

SENEDD HEALTH AND SOCIAL CARE COMMITTEE AND LEGISLATION, JUSTICE AND CONSTITUTION COMMITTEE: ASSISTED DYING LEGISLATIVE CONSENT MEMORANDUM



Response from Wales Humanists,
September 2025

ABOUT WALES HUMANISTS

Since 1896, we have worked for a society rooted in justice and human rights, empowering non-religious people to express their views and stand in solidarity with others. By bringing non-religious people together we help them develop their own views and an understanding of the world around them. Together with our partners Humanist Society Scotland, we speak for 150,000 members and supporters and around 130 members of the All-Party Parliamentary Humanist Group. Through our ceremonies, pastoral support, education services, and campaigning work, we advance free thinking and freedom of choice so everyone can live in a fair and equal society. Wales Humanists is a part of Humanists UK.

THE HUMANIST VIEW ON ASSISTED DYING

Humanists defend the right of each individual to live by their own personal values, and the freedom to make decisions about their own life so long as this does not result in harm to others. Humanists do not share the attitudes to death and dying held by some religious believers, in particular that the manner and time of death are for a deity to decide, and that interference in the course of nature is unacceptable. We firmly uphold the right to life but we recognise that this right carries with it the right of each individual to make their own judgement about whether their life should be prolonged in the face of pointless suffering.

We recognise that any assisted dying law must contain strong safeguards and the international evidence from countries where assisted dying is legal shows that safeguards can be effective. We also believe that the choice of assisted dying should not be considered an alternative to palliative care, but should be offered together as in many other countries.

Wales Humanists strongly supports a change in the law to allow assisted dying for terminally ill adults as a compassionate, safe, and necessary reform. Current legislation is unsafe and unregulated, resulting in people dying each year through suicide, mercy killings, suicide pacts, the administration of excessive medication, or by travelling abroad to access assisted dying. Travelling overseas, often to Switzerland, places a significant financial burden on individuals and their families, costing on average £15,000 and effectively making a dignified death accessible only to those with the means to afford it.¹ This may disproportionately impact people in Wales in rural locations with limited travel options to Switzerland.

¹ Dignity in Dying, 'Cost of journey for assisted dying in Switzerland skyrockets, Sep 2023
<https://www.dignityindying.org.uk/news/cost-of-journey-for-assisted-dying-in-switzerland-skyrockets-to-15k-intensifying-harm-caused-by-uk-ban/>



Legalised assisted dying would provide individuals with terminal illnesses the choice to end their lives with dignity and compassion, reducing unnecessary suffering while allowing families to focus on meaningful time together without fear of legal repercussions.

Evidence from over 30 jurisdictions, including Australia, Switzerland, Spain and Oregon, demonstrates that assisted dying can be safely regulated to protect vulnerable people while coexisting with high-quality palliative care. Robust safeguards should include written consent witnessed by an independent party, approval by two independent healthcare practitioners, mandatory waiting periods with flexibility for extreme suffering or imminent death, clear oversight by a specialised regulating body, and an implementation period for training, service setup, and public awareness.

Patients' autonomy must be respected, with decisions free from coercion, and healthcare providers should retain the right to conscientiously object without obstructing access.

Legalising assisted dying would also provide much-needed clarity for families who currently face fear of investigation when a loved one seeks assistance abroad or attempts to end their life. It aligns with public sentiment, with over 74% of the UK population supporting reform². Wales Humanists considers that introducing assisted dying with clear safeguards ensures compassionate, safe and equitable access, respects individual autonomy, reduces unrelieved suffering, and provides a dignified option for those facing terminal illness.

Our views on LCM relevant clauses

Clause 37: Guidance about the operation of the Act³

Q1: What are your views on these proposals?

Wales Humanists strongly advocates that the Chief Medical Officer (CMO) for Wales issues practical and accessible guidance following consultations with the outlined persons, including persons with learning disabilities, persons who have protected characteristics, and other persons deemed appropriate by the Secretary of State. It is our position that these requirements are critical to safeguarding individuals and fostering inclusive, efficient and safe implementation procedures.

Q2: Are these proposals sufficient to ensure that the CMO can effectively oversee implementation?

Wales Humanists believes the proposals give the CMO sufficient authority and obligations. However, we strongly recommend incorporating the following proposals:

- Implement mandatory information-sharing protocols between services and regulators.

² Electoral Calculus, Assisted Dying MRP Poll, Oct 2025

<https://humanists.uk/2024/10/16/new-poll-shows-every-constituency-backs-assisted-dying/>

³ This is now under Clause 40.

