likely to end up accessing assisted dying. The hon. Member for Stroud (Dr Opher) gave the game away—he is acknowledging it—that wealthier people tend to access assisted dying

more because they have the choice, as well as the services to have that meaningful choice. Those inequalities deeply concern me.

My grave concerns about the Bill becoming law are that the people I am talking about do not have the loudest voices or well-funded campaigns to support them. This whole debate about inequalities in access to palliative care should be the topic of a debate on a separate day and I hope there is the chance to have that debate.

Marie Curie also warns that there is

“no realistic national or local plan to address the scale of this challenge”,

and that the whole system is in “a perilous state” due to a

“lack of sustainable funding...and limited prioritisation of...end of life care”.

A 2023 survey of integrated care boards found that half had no plans to invest capital in palliative care services and 40% admitted that their services were inadequate for the needs of their population.

1 pm

Although my amendment 21 would not place a duty on the Secretary of State to put forward a plan to address the variable provision of care, as that is outside the scope of the Bill, the proposed report would at least shine a much-needed spotlight and, I very much hope, provide a catalyst for change. If the Bill passes, assisted death will be available universally on the NHS to those identified in the Bill, but good palliative care will not be, so people will not have a genuine choice at the end of their life. This amendment would not change that, but it is a bare minimum—a first step—to analyse and expose the gaps.

The amendment needs to go hand in hand with urgent action, however, which is why I have been persuaded today to support amendment 42 so that the parlous state of palliative care can start to be meaningfully addressed before the Bill comes into force. If it is not in a better state, the Bill should not be enacted.

Mr Lee Dillon (Newbury) (LD): I hear the argument from hon. Members on both sides of the Chamber about palliative care in this country not being at the level that we would expect, and I accept that. What I do not hear from those who oppose the Bill is exactly what level we need so that assisted dying can go hand in hand with it as a genuine option.

Munira Wilson: I note that the Health and Social Care Committee and the hon. Member for York Central (Rachael Maskell) have undertaken a report, so they will advise us on that issue. *[Interruption.]* I am aware that I need to finish, so I urge hon. Members to support the amendments of my hon. Friends the Members for Wimbledon (Mr Kohler) and for Richmond Park (Sarah Olney) to ensure that we do not allow the Bill to implement sweeping Henry VIII powers on such a sensitive and important issue, and to ensure that we collect, through new schedule 2, important monitoring data on how any assisted dying or death service will operate. We need transparency.

Lloyd Hatton (South Dorset) (Lab): I rise to speak in support of new clause 15 and amendment 54, and against new clause 5. As right hon. and hon. Members

[*Lloyd Hatton*]

will be aware, new clause 15 would not classify a death under the Bill as suspicious or unexpected, so a full coroner's inquest would not be needed.

If the Bill becomes law, assisted dying would be a legal, strictly regulated and well monitored choice made freely by the individual concerned. To be absolutely clear to hon. Members, it is not assisted suicide. The Bill concerns people who want to live but who, faced with an inevitable, irreversible and terminal diagnosis, want choice over the manner of their death. That is an important choice that removes some of the trauma and anxiety for not only the patients but their family and loved ones. New clause 15 and its consequential amendment 54 will ensure that families who are naturally grieving the loss of their loved one are not needlessly subjected to an invasive coroner's investigation.

Dr Opher: It is important to realise that if there are any suspicions around an assisted death, a coroner can still be involved. The new clause does not exclude that, but it stops the automatic referral to a coroner.

Lloyd Hatton: I share my hon. Friend's sentiment. I firmly believe that we should protect bereaved families against such a distressing ordeal happening automatically, particularly when the process, as set out in the Bill, will already be legal and transparent.

With that in mind, it makes practical sense to support new clause 15. If we pass legislation to permit assisted dying with the full weight of the law behind it, we must also respect that choice in the way that we classify and record such deaths. Those deaths would not be in any way unexpected or suspicious, so to classify them as such would simply be inaccurate.

As has already been touched on in great detail today, if the Bill is passed, it would implement the most robust assisted dying framework anywhere in the world. It already includes multiple layers of oversight. In my view, the process is cautious, thorough and robustly safeguarded. A retrospective investigation would be to duplicate the process, and risks suggesting wrongdoing when none has occurred.

Anna Dixon: I wonder what my hon. Friend's view is of the opinion of the Royal College of Pathologists—the body responsible for medical examiners—which is that: “deaths following assisted dying should be notified to the coroner, just as other deaths following the administration of drugs, prescribed or not, must be.”

Lloyd Hatton: I respectfully disagree with that position. I believe that there are already levels of safeguarding in the legislation.

New clause 15 is a compassionate and practical clause that would ensure the law works not only with the individual making the choice, but for the family they leave behind.

I move now to speak briefly on new clause 5, which I would strongly encourage Members to vote against. Tabled by my right hon. Friend the Member for Walsall and Bloxwich (Valerie Vaz), the new clause would require the Government to publish a report on any impact the Bill might have on civil procedure rules and probate proceedings. As has already been pointed out, the chief

medical officer has warned that we are at serious risk of creating a “bureaucratic thicket” with this legislation. In my view, new clause 5 would do just that: requiring the Government to publish such a report would create unnecessary bureaucracy and divert resources without adding any material value.

As Members will be aware, the Government have already published an impact assessment on the relevant impacts that they deem the Bill could have. There is nothing in the Bill likely to result in any changes to civil procedure rules, so there is no obvious justification for producing a formal report on that issue. It is important that we remain focused on practical and meaningful safeguards, rather than procedural requirements based on immaterial impacts. Introducing extra reporting requirements based on speculative impacts risks creating unnecessary red tape without delivering any practical benefits. I therefore urge Members to reject new clause 5 and accept that no additional reporting in that area is needed.

As we rightly scrutinise the Bill today, on top of nearly 97 hours of scrutiny so far, which is more than many Government Bills receive, we must keep dying people at the centre of the debate. I speak today in support of new clause 15 and its consequential amendment 54 and in opposition to new clause 5 for exactly that reason—to keep terminally ill people at the centre of this discussion, and at the centre of this piece of legislation. No matter where we stand on this pressing matter—whether Members support it or have reservations—it is crucial that we collectively ensure that the Bill is workable, compassionate and truly centred on the dying person. As legislators, that must always be our chief concern.

Carla Lockhart (Upper Bann) (DUP): I rise to support and speak briefly to amendment (a) to amendment 77, tabled by the hon. Member for South Antrim (Robin Swann), and I will speak to new clause 13, amendment 96 and other amendments if time permits.

I was rather confused when I looked at the amendment paper a few days ago and noticed that amendments that would directly impact on Northern Ireland had been tabled. When last I checked, the Bill as a whole extended only to England and Wales, so I find amendments 76 and 77 perplexing. To be clear, health and criminal justice are devolved matters. The people of Northern Ireland elect their own Assembly to make precisely these sensitive decisions, including whether to legislate for assisted suicide, which is an issue of profound moral weight and cultural consequence.

Jim Shannon: My hon. Friend is right to pursue this matter. The hon. Member for Mitcham and Morden (Dame Siobhain McDonagh) said it earlier on: the NHS was formed by the Labour party and is of the Labour party. These amendments would ensure that the Secretary of State could overrule Assembly Members. In other words, 90 Members of the Assembly could make a decision, but the Secretary of State could overrule it—surely that is incredibly wrong. It flies in the face of the democratic process that we are here to uphold.

Carla Lockhart: My hon. Friend is absolutely right. On a constitutional basis alone, amendment (a) to amendment 77 is necessary, and I hope that hon. Members will feel they can support it.

Moving on to factors beyond the constitution, I am concerned that there is a dangerous absence of an adequate regulatory framework for lethal drugs under the Bill. At present, clause 25 gives the Secretary of State powers to approve lethal drugs, while clause 34 mandates the Secretary of State to make provision for prescribing, dispensing, transportation, storage, handling, disposal and record keeping, as well as enforcement and civil penalties. However, the fundamental issue of how these approved substances are actually approved remains alarmingly weak. The Bill defines “approved substances” simply as

“a drug or other substance specified”

by the Secretary of State in regulations. There is no explicit requirement for those substances to undergo specific, rigorous testing for their use in assisted dying.

When this issue was debated in Committee, I was disappointed to see good-faith amendments to engage, such as amendment 443, being dismissed.

Lizzi Collinge: Will the hon. Lady give way?

Carla Lockhart: No, I will not.

Amendment 443 sought to mandate that those substances be approved through the Medicines and Healthcare products Regulatory Agency and either the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group processes. I therefore strongly support amendment 96, tabled by the hon. Member for Sleaford and North Hykeham (Dr Johnson), which

“ensures that drugs can only be approved if the Secretary of State is reasonably of the opinion that there is a scientific consensus that the drug is effective at ending someone’s life without causing pain or other significant adverse side effects.”

That is a common-sense approach that should attract support from across the House.

This week, more than 1,000 doctors wrote a powerful letter to all MPs to outline their deep concerns about this Bill, calling it a

“real threat to both patients and the medical workforce”.

I strongly urge this House and colleagues to read that letter before Third Reading. The Government’s own impact assessment does not provide any comfort with regard to the use of lethal drugs under the terms of the Bill, which the doctors’ letter picks up on, saying that

“there is no requirement for...[the drugs]...to undergo rigorous testing and approval that would be required of any other prescribed medication, nor indeed for them to be regulated by the Medicines and Healthcare products Regulatory Agency”.

They go on to say that that is

“contrary to all good medical practice”.

This matters not just for regulation, but with regard to patient safety and complications. There is no requirement in the Bill to inform patients about how risks—including a prolonged death, rather than the promised peaceful and dignified death—will be managed. Complications do occur, and this is not scaremongering. In Oregon, when complications have been recorded, patients have experienced difficulty swallowing, drug regurgitation and seizures, and they have even regained consciousness. In Canada, a Canadian association has noted that patients have experienced regurgitation, burning and vomiting.

I draw Members’ attention to the written evidence submitted to the Bill Committee by a group of expert senior pharmacists and pharmacologists. In their

submission, they warn that the approach of the Bill puts the cart before the horse. Specifically, they caution against proceeding without

“a comprehensive review of the evidence for efficacy and safety”, and note that that review

“should be scrutinised by MPs before...consideration of legalising assisted suicide”.

These are not small details or incidental matters, yet, even at this late stage in the Bill’s passage through the Commons, we are still being asked to pass legislation without satisfactory answers to basic questions from experts in the field. That is simply not good enough.

I am grateful to have had the opportunity to speak, and I will close by saying simply that whatever mitigating amendments may be passed, this Bill remains morally and ethically wrong. It is flawed and should not be passed.

John Grady (Glasgow East) (Lab): I rise to speak to amendments 8, 13, 82, 83, 85 and 86, but first I turn to amendment 77, which would extend some of the provisions of the Bill to Scotland. My review of the Bills in Scotland and England that are proceeding at the minute suggests that if someone moved permanently from Glasgow to Bradford or Newcastle, they would lose their right to an assisted death in Scotland and would have to wait a year to acquire their right to an assisted death in England. Imagine the heartbreak if somebody was diagnosed as terminally ill three or six months into their permanent move to Newcastle. That is a natural consequence of the law of habitual residence; there is long-standing case law on that. One matter that has not been addressed satisfactorily is how the relationship between Scots and English law and the Scottish and English Bills will be worked out. I suspect that that will require further primary legislation in this place and in Holyrood if both Bills pass.

I turn to the remainder of the amendments. Amendment 13 is very sensible and would introduce much-needed scrutiny and oversight to the appointment of a commissioner. The right hon. Member for Salisbury (John Glen) has set out in detail the very sensible reasons for the introduction of his suite of amendments. Amendment 86 is particularly important, because the panel faces real difficulties in compelling people to come before it if they have relevant evidence. It seems manifestly reasonable that the panel should hear from people who have relevant evidence. I am also concerned that the panel process does not provide a clear role for people who love and care for the person seeking an assisted death. Amendment 8 would require the panel actively to consider hearing from such people, which addresses a serious gap in the Bill.

1.15 pm

It is important to place the panel process in its proper context. I recognise that there is an important cluster of intrinsic ethical values around the right to self-determination and autonomy, and the right to be treated with dignity. For many, the justification for assisted dying is that people should be able to exercise that right. I have some sympathy with those arguments, but there is a further very important question: will everyone who requests an assisted death be doing so on the basis of a true exercise of autonomy, and a true exercise of self-determination? People across our family of nations cannot access good

help with their mental health, and good treatment can help people with mental health issues to have a fulfilling life, even at the end of that life. I speak from personal experience with various family members.

We all agree that palliative and end-of-life care is not available to many people. Britain has entrenched poverty, and people worry terribly about money at the end of their lives. It is important to understand that the panel and commissioner would not ventilate or investigate those matters at all, because they would be looking at pressure from other people and not at those terrible societal pressures.

Kirsteen Sullivan (Bathgate and Linlithgow) (Lab/Co-op): Does my hon. Friend agree that across all aspects of the Bill we cannot legislate only for those with good mental health, or for those who are loved, supported and protected? We must have at heart the best interests of the most vulnerable and those without a voice or without loved ones, to ensure that they are protected.

John Grady: I am obliged to my hon. Friend—that is precisely why I joined the Labour party as a 16-year-old. Faced with terrible circumstances, some people will seek an assisted death. I find it hard to accept that those will be truly autonomous choices. We must be clear that the very same circumstances that have denied people dignity and robbed them of autonomy throughout their lives will drive them to an assisted death. I find that deeply troubling, and I worry that we are placing too much confidence in concepts of capacity, autonomy and self-determination.

Everyone accepts that coercive control is common—indeed, it is incredibly common, as is domestic abuse and elder abuse. There are very clear risks of coercion. I recognise that the supporters of the Bill have sought to improve protections, and to protect people in those types of circumstance. I have anxiously scrutinised those protections, and I do not believe that they will achieve their aim. That is why the amendments are so important.

Jess Asato: Last weekend my hon. Friend the Member for Spen Valley (Kim Leadbeater) posted on X a story of two older people who wanted to die together, and who had found doctors to sign off their assisted death. Is my hon. Friend concerned that this debate might be romanticising suicide pacts given that, as we know, there are mercy killings, which are, unfortunately, actual deaths? Does he share the fears of the Government's suicide adviser that the Bill will undermine suicide prevention efforts?

John Grady: I think everyone in the House debates this issue in good faith, and in the courts there is a general view that one should be reluctant to attack otherwise. I am sure that question was meant on that basis. However, one must not lose sight of the fundamental point that the protections in the Bill will not address the profound societal pressures that people will face. One must not lose sight of the fact that, whatever protections are included in the Bill, it will not protect people against coercion.

Sir John Hayes: Edmund Burke said:
“Bad laws are the worst sort of tyranny.”

Over time, I have seen many imperfect measures put before the House—under Governments of all persuasions, by the way—and usually, through scrutiny, they are improved. That is because the parliamentary process works when there is time available, and in particular when there is pre-legislative scrutiny, independent analysis and thorough thinking about the consequences of what we debate here. That could have happened on this important matter, but it has not because it has been shoehorned into a process ill-fitted for its purpose.

The amendments we are debating are a late attempt to improve the Bill. I particularly recommend the amendments tabled by my hon. Friend the Member for Runnymede and Weybridge (Dr Spencer), who made an excellent contribution to our debate, my right hon. Friend the Member for Salisbury (John Glen) and the hon. Member for Rochdale (Paul Waugh). I support those amendments because it is critical that the safeguards in the Bill are not only maintained but improved and enhanced, for all the reasons advanced by hon. Members across the House about coercion and vulnerable people.

The hon. Member for North Herefordshire (Ellie Chowns) said she has never encountered coercion. North Herefordshire must be a wonderful place where people carry harps and drink ambrosia, but in the rest of the kingdom and, I assert, the rest of the world, there are many wicked people doing many bad things. We must never allow those wicked people to have reign and power over those who inevitably, because of their circumstances, will be at risk if the Bill is not improved.

Several hon. Members rose—

Sir John Hayes: I give way to the hon. Member for North Herefordshire as I cited her.

Ellie Chowns: I am afraid that the right hon. Gentleman has misrepresented what I said. I was contributing an observation from somebody who has been deeply involved in palliative care practice, who reports that it is far more frequent that the dying person wishes to die, while it is their family who are pressuring them and encouraging them to stay alive as long as possible. The fears about coercion appear to be worry about something that is not actually the case in these cases of dying people.

Sir John Hayes: I am afraid that I disagree. There are numerous cases where people will be encouraged, and perhaps even forced, to take a decision, when they are coping with illness and at their most vulnerable—when they are frightened, doubtful and distressed, and may be unbalanced. Of course we have to protect against that eventuality if the Bill is to be passed.

Tim Farron: On that point, evidence from exit interviews shows that 35% of people choosing an assisted death in Canada and 47% in Oregon listed as their reason for doing so that they felt they were a burden to their family.

Sir John Hayes: The hon. Gentleman anticipated what I was about to say; I have cited exactly that evidence many times during the debate. We need to look at the experience elsewhere to inform what we do here. We always do that when we pass the right laws in this place.

There is worse news than that, because rather than being improved during its passage, the Bill has in many ways got worse, in particular by giving additional powers to Ministers—so-called Henry VIII powers. When the two words “delegated legislation” are mentioned in this place, we should always be fearful; when the words “ministerial discretion” are used, be doubly fearful. I said that looking directly at Government Front-Bench Members, but I could have been looking at the Conservative Front Bench. The Bill gives permissive powers to Government to make all kinds of changes. I want to take some of those to illustrate my point.

The Bill empowers Ministers to amend the Suicide Act, including the offence of encouraging suicide. They can rewrite the principles of the NHS, in section 1 of the National Health Service Act, to read, “secure improvement in the mental health of the people of England and Wales and end the lives of the terminally ill”. They can amend the NHS Act to specify that this service is not free of charge. The Bill points only to the section of the National Health Service Act that says,

“services to be provided free of charge except where charging expressly provided for”.

They can amend the definition of a registered medical practitioner, so it is not a doctor carrying out the assessment. And so on and so forth.

That is why the amendment in the name of the hon. Member for Mitcham and Morden (Dame Siobhain McDonagh) is so vital. The speech she gave was among the best speeches I have heard in this House. The passion she feels for vulnerable people and the difference the NHS makes to them is not only felt on the Labour Benches, as she well knows, regardless of the theatre. We all come to this place to ensure that the least fortunate have a voice; that those with less power are given a little more by our advocacy.

In conclusion, I say to the hon. Member for Spen Valley (Kim Leadbeater) that there has never been any doubt about the depth of her piety. Let us now be sure about the breadth of her mind. If she really wants the Bill to be passed in a way that is palatable, then she must surely accept the amendments I have supported and highlighted in this brief—all too brief—contribution.

Madam Deputy Speaker (Judith Cummins): Members need to be aware that I will start the Front-Bench speeches at 1.30 pm. I call the final Back-Bench speaker, Rachael Maskell.

Rachael Maskell: I rise to speak to my amendment 27. The insufficiencies of clause 25 and new clause 13, and the mechanisms for substance approval, have attracted much criticism as they defy safe process. I have therefore undertaken extensive research with leading academics, toxicologists, anaesthetists, pharmacists and others to understand the safety concerns over pharmacology, prescribing and dispensing.

Normally, the MHRA would undertake research and trials to secure safety, quality and licensing. The British National Formulary focuses on dosage and side effects, and NICE or the All Wales Medicines Strategy Group focuses on showing that drugs work and are cost-effective. That safety regime underpins the reputation of UK pharmacology. So can this House assure itself that without due process, someone will have a safe and peaceful death? Let us look at the evidence.

First, the data is poor. The Health and Social Care Committee visited Oregon. We know there are varying times for how long it takes for someone to die—up to 137 hours. The research cites nausea and vomiting in 10% of cases, seizure, oral muscular burning, regurgitation and regaining consciousness.

Lizzi Collinge: Will my hon. Friend give way?

Rachael Maskell: No time.

There is a lack of consistency of approach and data across jurisdictions on the substances used, how they are titrated and the dosages administered. While ingestion can be a factor, absorption varies according to frailty, metabolism, diagnosis, body mass index and drug reactions. Pharmacokinetics and pharmacodynamics are complex.

However, it has been my discussions with toxicologists that have been most alarming. They highlight the high risk of acute pulmonary oedema. This is backed by research showing that 84% of cases using pentobarbital on death row have flash pulmonary oedema. The drug disintegrates the membranes in the lung tissue, filling them with fluid, causing shortness of breath and a sense of drowning. As a clinician, I have supported many people on intensive therapy units with such a diagnosis. High concentrations of the drug cause an acute assault to the cardiopulmonary function. If paralysed and conscious, a patient may look peaceful but is anything but.

Such physiological distress needs research. It is unclear how the Government will identify data, process and safety. The risk to those handling toxic substances also needs to be examined, and in the light of the Government identifying that a pregnant woman could opt for an assisted death, that clearly needs examination.

There is no formulation for safe titration or dosage. If pentobarbital is to be used, as it is in Australia, the Government's impact assessment did not examine it, so it needs revision. Also, the drug is not an approved substance for humans in the UK, licensed or unlicensed. The MHRA and NICE have a role to play. We are increasingly hearing that professional bodies are withdrawing their support from the Bill, because they know that the regimes that have been set out are just not safe, so it is our duty to examine the evidence.

1.30 pm

Madam Deputy Speaker (Judith Cummins): I call the shadow Minister.

Dr Kieran Mullan (Bexhill and Battle) (Con): May I start by offering the condolences of His Majesty's Opposition to all those affected by the Air India plane crash, including the families of the very many British citizens who, very sadly, lost their lives. Our thoughts are with all of them.

As is well understood now, the Opposition remain neutral on the principle of whether assisted dying should be introduced. That will depend on the Bill's progress through its remaining stages in this and the other place. However, I wish to raise two important matters. First, on the matter of time, all of us understand the considerable challenges that Mr Speaker faces in having to balance the desire of colleagues to speak on this matter with the limited time available for private Members' Bills—I know that he is doing his best to strike that balance. A number

[*Dr Kieran Mullan*]

of Members have pointed out that the time being given to this Bill is significant and more than that normally allocated to even quite substantial Government Bills. None the less, it is right to acknowledge that this is far from an ordinary Bill.

It is hard to think of a more deeply consequential and highly contentious piece of legislation for our society. The reality is that, both today and in previous sittings, a number of Members have been unable to speak. There has been an informal time limit on speeches, and interventions have necessarily been limited as a result. Debate in this House is important not just because it decides how we vote, but because it is used by the courts to help interpret legislation. A more limited debate limits the scope for that.

Ordinarily, a Minister would have significant time at the end of Report to deal with amendments, provide clarification and explain intention, in a way that the promoter of the Bill will not. Again, a majority of Members may be satisfied with that, but very many are not. Although what we decide on the business of the House is ultimately determined by majority vote, how we reach a decision and how we allow alternative views to be explored matters. We should all consider whether we want a debate of such importance to be curtailed in the manner that it has been.

I ask the Government to consider assisting Mr Speaker by making more time available for us to ensure that, on Third Reading, we have the fullest debate possible, with every Member having a reasonable opportunity to speak and take interventions in the way that they would like.

Secondly, Members will be aware that the Bill, although extensive, is not the full picture. As others have highlighted, significant elements of how assisted dying will operate are due to be determined by future delegated legislation. The Government's delegated powers memo notes that the Bill contains 38 delegated powers, including Henry VIII powers, and more powers are contained in the promoter's amendments that are scheduled for decision today. They include matters such as the content, form and thoroughness of doctors' reports, regulations for replacing a co-ordinating doctor who is unable or unwilling to continue, and decisions on who will be notified of the panel's decision, which has been raised as an important potential safeguard. Those are not trivial matters. These pieces of legislation cannot be amended and MPs can vote only yes or no. In some cases, they are unlikely to be debated, and they almost certainly will not be on the Floor of the House. It is important for Members to fully understand that. MPs often have to weigh up the consequences of rejecting such legislation when they disagree with it, because it could leave a void.

Members are well within their rights to be content to proceed regardless. Certainly, a majority of the Committee have presented a Bill to the House with the composition as described. That is, of course, a legitimate choice for Members to make. We have heard in the debate today about amendments to curtail these powers, and Members will need to decide their views on that. I urge the Government, in the interests of helping Members to have the clearest possible idea of how a scheme they are being asked to vote on will operate, to provide as much detail as possible on what these future regulations might consist of. Although we will not be able to have all the

answers, I think most Members would agree that it is better that we vote with more detail, rather than less, even if they are satisfied to support assisted dying in principle. This is something that only the Government can do. I ask that the Minister reflects on that challenge in his closing remarks, alongside giving the Government's response to those asking for more Government time to allow wider debate with more Members able to speak.

I emphasise again that the Opposition remain neutral on whether we should introduce assisted dying, but it is incumbent on us to at least draw attention to matters of procedure that can be addressed only by the Government. I look forward to the Minister addressing the concerns of Members along the lines reflected in my remarks today.

The Minister for Care (Stephen Kinnock): I associate the Government with the words of the Opposition spokesman regarding the tragic incident in India.

As Members will know, the Government remain neutral on the passage of the Bill and on the principle of assisted dying. We have always been clear that this is a decision for Parliament. However, the Government are responsible for ensuring that the Bill, if passed, is effective, legally robust and workable.

Let me start with a brief observation about the process and, in particular, the time made available to Parliament to scrutinise the Bill. The Bill has received over 90 hours of parliamentary time, which is more than most Bills receive. More than 500 amendments were tabled and considered in Committee. I thank Members on all sides of the debate for their contributions during the extensive consideration and scrutiny that the Bill has received.

Given the time, I will confine my remarks on the amendments to those about which the Government have significant legal or operational concerns, and those tabled by my hon. Friend the Member for Spen Valley (Kim Leadbeater) to address significant workability concerns. Before I get into the detail, I remind the House that a full list of amendments tabled by my hon. Friend that the Government deem essential or highly likely to contribute to the workability of the Bill can be found in the letter sent to all Members by me and the Minister of State at the Ministry of Justice, my hon. and learned Friend the Member for Finchley and Golders Green (Sarah Sackman), on 15 May.

Let me start with amendments tabled by my hon. Friend the Member for Spen Valley. New clause 13 and amendments 69, 53 and 72 would allow the Government to create or change legislation to set out the end-to-end process in relation to approved substances to be used for assisted dying. They would allow for monitoring and for a regulatory regime to be designed that will offer robust oversight of approved substances and the devices used to administer them, specifically in the context of assisted dying.

Amendment 54 and new clause 15 would replace clause 35, which is currently unworkable in the wider legal context. They would align the scrutiny and certification of assisted deaths with the existing process for deaths that are not deemed unnatural. That means that assisted deaths would be scrutinised by a medical examiner rather than by a coroner unless reported to the coroner by anyone who has concerns about the death.

Amendments 92 to 94 would ensure that the Secretary of State and Welsh Ministers have powers to make necessary regulations to approve assisted dying services in Wales. Amendment 95 would bring the Welsh commencement powers in line with the devolution settlement and remove the requirement in clause 54 for Welsh Ministers to lay commencement regulations before the Senedd for approval, to align with usual procedure.

I now turn to amendments tabled by other Members that the Government assess as creating potentially significant workability challenges. Amendment 97 would require the MHRA to license the approved substances to be used in assisted dying. That may present workability challenges, as licensing is not possible if the approved substances do not meet the definition of “medicinal product” under the current relevant legislation. Furthermore, licensing is reliant on the manufacturer applying to the MHRA for a marketing authorisation for that indication and providing the necessary evidence of safety and efficacy in support. Should the Bill pass, the Government would work to put in place an appropriate regulatory regime for the approval of substances. It may be helpful to note that my hon. Friend the Member for Spen Valley has tabled new clause 13, which recognises the need for a robust regulatory framework and would provide the powers needed to introduce such a framework.

Amendments 105 to 107, amendment (a) to new clause 13 and amendment (a) to new clause 14 would restrict the scope of Henry VIII powers available to the UK and Welsh Governments to make provision about assisted dying services. They would further restrict the use of powers in relation to the regulatory framework for approved substances and the devices used to administer them, and to the prohibition on advertising. I point Members towards the delegated powers memorandum published by the Government, which sets out our consideration of the Henry VIII powers in the Bill. As with legislation more broadly, the Government recognise the need, in appropriate cases, for amendment by Henry VIII powers. Members will be aware that the Delegated Powers and Regulatory Reform Committee will issue its own consideration of the Bill, which will of course be made available to all parliamentarians.

Amendment 3 seeks to shorten the commencement period to three years. Should the Bill pass, an entirely new service with robust safeguards and protections will need to be carefully developed and tested, with input from a range of delivery partners. The Government’s view is that the Bill, as amended in Committee, with a four-year backstop for commencement would be more likely to provide for safe and effective implementation.

Tom Gordon: One of the key things that the Bill’s sponsor, the hon. Member for Spen Valley (Kim Leadbeater), has said throughout is that four years, in the Bill as it currently is, would be a backstop. Can that be the case if the Minister is talking about a requirement of four years and that it could not have been delivered sooner?

Stephen Kinnock: I can confirm that it is absolutely the policy intent of the sponsor for that to be a backstop. The Government are working on that basis to ensure that it is a backstop and not a target.

Amendment 42 seeks to remove the four-year backstop. Although that is a matter for Members to decide, we note that if both that amendment and amendment 94, tabled by my hon. Friend the Member for Spen Valley,

were accepted, nobody would have the power to commence reserve provisions in Wales. That would create major workability concerns for the service in Wales.

Dr Johnson: The advocates of the Bill talk about the point of choice and autonomy in the decision about when and where a person will die. Can the Minister confirm whether we have enough doctors to provide a service for people to die at home at the time of their choosing?

Stephen Kinnock: I refer the hon. Lady to the impact assessment, which is of course not a forecast but a set of scenarios. In it, detail is given on expected numbers and the capacity of the system to deal with the service.

Amendments 13 and 82 to 85 relate to the appointment of the voluntary assisted dying commissioner and panel members. The amendments would put the process for the appointments out of kilter with standard practice for public or non-judicial appointments and could significantly limit the pool of individuals available. Amendment 86 would give the panel the same powers, privileges and authority as the High Court, which are significant in scope and are set out across different court rules and legislation. It is unclear how those would apply to panels in practice. They may be unworkable given that the panel is not designed to be a court.

New clause 4 and amendment 28 would put various responsibilities on the chief medical officers for England and Wales. Imposing duties in primary legislation on an individual civil servant may cause difficulties in the future if the role does not exist or if the title changes. It is usual practice for duties in primary legislation to be conferred on the Secretary of State, who may decide to delegate to the chief medical officer.

I would like to briefly respond to a number of questions directly asked of the Government. The hon. Member for South Antrim (Robin Swann) asked about medicines regulation in Northern Ireland. The amendments will not affect the application of EU law; they will instead ensure coherence between the different legislative frameworks. The sponsor will lead engagement with the devolved Governments, supported by officials.

The hon. Member for Richmond Park (Sarah Olney) asked about the equality impact assessment. The EQIA considers the nine protected characteristics alongside socioeconomic background, geography and mental health. The hon. Member for West Worcestershire (Dame Harriett Baldwin) asked about the Suicide Act and advertising. I can confirm that encouraging or facilitating suicide will remain a crime under the Suicide Act. On advertising, new clause 14, if passed, would oblige the Secretary of State to make regulations prohibiting certain forms of advertising that promote voluntary assisted dying services. The exemptions to that, which may be provided under subsection (2), will not cut across the criminal offences elsewhere in the Bill or in the Suicide Act.

I hope that those observations were helpful to Members in their consideration of the technical workability of the amendments that we have debated today.

Kit Malthouse (North West Hampshire) (Con) *claimed to move the closure (Standing Order No. 36).*

Question put forthwith, That the Question be now put.

Question put and agreed to.

New clause 13 accordingly read a Second time, and added to the Bill.

New Clause 14**PROHIBITION ON ADVERTISING**

“(1) The Secretary of State must by regulations make provision prohibiting—

- (a) the publication, printing, distribution or designing (anywhere) of advertisements whose purpose or effect is to promote a voluntary assisted dying service;
- (b) causing the publication, printing, distribution or designing of such advertisements.

(2) The regulations may contain exceptions (for example, for the provision of certain information to users or providers of services).

(3) Regulations under this section may make any provision that could be made by an Act of Parliament.

(4) But regulations under this section—

- (a) may not amend this Act, and
- (b) must provide that any offence created by the regulations is punishable with a fine.

(5) In this section “voluntary assisted dying service” means—

- (a) any service for or in connection with the provision of assistance to a person to end their own life in accordance with this Act, or
- (b) any other service provided for the purposes of any of sections 5 to 27.”—(*Kim Leadbeater.*)

This clause imposes a duty to make regulations prohibiting advertisements to promote services relating to voluntary assisted dying under the Bill.

Brought up, and read the First and Second time.

Amendment proposed to new clause 14: (b), in subsection (2), leave out from “exceptions” to the end of subsection (3) and insert—

“() for the following—

communication made in reply to a particular request by an individual for information about a voluntary assisted dying service;

(b) communication which is—

- (i) intended for health professionals or providers of voluntary assisted dying services, and*
- (ii) made in a manner and form unlikely to be seen by potential service users.*

(3) Regulations under this section may make provision that could be made by an Act of Parliament, but may not amend this Act or the Suicide Act 1961.”—(*Paul Waugh.*)

This amendment would limit the exceptions that can be created to the advertising ban set out in NC14 and also provides that regulations cannot amend the Suicide Act 1961, which includes the offence of assisting and encouraging suicide.

Question put, That the amendment be made.

The House divided: Ayes 233, Noes 254.

Division No. 225]

[1.45 pm

AYES

Abbott, rh Ms Diane (<i>Proxy vote cast by Bell Ribeiro-Addy</i>)	Athwal, Jas
Adam, Shockat	Atkinson, Catherine
Ahmed, Dr Zubir	Bailey, Olivia
Ali, Rushanara	Baines, David
Allister, Jim	Baker, Alex
Amos, Gideon	Baker, Richard
Anderson, Lee	Baldwin, Dame Harriett
Andrew, rh Stuart	Bance, Antonia
Argar, rh Edward	Barron, Lee
Arthur, Dr Scott	Baxter, Johanna
Asato, Jess	Beavers, Lorraine
Asser, James	Begum, Apsana (<i>Proxy vote cast by Zarah Sultana</i>)
	Bhatti, Saqib

Billington, Ms Polly	Hayes, rh Sir John
Blackman, Bob	Hillier, Dame Meg
Blundell, Mrs Elsie	Hinder, Jonathan
Bool, Sarah	Hinds, rh Damian
Bradley, rh Dame Karen	Hoare, Simon
Buckley, Julia	Holden, rh Mr Richard
Burghart, Alex	Holmes, Paul
Burgon, Richard	Hudson, Dr Neil
Burton-Sampson, David	Huq, Dr Rupa
Butler, Dawn	Hurley, Patrick
Caliskan, Nesil	Hussain, Mr Adnan
Campbell, Mr Gregory	Jameson, Sally
Campbell, Juliet	Jenrick, rh Robert
Campbell-Savours, Markus	Jogee, Adam
Carden, Dan	Johnson, Dr Caroline
Chambers, Dr Danny	Johnson, Kim
Chope, Sir Christopher	Jones, Lillian
Cocking, Lewis	Jopp, Lincoln
Coleman, Ben	Josan, Gurinder Singh
Collins, Tom	Joseph, Sojan
Conlon, Liam	Kane, Mike
Cooper, John	Kaur, Satvir (<i>Proxy vote cast by Darren Paffey</i>)
Corbyn, rh Jeremy	Khan, Ayoub
Coutinho, rh Claire (<i>Proxy vote cast by Joy Morrissey</i>)	Kohler, Mr Paul
Coyle, Neil	Kruger, Danny
Craft, Jen	Kumaran, Uma
Creagh, Mary	Lake, Ben
Crichton, Torcuil	Lam, Katie
Davey, rh Ed	Lamb, Peter
Davies, Ann	Lamont, John
Davies, Gareth	Leigh, rh Sir Edward
Davies, Jonathan	Lewell, Emma
Davies, Mims	Lewis, rh Sir Julian
Davis, rh David	Lockhart, Carla
De Cordova, Marsha	Long Bailey, Rebecca
Dewhurst, Charlie	Lopez, Julia
Dixon, Anna	Madders, Justin
Dodds, rh Anneliese	Mahmood, rh Shabana
Dollimore, Helena	Mak, Alan
Doughty, Stephen	Malhotra, Seema
Duffield, Rosie	Maskell, Rachael
Duncan Smith, rh Sir Iain	Mathew, Brian
Easton, Alex	Mayhew, Jerome
Ellis, Maya	McAllister, Douglas
Entwistle, Kirith	McCluskey, Martin
Eshalomi, Florence	McDonagh, Dame Siobhain
Evans, Chris	McDougall, Blair
Fahnbulleh, Miatta	McIntyre, Alex
Farage, Nigel	McKee, Gordon
Farron, Tim	McKinnell, Catherine
Fenton-Glynn, Josh	McMahon, Jim
Footy, Emma	McMurdoch, James
Forster, Mr Will	McNally, Frank
Fortune, Peter	Medi, Llinos
Foxcroft, Vicky	Midgley, Anneliese
Foy, Mary Kelly	Miller, Calum
Francis, Daniel	Mohamed, Iqbal
French, Mr Louie	Mohindra, Mr Gagan
Gardner, Dr Allison	Moore, Robbie
Glen, rh John	Morrissey, Joy
Glendon, Mary	Mullan, Dr Kieran
Grady, John	Mullane, Margaret
Griffith, Andrew	Mundell, rh David
Griffith, Dame Nia	Murray, Katrina
Griffiths, Alison	Murrison, rh Dr Andrew
Gwynne, Andrew (<i>Proxy vote cast by Chris Elmore</i>)	Myer, Luke
Hack, Amanda	Naish, James
Harding, Monica	Narayan, Kanishka
Harris, Rebecca	Newbury, Josh
Hayes, Helen	Obese-Jecty, Ben
	Olney, Sarah

Onwurah, Chi
 Oppong-Asare, Ms Abena
 Osborne, Kate (*Proxy vote cast by Kim Johnson*)
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patel, rh Priti
 Paul, Rebecca
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pritchard, rh Mark
 Qureshi, Yasmin
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reader, Mike
 Reed, David
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Dave
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Shah, Naz
 Shannon, Jim
 Simmonds, David
 Smart, Lisa
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Snowden, Mr Andrew
 Sobel, Alex
 Spencer, Dr Ben

Spencer, Patrick (*Proxy vote cast by Joy Morrissey*)
 Stafford, Gregory
 Stephenson, Blake
 Streeting, rh Wes
 Strickland, Alan
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Sultana, Zarah
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Timothy, Nick
 Tomlinson, Dan
 Tugendhat, rh Tom
 Turley, Anna
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Wheeler, Michael
 Whittome, Nadia
 Wilkinson, Max
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike

Tellers for the Ayes:
Patricia Ferguson and
Ruth Jones

NOES

Abbott, Jack
 Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Al-Hassan, Sadik
 Anderson, Callum
 Aquarone, Steff
 Atkinson, Lewis
 Babarinde, Josh
 Ballinger, Alex
 Barker, Paula
 Barros-Curtis, Mr Alex
 Beales, Danny
 Bedford, Mr Peter
 Bell, Torsten
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Botterill, Jade
 Brandreth, Aphra
 Brewer, Alex
 Brickell, Phil
 Brown-Fuller, Jess
 Bryant, Chris
 Burke, Maureen
 Cadbury, Ruth
 Campbell, rh Sir Alan
 Campbell, Irene

Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chadwick, David
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Coghlan, Chris
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Creasy, Ms Stella
 Curtis, Chris
 Daby, Janet
 Darling, Steve
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dinenage, Dame Caroline
 Dixon, Samantha

Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, rh Maria
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fookes, Catherine
 Foord, Richard
 Foster, Mr Paul (*Proxy vote cast by Lorraine Beavers*)
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hamilton, Fabian
 Hatton, Lloyd
 Hazelgrove, Claire
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Jermy, Terry
 Johnson, rh Dame Diana
 Johnson, Kim
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kendall, rh Liz
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon

MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Maguire, Helen
 Malthouse, rh Kit
 Martin, Amanda
 Martin, Mike
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McGovern, Alison
 McKenna, Kevin
 McNeill, Kirsty
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Naismith, Connor
 Nash, Pamela
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate (*Proxy vote cast by Kim Johnson*)
 Osborne, Tristan
 Payne, Michael
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Powell, rh Lucy
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Riddell-Carpenter, Jenny
 Rigby, Lucy
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna

Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Sowards, Mark
 Shanker, Baggy
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smith, Cat
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Stainbank, Euan
 Stewart, Elaine
 Stone, Will
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thompson, Adam
 Tice, Richard

Tidball, Dr Marie
 Toale, Jessica
 Tufnell, Henry
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Welsh, Michelle
 West, Catherine
 Western, Andrew
 Western, Matt
 Whitby, John
 White, Jo
 White, Katie
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire
 Zeichner, Daniel

Tellers for the Noes:

**Bambos Charalambous and
 Sarah Owen**

Question accordingly negated.

New clause 14 added to the Bill.

New Clause 15

INVESTIGATION OF DEATHS ETC

“(1) In section 1 of the Coroners and Justice Act 2009 (duty to investigate certain deaths), after subsection (7) insert—

“(7A) In this Chapter a reference to an “unnatural death” does not include a death caused by the self-administration by the deceased of an approved substance, within the meaning of the Terminally Ill Adults (End of Life) Act 2025, that was provided to the deceased in accordance with that Act.”

(2) In section 20 of that Act (medical certificate of cause of death), after subsection (4) insert—

“(4A) Regulations under subsection (1) may make, in respect of cases where assistance was provided or purportedly provided to the deceased under the Terminally Ill Adults (End of Life) Act 2025—

- (a) such provision that is similar to, or that corresponds to, provision mentioned in subsection (1) as the Secretary of State considers appropriate;
- (b) such further provision as the Secretary of State considers appropriate.

(4B) Regulations under subsection (1) must provide that in cases where the cause of death appears, to the best of the knowledge and belief of the person issuing a certificate under the regulations, to be the self-administration by the deceased of an approved substance (within the meaning of the Terminally Ill Adults (End of Life) Act 2025) that was provided to the deceased in accordance with that Act, the certificate must—

- (a) state the cause of death to be “assisted death”, and
- (b) contain a record of the illness or disease which caused the person to be terminally ill within the meaning of that Act.’

(3) In Schedule 1 to that Act (suspension of investigations etc), in the definition in paragraph 1(6) of ‘homicide offence’, after paragraph (d) insert—

‘(e) an offence under section 31, 32 or 33 of the Terminally Ill Adults (End of Life) Act 2025;’.”—
(Kim Leadbeater.)

This new clause provides that references in Chapter 1 of the Coroners and Justice Act 2009 (investigations into deaths) to unnatural deaths do not include deaths caused by self-administration of approved substances provided in accordance with the Bill. It makes offences under clauses 31 to 33 “homicide offences” for the purposes of that Act. It also amends the powers in that Act in respect of medical certificates of cause of death.

Brought up, read the First and Second time, and added to the Bill.

New Clause 20

GUIDANCE ABOUT OPERATION OF ACT

“(1) The Secretary of State must issue guidance relating to the operation of this Act.

(2) The guidance need not (but may) relate to matters about which the Welsh Ministers may issue guidance under subsection (4) (‘Welsh devolved matters’).

(3) Before issuing guidance under subsection (1), the Secretary of State must consult—

- (a) the Chief Medical Officer for England,
- (b) the Chief Medical Officer for Wales,
- (c) such persons with learning disabilities and other persons who have protected characteristics as the Secretary of State considers appropriate,
- (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Secretary of State considers appropriate,
- (e) if any part of the guidance relates to Welsh devolved matters, the Welsh Ministers, and
- (f) such other persons as the Secretary of State considers appropriate.

(4) The Welsh Ministers may issue guidance relating to the operation of this Act in Wales, but the guidance must only be about matters within devolved competence.

(5) For this purpose, a matter is ‘within devolved competence’ if provision about it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd.

(6) Before issuing guidance under subsection (4), the Welsh Ministers must consult—

- (a) the Chief Medical Officer for Wales,
- (b) the Secretary of State,
- (c) such persons with learning disabilities and other persons who have protected characteristics as the Welsh Ministers consider appropriate,
- (d) such persons appearing to represent providers of health or care services, including providers of palliative or end of life care, as the Welsh Ministers consider appropriate, and
- (e) such other persons as the Welsh Ministers consider appropriate.

(7) When preparing guidance under this section, an appropriate national authority must have regard to the need to provide practical and accessible information, advice and guidance to—

- (a) persons (including persons with learning disabilities) requesting or considering requesting assistance to end their own lives;
- (b) the next of kin and families of such persons;
- (c) the general public.

(8) An appropriate national authority must publish any guidance issued under this section.

(9) In this section—

‘appropriate national authority’ means the Secretary of State or the Welsh Ministers;

‘protected characteristics’ has the same meaning as in Part 2 of the Equality Act 2010 (see section 4 of that Act).”—(*Kim Leadbeater.*)

This new clause (which is intended to replace clause 37) makes provision about guidance relating to the operation of the Bill.

Brought up, read the First and Second time, and added to the Bill.

New Clause 21

PROVISION ABOUT THE WELSH LANGUAGE

“(1) In this section ‘relevant person’ means a person in Wales who wishes to be provided with assistance to end their own life in accordance with this Act.

(2) Subsection (3) applies where the Welsh Ministers make regulations under section 39 (voluntary assisted dying services: Wales).

(3) Regulations under that section must make such provision as the Welsh Ministers consider appropriate for the purpose of ensuring that, where a relevant person indicates that they wish to communicate in Welsh, all reasonable steps are taken to secure that—

(a) communications made by a person providing a voluntary assisted dying service to the relevant person are in Welsh, and

(b) any report about the first or second assessment of the relevant person is in Welsh.

(4) Where a relevant person informs the Commissioner that they wish to communicate in Welsh, the Commissioner must take all reasonable steps to secure that—

(a) communications made by the Commissioner to the relevant person are in Welsh,

(b) each member of the panel to which the relevant person’s case is referred speaks Welsh, and

(c) communications made by that panel to the relevant person are in Welsh,

and any certificate of eligibility issued by that panel must be in Welsh.

(5) Regulations under section 7, 9, 10, 17 or 26 that specify the form of—

(a) a first or second declaration,

(b) a report about the first or second assessment of a person, or

(c) a final statement,

must make provision for the forms to be in Welsh (as well as in English).

(6) Before making regulations in pursuance of subsection (5), the Secretary of State must consult the Welsh Ministers.

(7) In this section—

‘panel’ and ‘referred’ have the meaning given by paragraph 1 of Schedule 2;

‘voluntary assisted dying service’ has the meaning given by section 38.”—(*Kim Leadbeater.*)

This new clause (which is intended to replace Clause 47) makes provision about the use of the Welsh language.

Brought up, read the First and Second time, and added to the Bill.

New Clause 1

NO HEALTH PROFESSIONAL SHALL RAISE ASSISTED DYING FIRST

“No registered medical practitioner or other health professional shall raise the subject of the provision of assistance in accordance with this Act with a person unless that person has first raised it.”—(*Dame Meg Hillier.*)

Brought up, and read the First time.

Question put, That the clause be read a Second time.

The House divided: Ayes 230, Noes 256.

Division No. 226]

[2.2 pm

AYES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)

Adam, Shockat

Ahmed, Dr Zubir

Ali, Rushanara

Allister, Jim

Amos, Gideon

Anderson, Lee

Andrew, rh Stuart

Argar, rh Edward

Arthur, Dr Scott

Asato, Jess

Asser, James

Atkinson, Catherine

Bailey, Olivia

Baines, David

Baker, Alex

Baker, Richard

Baldwin, Dame Harriett

Bance, Antonia

Baxter, Johanna

Beavers, Lorraine

Begum, Apsana (*Proxy vote cast by Zarah Sultana*)

Bhatti, Saqib

Billington, Ms Polly

Blackman, Bob

Blundell, Mrs Elsie

Bool, Sarah

Bradley, rh Dame Karen

Buckley, Julia

Burghart, Alex

Burgon, Richard

Butler, Dawn

Caliskan, Nesil

Campbell, Mr Gregory

Campbell, Juliet

Campbell-Savours, Markus

Carden, Dan

Chope, Sir Christopher

Cocking, Lewis

Coleman, Ben

Collier, Jacob

Collins, Tom

Collins, Victoria

Conlon, Liam

Cooper, John

Corbyn, rh Jeremy

Coutinho, rh Claire (*Proxy vote cast by Joy Morrissey*)

Coyle, Neil

Craft, Jen

Creagh, Mary

Crichton, Torcuil

Daby, Janet

Davey, rh Ed

Davies, Ann

Davies, Gareth

Davies, Jonathan

Davies, Mims

Davis, rh David

De Cordova, Marsha

Dewhurst, Charlie

Dixon, Anna

Dodds, rh Anneliese

Doughty, Stephen

Duffield, Rosie

Duncan Smith, rh Sir Iain

Easton, Alex

Ellis, Maya

Eshalomi, Florence

Evans, Chris

Farage, Nigel

Farron, Tim

Fenton-Glynn, Josh

Foord, Richard

Fortune, Peter

Foster, Mr Paul (*Proxy vote cast by Lorraine Beavers*)

Foxcroft, Vicky

Foy, Mary Kelly

Francis, Daniel

Francois, rh Mr Mark

French, Mr Louie

Gardner, Dr Allison

Glen, rh John

Glindon, Mary

Grady, John

Griffith, Andrew

Griffith, Dame Nia

Griffiths, Alison

Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)

Hack, Amanda

Harding, Monica

Harris, Rebecca

Hayes, Helen

Hayes, rh Sir John

Hazelgrove, Claire

Hillier, Dame Meg

Hinder, Jonathan

Hinds, rh Damian

Hoare, Simon

Holden, rh Mr Richard

Holmes, Paul

Hudson, Dr Neil

Huq, Dr Rupa

Hurley, Patrick

Hussain, Mr Adnan

Jameson, Sally

Jenrick, rh Robert

Jermy, Terry

Jogee, Adam

Johnson, Dr Caroline

Jones, Lillian

Jopp, Lincoln

Josan, Gurinder Singh

Joseph, Sojan

Kane, Mike

Kaur, Satvir (*Proxy vote cast by Darren Paffey*)

Khan, Ayoub

Kohler, Mr Paul

Kruger, Danny

Kumaran, Uma

Lake, Ben

Lam, Katie

Lamb, Peter
 Lamont, John
 Leigh, rh Sir Edward
 Lewell, Emma
 Lewis, rh Sir Julian
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 MacNae, Andy
 Madders, Justin
 Mahmood, rh Shabana
 Mak, Alan
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDougall, Blair
 McIntyre, Alex
 McKee, Gordon
 McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Medi, Llinos
 Midgley, Anneliese
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Moore, Robbie
 Morrissey, Joy
 Mullan, Dr Kieran
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Myer, Luke
 Naish, James
 Narayan, Kanishka
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patel, rh Priti
 Paul, Rebecca
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pritchard, rh Mark
 Qureshi, Yasmin
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack

Reed, David
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Dave
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Scrogham, Michelle
 Shah, Naz
 Shannon, Jim
 Simmonds, David
 Smith, Cat
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Snowden, Mr Andrew
 Sobel, Alex
 Spencer, Patrick (*Proxy vote cast by Joy Morrissey*)
 Stafford, Gregory
 Stephenson, Blake
 Stone, Will
 Streeting, rh Wes
 Strickland, Alan
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Sultana, Zarah
 Swann, Robin
 Swayne, rh Sir Desmond
 Tapp, Mike
 Taylor, Alison
 Thomas, Bradley
 Timothy, Nick
 Tomlinson, Dan
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Watemi, Helen
 Whittome, Nadia
 Wilkinson, Max
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike

Tellers for the Ayes:
Patricia Ferguson and Ruth Jones

NOES

Abbott, Jack
 Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Al-Hassan, Sadik
 Anderson, Callum
 Anderson, Fleur
 Aquarone, Steff
 Athwal, Jas
 Atkinson, Lewis
 Babarinde, Josh

Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Bedford, Mr Peter
 Bell, Torsten
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive

Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Botterill, Jade
 Brandreth, Aphra
 Brewer, Alex
 Brickell, Phil
 Bryant, Chris
 Burke, Maureen
 Burton-Sampson, David
 Cadbury, Ruth
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chadwick, David
 Chambers, Dr Danny
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Coghlan, Chris
 Collinge, Lizzi
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Creasy, Ms Stella
 Curtis, Chris
 Darling, Steve
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dinenage, Dame Caroline
 Dixon, Samantha
 Dollimore, Helena
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, rh Maria
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Entwistle, Kirith
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Foody, Emma
 Fookes, Catherine
 Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel

Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hamilton, Fabian
 Hatton, Lloyd
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Johnson, rh Dame Diana
 Johnson, Kim
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kendall, rh Liz
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacCleary, James
 Macdonald, Alice
 Maguire, Ben
 Maguire, Helen
 Malthouse, rh Kit
 Martin, Amanda
 Martin, Mike
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McGovern, Alison
 McKenna, Kevin
 McNeill, Kirsty
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris

Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Naismith, Connor
 Nash, Pamela
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate (*Proxy vote cast by Kim Johnson*)
 Osborne, Tristan
 Payne, Michael
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Powell, rh Lucy
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reader, Mike
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Riddell-Carpenter, Jenny
 Rigby, Lucy
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Sowards, Mark

Shanker, Baggy
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Spencer, Dr Ben
 Stainbank, Euan
 Stewart, Elaine
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Mark
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thompson, Adam
 Tice, Richard
 Toale, Jessica
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Welsh, Michelle
 West, Catherine
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire
 Zeichner, Daniel

Tellers for the Noes:
Bambos Charalambous and Sarah Owen

Question accordingly negated.

New Clause 2

NO HEALTH PROFESSIONAL SHALL RAISE ASSISTED DYING WITH A PERSON UNDER 18

“No registered medical practitioner or other health professional shall raise the subject of the provision of assistance in accordance with this Act with a person under the age of 18.”—(*Dame Meg Hillier.*)

Brought up, and read the First time.

Question put, That the clause be read a Second time.

The House proceeded to a Division.

Madam Deputy Speaker (Judith Cummins): Order. I ask the Serjeant at Arms to investigate the delay in the Aye Lobby.

The House having divided: Ayes 259, Noes 216.

Division No. 227]

[2.15 pm

AYES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Abbott, Jack
 Adam, Shockat
 Ahmed, Dr Zubir
 Ali, Rushanara
 Allister, Jim
 Amos, Gideon
 Anderson, Callum
 Anderson, Fleur
 Anderson, Lee
 Andrew, rh Stuart
 Argar, rh Edward
 Arthur, Dr Scott
 Asato, Jess
 Asser, James
 Atkinson, Catherine
 Bailey, Olivia
 Baines, David
 Baker, Alex
 Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Baxter, Johanna
 Begum, Apsana (*Proxy vote cast by Zarah Sultana*)
 Bhatti, Saqib
 Billington, Ms Polly
 Blackman, Bob
 Blake, Rachel
 Blundell, Mrs Elsie
 Bool, Sarah
 Bradley, rh Dame Karen
 Brown-Fuller, Jess
 Buckley, Julia
 Burghart, Alex
 Burgon, Richard
 Burton-Sampson, David
 Butler, Dawn
 Caliskan, Nesil
 Campbell, Mr Gregory
 Campbell, Juliet
 Campbell-Savours, Markus
 Cane, Charlotte
 Carden, Dan
 Charters, Mr Luke
 Chope, Sir Christopher
 Cocking, Lewis
 Coleman, Ben
 Collier, Jacob
 Collins, Tom
 Collins, Victoria
 Conlon, Liam
 Cooper, Daisy
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Joy Morrissey*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Daby, Janet
 Darling, Steve
 Davey, rh Ed
 Davies, Ann
 Davies, Gareth
 Davies, Jonathan

Davies, Mims
 Davies, Shaun
 Davis, rh David
 De Cordova, Marsha
 Dean, Josh
 Dewhurst, Charlie
 Dixon, Anna
 Dodds, rh Anneliese
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Ferguson, Mark
 Foord, Richard
 Forster, Mr Will
 Fortune, Peter
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Francois, rh Mr Mark
 Franklin, Zöe
 French, Mr Louie
 Gardner, Dr Allison
 Gilmour, Rachel
 Glen, rh John
 Glendon, Mary
 Grady, John
 Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Harding, Monica
 Harris, Rebecca
 Hayes, Helen
 Hayes, rh Sir John
 Heylings, Pippa
 Hillier, Dame Meg
 Hinchliff, Chris
 Hinder, Jonathan
 Hinds, rh Damian
 Hoare, Simon
 Hobhouse, Wera
 Holmes, Paul
 Hudson, Dr Neil
 Huq, Dr Rupa
 Hurley, Patrick
 Hussain, Mr Adnan
 Jameson, Sally
 Jarvis, Liz
 Jenrick, rh Robert
 Jermy, Terry
 Jogee, Adam
 Johnson, Dr Caroline
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Ayoub

Kohler, Mr Paul
 Kruger, Danny
 Kumar, Sonia
 Kumaran, Uma
 Lake, Ben
 Lam, Katie
 Lamb, Peter
 Lamont, John
 Leigh, rh Sir Edward
 Lewell, Emma
 Lewis, rh Sir Julian
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 Madders, Justin
 Maguire, Ben
 Mahmood, rh Shabana
 Mak, Alan
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDougall, Blair
 McIntyre, Alex
 McKee, Gordon
 McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Medi, Llinos
 Midgley, Anneliese
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Moore, Robbie
 Morrissey, Joy
 Mullan, Dr Kieran
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murray, Susan
 Murrison, rh Dr Andrew
 Myer, Luke
 Naish, James
 Narayan, Kanishka
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patel, rh Priti
 Paul, Rebecca
 Peacock, Stephanie
 Perkins, Mr Toby
 Philp, rh Chris
 Pinkerton, Dr Al
 Pochin, Sarah
 Pritchard, rh Mark
 Qureshi, Yasmin
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)

Rankin, Jack
 Reader, Mike
 Reed, David
 Ribeiro-Addy, Bell
 Riddell-Carpenter, Jenny
 Rimmer, Ms Marie
 Robertson, Dave
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Savage, Dr Roz
 Scrogg, Michelle
 Shah, Naz
 Shannon, Jim
 Simmonds, David
 Smart, Lisa
 Smith, Cat
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Snowden, Mr Andrew
 Sobel, Alex
 Spencer, Patrick (*Proxy vote cast by Joy Morrissey*)

Stafford, Gregory
 Stainbank, Euan
 Stephenson, Blake
 Stone, Will
 Streeter, rh Wes
 Strickland, Alan
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Sultana, Zarah
 Swallow, Peter
 Swann, Robin
 Swayne, rh Sir Desmond
 Tapp, Mike
 Thomas, Bradley
 Timothy, Nick
 Toale, Jessica
 Tomlinson, Dan
 Tugendhat, rh Tom
 Turley, Anna
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Whittome, Nadia
 Wilkinson, Max
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Yang, Yuan

Tellers for the Ayes:
Patricia Ferguson and
Ruth Jones

NOES

Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Al-Hassan, Sadik

Aquarone, Steff
 Athwal, Jas
 Atkinson, Lewis
 Babarinde, Josh
 Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Bloore, Chris
 Bonavia, Kevin
 Botterill, Jade
 Brandreth, Aphra
 Brewer, Alex
 Brickell, Phil
 Bryant, Chris
 Burke, Maureen
 Cadbury, Ruth
 Campbell, rh Sir Alan
 Campbell, Irene
 Carling, Sam
 Carns, Al
 Chadwick, David
 Chambers, Dr Danny
 Champion, Sarah
 Chowns, Ellie
 Coghlan, Chris
 Collinge, Lizzi
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Costigan, Deirdre
 Cox, Pam
 Creasy, Ms Stella
 Curtis, Chris
 Davies, Paul
 Davies-Jones, Alex
 Dean, Bobby
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dinene, Dame Caroline
 Dixon, Samantha
 Dollimore, Helena
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, rh Maria
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Entwistle, Kirith
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Foody, Emma
 Fookes, Catherine
 Foster, Mr Paul (*Proxy vote cast by Lorraine Beavers*)
 Fox, Sir Ashley
 Garnier, Mark

George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hazelgrove, Claire
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Johnson, rh Dame Diana
 Johnson, Kim
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kendall, rh Liz
 Kinnock, Stephen
 Kitchen, Gen
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacCleary, James
 MacNae, Andy
 Maguire, Helen
 Malthouse, rh Kit
 Martin, Amanda
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McGovern, Alison
 McKenna, Kevin
 McNeill, Kirsty
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, James
 Naismith, Connor
 Nash, Pamela
 Niblett, Samantha

Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate (*Proxy vote cast by Kim Johnson*)
 Osborne, Tristan
 Payne, Michael
 Pennycook, Matthew
 Phillips, Jess
 Pitcher, Lee
 Platt, Jo
 Powell, Joe
 Powell, rh Lucy
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Rigby, Lucy
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Saville Roberts, rh Liz
 Sowards, Mark
 Shanker, Baggy
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Slade, Vikki

Slaughter, Andy
 Slinger, John
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Spencer, Dr Ben
 Stewart, Elaine
 Strathern, Alistair
 Tami, rh Mark
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thompson, Adam
 Tice, Richard
 Tidball, Dr Marie
 Tufnell, Henry
 Turmaine, Matt
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Welsh, Michelle
 West, Catherine
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yemm, Steve
 Young, Claire
 Zeichner, Daniel

Tellers for the Noes:
Bambos Charalambous and Sarah Owen

Question accordingly agreed to.

New clause 2 read a Second time, and added to the Bill.

New Clause 16

WISH TO END ONE'S OWN LIFE

“(1) A person does not have a wish to seek assistance to end their own life in accordance with this Act under section 5(5) if they are substantially motivated by—

- (a) not wanting to be a burden on others or on public services,
- (b) a mental disorder (including depression),
- (c) a disability (other than the terminal illness),
- (d) financial considerations, including lack of adequate housing,
- (e) lack of access, or delayed access, to treatment or other service which a public authority is required (or can reasonably be expected to) provide, or
- (f) suicidal ideation.”—(*Rebecca Paul.*)

This new clause ensures that a wish to end one's own life that is substantially motivated by the factors listed in the amendment does not qualify for the provision of assistance under this Act.

Brought up, and read the First time.

Question put, That the clause be read a Second time.

Hon. Members: Object.

Bill to be further considered on Friday 20 June.

Christine Jardine: On a point of order, Madam Deputy Speaker. I do not think it matters how one is going to vote on this issue; a lot of us are finding it very frustrating that some Members seem to be deliberately hanging about in the Lobbies to delay the process. In order to get the Bill through and for the public to see that we are respecting their wishes, can something be done to appeal to the better natures of those Members? It really looks petty and childish. Could they please abstain from doing it the next time?

Madam Deputy Speaker (Judith Cummins): I thank the hon. Member for her point of order. She will have seen that I sent the Sergeant at Arms to investigate the delay.

Business without Debate

ACCESS TO TELECOMMUNICATIONS NETWORKS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Madam Deputy Speaker (Judith Cummins): Objection taken. No date named for Second Reading.

EXEMPTION FROM VALUE ADDED TAX (PUBLIC ELECTRIC VEHICLE CHARGING POINTS) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

PUBLIC SECTOR EXIT PAYMENTS (LIMITATION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

SUPPORT FOR INFANTS AND PARENTS ETC (INFORMATION) BILL [LORDS]

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

DOMESTIC BUILDING WORKS (CONSUMER PROTECTION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

MEAT (INFORMATION ABOUT METHOD OF KILLING) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**EXEMPTION FROM VALUE ADDED TAX
(LISTED PLACES OF WORSHIP) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**EXEMPTION FROM VALUE ADDED TAX
(MISCELLANEOUS PROVISIONS) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**CARAVAN SITE LICENSING (EXEMPTIONS
OF MOTOR HOMES) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

ARM'S-LENGTH BODIES (REVIEW) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**PUBLIC HEALTH (CONTROL OF DISEASE)
ACT 1984 (AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**STATUTORY INSTRUMENTS ACT 1946
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**DANGEROUS DOGS ACT 1991
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**DOMESTIC ENERGY
(VALUE ADDED TAX) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**BBC LICENCE FEE NON-PAYMENT
(DECriminalISATION FOR OVER-75S) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

COVID-19 VACCINE DAMAGE PAYMENTS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

ANONYMITY OF SUSPECTS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**CHILDREN'S CLOTHING
(VALUE ADDED TAX) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

HIGHWAYS ACT 1980 (AMENDMENT) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**BRITISH BROADCASTING CORPORATION
(PRIVATISATION) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

ILLEGAL IMMIGRATION (OFFENCES) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**VACCINE DAMAGE PAYMENTS ACT
(REVIEW) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**NHS ENGLAND (ALTERNATIVE
TREATMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

COVID-19 VACCINE DAMAGE BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**MOBILE HOMES ACT 1983
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**ARM'S-LENGTH BODIES (ACCOUNTABILITY
TO PARLIAMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

BAILIFFS (WARRANTS OF POSSESSION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**NATIONAL HEALTH SERVICE CO-FUNDING
AND CO-PAYMENT BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**INTERPERSONAL ABUSE AND VIOLENCE
AGAINST MEN AND BOYS (STRATEGY) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

PETS (MICROCHIPS) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

TERMINAL ILLNESS (RELIEF OF PAIN) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

IMMIGRATION AND VISAS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

**BRITISH INDIAN OCEAN TERRITORY
(SOVEREIGNTY AND CONSTITUTIONAL
ARRANGEMENTS) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 June.

Dr Andrew Murrison (South West Wiltshire) (Con): On a point of order, Madam Deputy Speaker. Mr Speaker said earlier today that a Minister would come to the House on Monday to discuss the middle east. Given the events overnight, which have continued to deteriorate during the course of the day, have you had any indication that a Minister will come to the House in the few minutes left before we rise to discuss the middle east, in particular Israel and Iran, given UK equities in the area and more generally?

Madam Deputy Speaker (Judith Cummins): I am grateful to the right hon. Member for giving notice of his point of order, but as Mr Speaker told the House this morning, the Foreign Secretary has indicated that he will come to the House to make a statement on Monday.

John McDonnell (Hayes and Harlington) (Ind): On a point of order, Madam Deputy Speaker. You may be aware that the right hon. Member for Islington North (Jeremy Corbyn) and I were called for interview by the Metropolitan police following our participation in a demonstration in January calling for peace and justice for the Palestinian people and an end to the genocide in Gaza. It was alleged that we failed to follow police restrictions on the protest. That is untrue, and at all times we followed police instructions. We can now report that the police have dropped the case against us and there will be no charges.

The reason for this point of order is that in the correspondence to our solicitor Martin Howe, the Metropolitan police informed us that our case was referred to the Crown Prosecution Service because, as MPs, we were to be held to have "a greater culpability". This is an unacceptable practice that flies in the face of the principle that we are all equal before the law. I wish to place on record my concern about that behaviour by the Metropolitan police.

Madam Deputy Speaker: I am grateful to the right hon. Member for giving notice of his point of order. It is not a matter for the Chair, but he has put his point on the record. May I suggest that he takes the matter up with the Clerks, who will be able to advise him on how to pursue the matter further?

Jeremy Corbyn (Islington North) (Ind): Further to that point of order, Madam Deputy Speaker. I wish to place on record my thanks to our solicitor Martin Howe and many others who worked very hard on this case. The implications are obviously very serious. If there are elements in the police and possibly in the Crown Prosecution Service who want Members of Parliament to be held to a different standard of account than the general public, that removes us from the normality of law in this country. I think that would be a very bad step indeed. I will take your advice, of course, and take this up with the Clerks, because our being held to a different standard would be a very bad thing.

[Jeremy Corbyn]

We all have to have the right to take part in public protest about human rights abuse, about war, about peace and about anything else. That is what democracy is about. I saw this whole effort as a means of trying to silence the democratic rights of everybody in our society by picking on us two as Members of Parliament. I am grateful for the decision that has been made today, but like my right hon. Friend the Member for Hayes and Harlington (John McDonnell), I do not intend to let it rest there.

Madam Deputy Speaker: I am grateful to the right hon. Member for giving notice of his point of order. As he knows, it is not a matter for the Chair, but he has put his point on the record.

Sir Edward Leigh (Gainsborough) (Con): Further to that point of order, Madam Deputy Speaker. It might be useful if a Member of Parliament who has not often taken part in demos in central London intervenes at this point to show that opinion in this House of Commons is absolutely united. In various Parliaments—indeed, in most Parliaments in Europe—MPs have immunity from prosecution. We have never had that system here, and we have always proclaimed what is very much the British way: that Members of Parliament are no different from any other member of the public. If they do wrong, they will be held to account, but they should not be subject to some greater test of culpability just because they are Members of Parliament. As somebody who is not in the same party as the right hon. Member for Hayes and Harlington (John McDonnell) and often has rather different views from his, I wanted to rise to show that what he has just said has universal support in this House.

Madam Deputy Speaker: I thank the right hon. Member for his point of order. While it is not a matter for the Chair, he has put his point on the record and he has been heard by the House.

Sir Christopher Chope (Christchurch) (Con): Further to that point of order, Madam Deputy Speaker. Would it be possible for you to explain why that is not a matter for the Chair? Surely if MPs are going to be deemed by the Metropolitan police to have greater culpability than other citizens, that must be a matter for the Chair and for Mr Speaker. Why should it be delegated to the Clerks?

Madam Deputy Speaker: I thank the hon. Gentleman for his point of order. However, it is not a matter for the Chair. If it is a matter of privilege, he should raise the matter privately with Mr Speaker.

Flood Prevention: Sleaford and North Hykeham

Motion made, and Question proposed, That this House do now adjourn.—(Jeff Smith.)

2.46 pm

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): Before I start my remarks, I will make a declaration of interest: my husband is a farmer, and we have a small stipend to pay to the internal drainage board in relation to flood risk.

My constituents in Sleaford and North Hykeham enjoy some of the most beautiful countryside that the United Kingdom has to offer. Our hard-working farmers reap the benefits of some of the best agricultural land in the country for their crops. Unfortunately, living in this area brings some environmental risks.

Many Lincolnshire MPs centuries ago held the office of commissioner of sewers in the county. The job sounds unglamorous but was very important, bringing with it responsibility for managing the county's waterways and drainage and for protecting lives and livelihoods from the risk of flood damage. I am not suggesting that I take on that role myself, but that historical flood risk has only become more acute in recent years. Land usage has intensified, our climate has become more volatile and greater pressures have started to affect our natural resources. Our county has suffered from flooding caused by overwhelmed drainage systems and excessive river levels. The effects on people have magnified too. Some people whose homes were flooded lost not just possessions, but the ability to live in their home for a long period of time; some did not return home for more than a year.

Last week, I had the pleasure of visiting Heighington Millfield primary academy as it formally reopened following significant flood damage last year. The closure had major effects on the children there, who had to be bused to different schools around the county within the trust, and significant measures had to be taken to restore the school. I put on record my thanks to everybody involved in that work. The community really pulled together for those children, and the Department for Education and the Department for Environment, Food and Rural Affairs worked very hard together to ensure not just that the school was repaired, but that flood measures were put in place to try to prevent those things happening again.

The school now has flood doors in place so that it can prevent flooding coming in through the doors, and it is having work done over the summer in preparation for the autumn rain to protect the outside environment, which includes bunding around the playing fields and a special garden at the back of the school on higher ground, which will absorb some of the water if the rain overtops the back again. Unfortunately, at the same time that that great work has been going on, new councillors under the direction of Reform have chosen to abolish the county council committee dedicated to managing flood risk. I will have more to say about that later.

In opening this debate, I want to make a simple point. My constituents deserve to live in safety and to go about their work and education without severe disruption from climate events. We need to ensure that we are doing everything we can to protect their lives and

livelihoods, and that recommendations are being followed up and maintenance work is being done on time. We also need to make the most of local expertise and experience, and not undo the good work started under the previous Government towards fostering collaboration between agencies and local people.

Many communities across my constituency have been affected by flooding in recent times, and they deserve to have their experiences shared. In North Scarle, for example, residents faced huge disruption in 2024 when heavy rainfall on to already wet ground caused flooding at Mill Dam dyke. The local authority report on the event found that poor maintenance of the local watercourses had contributed to the flooding, as did problems with the surface drainage system.

As I saw when I visited North Scarle in December that year, co-operation among different agencies is key in tackling these kinds of events. Lincolnshire county council is responsible for cleaning gullies and maintaining drainage, while the Environment Agency has responsibility for ongoing maintenance at Mill Dam dyke. Meanwhile, local groups such as Flood Action North Scarle contribute valuable local knowledge and experience.

The EA has upheld its end of the shared responsibilities set out in the flooding report, and has engaged the local community by providing maintenance updates. It spent around £71,000 on maintenance in 2023-24. However, since the spending review published this week revealed a 2.7% cut in the DEFRA budget over the review period, can the Minister assure my constituents that the EA will still have the money to continue maintaining these dykes going forward? And what will the Minister do to ensure transparency from councils? Updates from the EA are relatively easy to access, but Lincolnshire county council's flooding project website simply lists its own actions following each flood report as "ongoing". My residents need more clarity than that.

In Sleaford, residents faced similar problems when Field beck was overtopped in October 2023 and drainage systems again became overwhelmed. I welcome the work that the EA has done here too, with the business case for a major capital scheme approved on 2 June. I am pleased about this investment, which is projected to avoid £188 million in economic damage, deliver £74 million in people-related benefits and protect 604 properties from repeat flood damage.

In Leasingham, more work needs to be done. Residents suffered flooding twice in quick succession, including in the school, in October 2023 and January 2024, when agricultural ditches overtopped and Leasingham beck exceeded its capacity. The council's flood report recommended that the EA and Lincolnshire county council work together to carry out channel condition assessments at Leasingham beck, with the results to be reported back to the Lincolnshire flood risk and water management partnership.

However, the inspections have not yet happened. Worse still, even as reports into historical flooding are calling for closer collaboration, the Reform council is undoing the successful partnerships already established. The Lincolnshire flood and water management scrutiny committee did vital work in bringing together key agencies involved in flood management and prevention: the EA,

internal drainage boards, Anglian Water, district councils and other key experts. Three weeks ago, Reform abolished the committee, folding it into the generalist environment committee, which does not have the same specialist remit to cover the most important and complex environmental issue facing the county.

By rejecting the valuable contributions of IDBs, district councils and local experts, Reform councillors are saying that they know better than local people who have tended the land for generations. All the main parties have opposed the committee's abolition and have seen it for what it is: politicking with people's livelihoods. If the Government see these reckless actions being wrought on local communities in Sleaford and North Hykeham and elsewhere in Lincolnshire, what can they do to ensure that councils uphold their responsibilities to residents?

Instead of cancelling initiatives, we should be creating new ones. I was encouraged by the excellent work done under the previous Government to advance the water maintenance pilot scheme, which was designed to foster collaboration between farmers and the National Farmers Union, local drainage boards and the EA. The scheme enabled greater co-ordination and common-sense flexibility in the management of waterways—for example, by training local landowners in how to manage watercourses, and then allowing them to carry out their own minor channel clearance and maintenance work for themselves.

The scheme helped to avoid the ludicrous, heartbreaking situation in which local people can see a problem with a local watercourse, are aware it is going to flood their farm, land or their home, and have the equipment and the know-how to do something about it, but the law prevents them from doing so. It is illogical. Public sector co-operation agreements already exist to help streamline those schemes and place participants on a clear legal footing. One of the great local successes under that framework was the 2018 silt dredging of the South Forty-Foot drain, a farmland drainage channel dating from the 17th century, under a PSCA between the Black Sluice drainage board and the EA.

Why have the lessons of those schemes not been applied more widely? Since the last election, the scheme in my own constituency has ground to a halt, and with it have gone the benefits that were already accruing. Will the Minister commit to supporting those schemes and encouraging their wider roll-out? As she looks to her budgets, it is worth recognising that it is much cheaper for the IDB to clear drains and ditches than for the EA to do so, since the EA's procurement process is so cumbersome that it becomes significantly more expensive. One of the things that frustrates many local people in my constituency is that they could do the job and get it done much quicker. They are waiting, and places are flooding while it is not getting done.

Another thing that the Minister could discuss with the Treasury is that the IDB has been prevented from using red diesel in its pumps. The IDB has told me that the problem is that the pumps are placed in isolated places, and believe it or not, people are stealing the diesel. It is white diesel—it is expensive, so it is worth something—and people are stealing it from the pump, which is putting everyone at risk. The IDB feels that if it were red diesel in those pumps, theft would be much less likely.

[Dr Caroline Johnson]

Brant Broughton is an area in which a number of houses flooded. We have had a less promising update from the Environment Agency in that respect; it says that it was expecting to receive a model of the river system around the summer of 2025.

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Mary Creagh)
indicated assent.

Dr Johnson: The Minister is nodding—I do not know whether she has an update on what the Environment Agency means by “the summer”. We were expecting the health plan in the spring, and that has been and gone, so if she could help with that, that would be really great. There is some concern about the overall cost-benefit ratio, given the number of houses. I encourage the Minister to remember that although the people who live in rural areas may live in areas that are less densely populated, they have as much right to a safe environment as anybody who lives in a more densely populated part of the country.

There are more examples of communities in my constituency that have suffered the impacts of flooding and are crying out for a joined-up and proactive approach that will protect them from repeat occurrences in the future. In Washingborough and Timberland, a familiar story happened in recent floods: heavy rain, overwhelmed drainage and excessive water runoff led to communities being left to suffer. While the EA has carried out some channel clearance and vegetation management, flood reports make clear that responsibility falls between central agencies, the county council, landowners, and stakeholders such as Anglian Water. Once again, it is vital that open communication is at the heart of the strategy, and that politically motivated meddling is not allowed to get in the way.

I took the chair of the Environment Agency and the former Minister, my hon. Friend the Member for Keighley and Ilkley (Robbie Moore), to visit the Delph at Washingborough when it was full. It was very clear that the EA's priority had been to protect the small creatures living in the dyke by not clearing the vegetation out, but of course, once the floods came, those small creatures were no more anyway. It would have been much better for the creatures, the environment, and the wider countryside and the people who live there if those dykes had been cleared properly in the first place. Trees were literally growing in that dyke when we went to see it.

There are two final communities facing specific future threats that I would like to highlight. In Ruskington, residents endured flooding in 2023 and 2024 caused by the overflow of Ruskington beck. I understand that the Environment Agency has been conducting bimonthly maintenance and debris removal, and is investigating a capital programme for defences in Ruskington as part of the next five-year funding period. Any scheme will have to meet economic viability criteria and defined cost-benefit metrics, despite future house building plans that will see more land covered, more people in at-risk areas, and more demand on drainage systems.

As of December 2024, under the Government's new targets, the central Lincolnshire partnership—of which North Kesteven forms a part—faces a house building

target of 1,552 houses per year over the course of this Parliament, an 47% increase on the previous target. Can the Minister assure me that the cost-benefit analyses deciding the fate of future flood defence schemes will take account of the Government's rampant house building plans, and will account for all the ways in which flooding impacts a community such as Ruskington, from work hours lost to home damage, insurance claims, watercourse repairs and drainage clearance?

Finally, Anwick suffered in the floods of 2023, when the River Slea and its tributaries experienced very high water levels. The EA and Anglian Water have been engaged in positive liaisons to manage risks at the River Slea, Farroway drain and Anwick catchwater, but residents in Anwick contacted me in September 2024 when a sewage processing plant flooded, causing discharge and polluting smells across the area. I met Anglian Water to discuss those constituents' concerns, but their bigger concerns are now about a biogas digester that may be built immediately next door. In this case too, it is vital that lessons are learned and that we avoid repeating mistakes that will lead to more disruption for local people in the future.

Addressing the risks requires the careful allocation of money. A glance at the most recent funding allocations under the flood and coastal erosion risk management grant in aid scheme shows that many dozens of projects appear in the bidding process but receive no funding. The allocation data for the Upper Witham internal drainage board in my constituency shows 15 intended projects listed for completion between 2023 and 2040, but none has any grant funding at all allocated this year. Lincolnshire county council, meanwhile, is due to receive £103,500 in grant funding over 2025-26 for year one of the property flood resilience project. Two smaller projects will receive a total of £52,500 from non-grant public contributions, but 19 other projects will receive no funding at all.

The Government have made much of the £2.65 billion in funding for flood defences that was announced in February, but as I have said before, governing effectively is about making choices. Can the Government clarify for my constituents how the EA is expected to prioritise its funding among the many equally important projects that need support, especially in light of cuts to the DEFRA budget? How much money is spent on developing schemes that subsequently do not come to fruition? What is the estimated cost—in household damage, lost output and broader economic terms—of deciding not to act?

As I mentioned earlier, the hard-working farmers in my constituency do so much for our local and national economy and for this country's food security, and it is vital that we remember them. What will become of agricultural productivity in areas left with inadequate flood defences? What will happen to food security when some of our best-quality agricultural land is lost to frequent inundation, and how are farmers meant to prepare for this uncertainty—in economic and practical terms—when they already face such a heady mix of threats to their livelihoods? Just as farmers have been left to face the family farm tax instituted by the Labour party and have suffered the sudden loss of the sustainable farming incentive, they will also face the threat of flooding, without the help and support they need, if this Government fail to act in the long-term interests of rural communities.

We have reached the time for action on flood prevention and resilience. As I noted earlier, the way to manage the risks is with local knowledge, collaborative and long-term management strategies, and proper funding—essentially, with basic common sense. First, we must keep the valuable expertise of local people within the decision-making system. IDBs, local farmers and expert local committees know their land best, and we must give them the tools and authority to manage their own environments.

Secondly, we must build on projects such as the water maintenance pilot to foster long-term planning and inter-agency working. We can do more: the creation of a Lincolnshire rivers authority, for example, would provide a structured platform for long-term flood planning that could be tailored to the needs of local people, rather than to the nationwide EA or DEFRA frameworks.

Finally, we must ensure that vital projects receive the necessary funding, without being held up by central agencies' cost-benefit frameworks. Local authorities should hold budgetary power as well as decision-making power to make sure that interventions are made where they are needed most, and in a timely and efficient way. With these measures, we can make sure that local people have control over their own local environment and give them the tools they need to prevent the devastating impacts of flooding, which have blighted some areas of Lincolnshire for too long.

3.3 pm

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Mary Creagh): I congratulate the hon. Member on securing this debate and on raising these very important issues, which I will endeavour to address in the time remaining.

Protecting communities, homes, businesses and farmland from flooding is a priority for this Government, and I am delighted to hear that Heighington Millfield academy students are now safely back at school. I am sure that there has been a lot of disruption, particularly for those taking public exams. I am grateful to the hon. Member for her generous comments about the Department for Education, DEFRA and EA officials who have been working at pace to minimise the impact, and I pay tribute to all the people involved in that—not least the parents and the students themselves. I am very pleased to hear that there are flood-resilient repairs, and I am interested in ways in which nature-based planting around the school can potentially help with flood mitigation in the future.

May I say how incredibly disappointed I am to hear that the Reform-led county council in Lincolnshire has taken the very short-sighted and unwelcome decision to abolish the flood risk and flood protection committee? This shows the danger of pandering to reactionary rhetoric and then leaving local homes and local communities unprotected. I shall be watching the council very closely to ensure that it is fulfilling its duties under the Flood and Water Management Act 2010.

I am aware that the hon. Member's constituency has been badly affected by flooding from Storms Babet and Henk during the winter of 2023-24. Sadly, more were flooded this January after heavy rainfall, and my thoughts are with those affected. As the former MP for Wakefield, I had 1,000 properties flooded in 2007, and I can tell her that the psychological impact on residents is very long

lasting. I totally understand her desire to raise these matters on behalf of her constituents and the local communities she serves.

Engagement and collaboration are a key component of managing and mitigating flood risk, and I am pleased to hear that the hon. Member is in contact with the Environment Agency on these matters. I can confirm that her constituency is receiving £9.3 million from the Government's flood investment programme this financial year, which is funding the repair and maintenance, as she said, of a number of crucial flood defences. As she mentioned Lincolnshire's section 19 reports, I can say that officials tell me that they have been completed and that any decisions arising from them will take place in future funding years.

Work has started this month on phase 1 of the Lower Witham flood resilience project, which will support embankment assets. Phase 2 of the project, which is planned, will bring further investment in sustaining legacy assets while implementing adaptation measures to improve the resilience of the area to flooding.

The Environment Agency is working with partners to build an up-to-date model of the Lower Witham, to be completed this financial year, and it will be used to test future adaptive approaches and accurately assess flood risk. I will ask the Minister for Water and Flooding, my hon. Friend the Member for Kingston upon Hull West and Haltemprice (Emma Hardy), to write to the hon. Member if there are any things that we cannot get through in the time available.

The River Sleaflood resilience project is exploring a new, more sustainable solution to flood risk management in Sleaford. Public engagement has been undertaken with organisations and other stakeholders on this project. Ruskington is also being considered for a flood resilience project.

As set out by the Chancellor this week, in order to support the Government's growth mission and plan for change, we are investing a record £4.2 billion over the next three years, from April 2026, to build new flood defences and to maintain and repair existing ones across the country. That is £1.4 billion each year. This is a 5% increase in our annual average investment compared with our existing spend of £2.65 billion over the past two years—2024-25 and 2025-26.

Our current investment programme is supporting 1,000 projects, which will help to protect 52,000 homes and businesses by March 2026. And through essential maintenance, a further 14,500 properties will have their expected level of protection maintained or restored. That is a total of 66,500 properties that will benefit, helping to secure jobs, deliver growth and protect against economic damage.

We have also unlocked £140 million from this investment to get 29 stalled projects moving. This is targeted at schemes that were ready to go, so that protection can be delivered faster for those who need it the most, and we have published the full list of funded schemes for this financial year.

The Government inherited flood assets in their poorest condition on record following years of under-investment, leaving 3,000 of the Environment Agency's 38,000 key flood defence assets below the condition required. This Government are taking decisive action to fix the foundations, giving communities confidence that flood defences will protect them.

[Mary Creagh]

We are prioritising, over the current two spending years from 2024-25 and 2025-26, £108 million in repairing and restoring those critical assets. Last year, £36 million focused on damage from recent storms and flooding, with a further £72 million this year to ensure that defences are resilient, reliable and ready. In addition, environmental land management schemes present a valuable opportunity for supporting flooding and coastal erosion risk management, through direct funding of actions and providing a revenue stream to support landowners working with EA capital schemes, and through indirect actions that will lead to reduced watercourse maintenance requirements, increasing the lifespan of our assets.

The hon. Lady mentioned red diesel and I just wanted to make a quick point on that. The previous Government removed most red diesel entitlements from April 2022, but there are some exceptions. Risk management authorities, which include internal drainage boards, may use red diesel for drainage ditch clearance, including work relating to agriculture, horticulture and forestry. I hope that is a useful clarification.

Watercourse management responsibilities fall to different bodies. Riparian landowners whose land adjoins a watercourse, such as a drainage ditch, are required to keep those watercourses clear of anything that could be an obstruction. The EA has permissive powers to work on the main rivers, and lead local flood authorities or internal drainage boards have permissive powers for ordinary watercourses. The EA focuses on those activities that will achieve the greatest benefit in terms of protecting people and property from flooding. That, of course, can include dredging and clearing channels. In Lincolnshire, that often involves using the local IDBs.

The EA spends an average of £40 million a year on these activities to improve water flow in around 3,000 km of main rivers. The need for dredging is assessed on a location-by-location basis. The EA will work with local communities, IDBs and through public sector co-operation agreements to assess whether dredging is technically achievable and cost-effective, ensuring that it does not significantly increase flood risk downstream and that it is environmentally acceptable.

The hon. Lady asked about future funding reforms. The current approach to floods funding, introduced by a previous Government in 2011, neglects more innovative approaches. To address that, we have reviewed our approach and last week launched a consultation on proposals to reform the way we allocate funding to flood schemes. Our proposals will make it simpler for all risk management authorities to calculate their funding, benefiting all councils, including those that have less resource to commit to the application process. This should speed up the delivery of vital schemes and ensure that money is distributed more effectively across the country, including for rural and coastal communities, and poorer communities that have previously struggled to secure funding.

We will make it easier to invest in natural flood management schemes that also give benefits for nature, water resources and the fight against climate change. We are considering how communities can make better use of property flood resilience measures. Changes to the current approach to floods funding will be launched in time for the new floods investment programme, which will start in April 2026. The consultation is open to all and we encourage everyone with an interest to respond and help shape our future approach to flood funding.

This issue is at the very top of the Secretary of State's priorities, which is why we set up a flood resilience taskforce to provide oversight of national and local flood resilience and preparedness. That taskforce represents a new approach that brings together representatives from national, regional and local government, the devolved Administrations, the emergency services, charities and environmental interest groups. We need to know what works and we are learning where we need to make changes. We have established action groups led by members to deliver progress on areas, including flood warnings, awareness of recovery and insurance schemes.

The Government fully support the vital role that internal drainage boards play in managing water and flood risk and in protecting the environment.

Dr Johnson: When I went around looking at the different areas of flooding in my constituency, I got a consistent message: that the EA had not performed as well as the IDBs and that it was costing more money per activity. In her final few minutes, can the Minister touch on how the IDBs can do more of the work and engage more local people in doing it for themselves?

Mary Creagh: The previous Government had allocated £75 million to the IDB fund; I am happy to say that in March we announced an additional £16 million boost to the fund. That creates a total of £91 million, which should enable IDBs to modernise and upgrade their assets and waterways so that they are fit for the future, improving water management for more than 400,000 hectares of agricultural land and about 91,000 homes and businesses. That includes three IDBs in the hon. Lady's constituency: Black Sluice, Upper Witham and Witham First, which have received Government funding of about £10.4 million in grants from the IDB fund since 2024-25, to help with pumping station repairs and watercourse embankment repairs.

I am in my final minute. I encourage the hon. Lady's constituents to sign up for flood warnings on gov.uk. It is vital that communities are in the communications chain so that they are aware of flood events, especially given that intense rainfall is expected this evening. I will endeavour to write to the hon. Lady about any other issues she may have.

Question put and agreed to.

3.16 pm

House adjourned.

Written Statements

Friday 13 June 2025

DEFENCE

Armed Forces Commissioner

The Minister for the Armed Forces (Luke Pollard): I am today announcing the launch of the recruitment campaign for the UK's first ever Armed Forces Commissioner—an important step in this Government's commitment to renewing the nation's contract with those who serve.

As we set out in the strategic defence review, people are fundamental to UK defence and to delivering the transformation to which this Government are committed.

The creation of the AFC is a move of unprecedented support for our armed forces personnel and their families. The role will be subject to a full public appointment process, regulated and overseen by the Office of the Commissioner for Public Appointments.

The AFC will be an independent champion for service personnel and their families, with authority and discretion to investigate a wide variety of welfare issues that impact service life. This could include issues related to kit and equipment, unacceptable behaviours, or service accommodation.

The commissioner will have new powers extending beyond anything seen before, including unprecedented access to UK defence sites to observe activity, access information and speak to personnel of all ranks and grades. The responsibilities of the Service Complaints Ombudsman for the Armed Forces will also transfer across to the AFC, who will continue to drive improvements and strengthen the fairness, effectiveness, and efficiency of the service complaints system. It is critically important to ensure the highest confidence for the armed forces community in the handling of the service complaints process, in particular the independence and transparency of the system.

The preferred candidate to become the AFC will also be subject to a pre-appointment hearing by the House of Commons Defence Committee. This will allow the Committee to scrutinise the position of the preferred candidate and publish a report setting out its views on their suitability.

In addition to being independent from the Ministry of Defence, the commissioner will strengthen Parliament's oversight, knowledge and scrutiny of issues facing our armed forces personnel and their families by producing annual and thematic reports into the welfare issues they face. This will enable Parliament to hold the Ministry of Defence to account to ensure changes to policy and process can be brought about to improve lives.

Applications for the AFC will close on 11 July 2025, with the option to extend by two weeks depending on the diversity and quality of the candidate field. Sifting, shortlisting, and interviews will follow. The preferred candidate is expected to be identified by October 2025, with the HCDC pre-appointment hearing expected in

November 2025. The successful candidate would then receive a confirmed offer of appointment subject to appropriate security clearance. We expect to have the new commissioner appointed by early 2026.

[HCWS700]

NORTHERN IRELAND

Patrick Finucane Inquiry

The Secretary of State for Northern Ireland (Hilary Benn): I wish to provide an update to the House on the Government decision to establish an independent statutory inquiry into the murder of Patrick Finucane in February 1989.

Today, the Government have appointed the right hon. Sir Gary Hickinbottom as chair of the Patrick Finucane inquiry. The inquiry is being established under section 1 of the Inquiries Act 2005, with full powers, including the power to compel the production of documents, and to summon witnesses to give evidence on oath. The Government have also today appointed the Baroness O'Loan and Francesca Del Mese as assessors to the inquiry under section 11 of the Inquiries Act.

The appointment of Sir Gary follows my announcement, on 11 September 2024, that the Government will establish an independent statutory inquiry into the murder of Patrick Finucane. This decision was in response to the 2019 judgment of the Supreme Court, which found that all the previous investigations into the murder had been insufficient to enable the state to discharge its obligations under article 2 of the European convention on human rights.

The murder of Mr Finucane in front of his wife, Geraldine, who was also wounded, and his three children, was a barbarous and heinous crime and one which continues to highlight the legacy of the troubles in Northern Ireland. I commend and support the tireless campaign of Mrs Finucane and her family in seeking answers to the brutal murder of their loved one and I am confident that this inquiry will provide answers to the family who have suffered so terribly.

In determining who should chair the inquiry, I considered that in view of the nature of the evidence and questions to be tested by the Patrick Finucane inquiry, a judicial chairperson, sitting alone without a panel and with two assessors, would be most appropriate for the role.

Sir Gary has had a distinguished judicial career in England and Wales. He is currently President of Welsh Tribunals and member of the judicial openness and transparency board. He was made a full-time judge in 2000 and was appointed to a succession of judicial appointments in both the court and tribunal systems. In 2021, Sir Gary retired from the Court of Appeal to conduct a commission of inquiry into governance and corruption in the British Virgin Islands, on which he reported in April 2022.

Baroness O'Loan is a life peer appointed to the House of Lords in 2009. She became a member of the Northern Ireland Scrutiny Committee in January 2025. Prior to that, she was a member of various House of

Lords Select Committees from 2010 to 2024. Baroness O’Loan was the first Police Ombudsman in Northern Ireland.

Francesca Del Mese is an international criminal and human rights lawyer with over 25 years of experience in rule of law and security sector reform, specialising in conflict-affected and fragile states and countries experiencing political transition. She serves as a member of the Investigatory Powers Tribunal and is also a judge (recorder) of the Crown Court of England and Wales.

I am delighted that Sir Gary Hickinbottom has accepted this important role as chair of the Patrick Finucane inquiry and that Baroness O’Loan and Francesca Del Mese have accepted the important roles of assessors to the inquiry. I am confident that, together, their valuable knowledge, experience and professionalism will be of great benefit to the work of the Patrick Finucane inquiry.

The chair will now meet with the family and consult them on the terms of reference.

[HCWS699]

WRITTEN STATEMENTS

Friday 13 June 2025

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