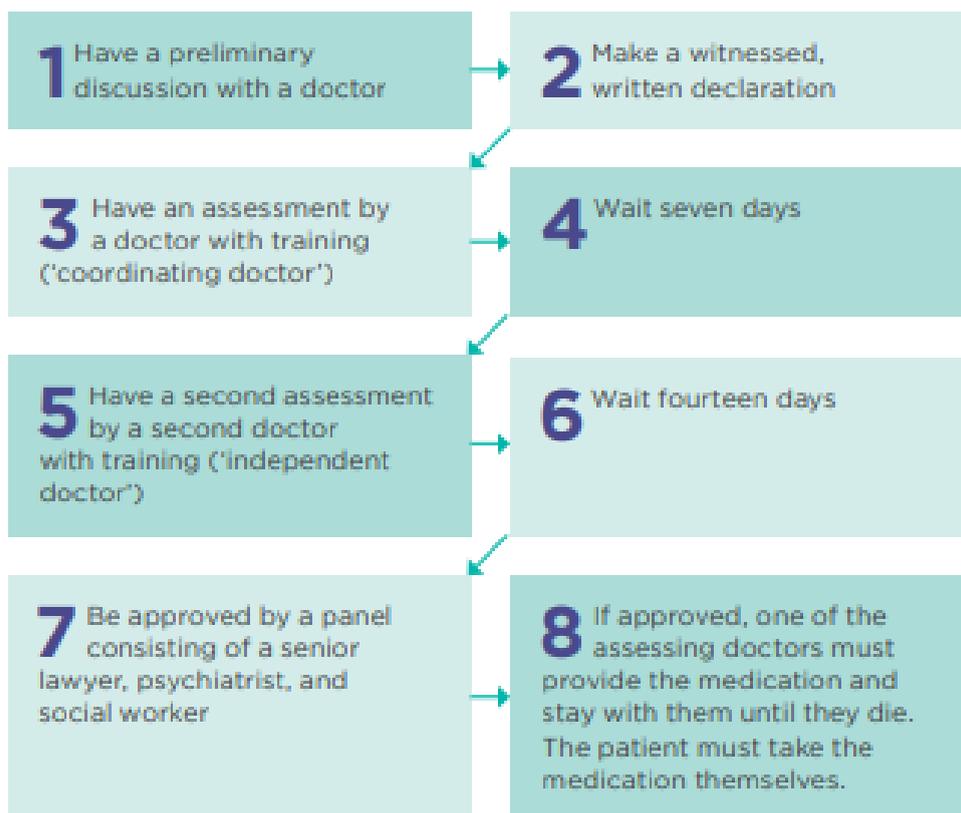


- Streamline clinical processes to ensure fairness in eligibility decisions.
- Consider incorporating a provision for grief and bereavement support to the next of kin and families of persons undergoing assisted dying. We strongly support this measure, noting that Australia's Department of Health's Centre for Evaluation and Research Evidence recommended a similar one in its review of their Voluntary Assisted Dying Act, which was accepted by the Government.⁴

Q3: Do the proposals provide sufficient safeguards to protect vulnerable individuals?

The process of applying and receiving assistance to die under the current proposals is rigorous and more than sufficient to protect anyone applying.

In order to access an assisted death, a person must:



Wales Humanists believe the proposals are sufficient to protect vulnerable individuals. Guaranteeing consultations with persons with learning disabilities and protected characteristics provides an

⁴ Victoria Department of Health, Feb 2025 Voluntary Assisted Dying Five-Year Review
<https://www.health.vic.gov.au/voluntary-assisted-dying/five-year-review>



essential inclusive layer to the proposed safeguards. Having listed the safeguards in the Bill below, it becomes clear that they are extensive and more than sufficient to protect vulnerable people.

The following safeguards are incorporated in the Bill:

1. The first declaration must be voluntary, free from pressure and coercion S.8(4)(b)(iv) and S.11(2)(e).
2. Making the ability to cancel your declaration, at any time, a requirement. S.8(4)(b)(v) and S.12(2)(e).
3. The ability to disqualify certain persons from acting as a witness as outlined in S.8(11) and S.52.
4. Criteria for the coordinating doctor to not be a relative, beneficiary, or a financially interested party S.8(6)(c) and S.8(6)(d).
5. Doctors must have training in capacity assessment, coercion, domestic abuse, autism/learning disabilities safeguards, and reasonable adjustments, regulated by the Secretary of State S.8(7-10) and S.11(9-10).
6. Identity verifications with two forms of proof of ID to the coordinating doctor and the witness mentioned in S.8(2)(c)(iii), as mentioned in S.9(2), alongside the ability of the Secretary of State to make provisions by regulations about the forms of proof of identity that are acceptable as mentioned in S.9(3).
7. Requirement for two independent assessments by different doctors, as enshrined in S.10 and S.11.
8. Mandatory reflection period of seven days before the second assessment, S.11(3).
9. Advising patients to inform their GP and consider speaking with their next of kin, S.12(2)(f-g).
10. Requirement for the assessing doctor to consult a registered medical practitioner who holds qualifications of the diagnosis and management of the illness in case of doubt about terminal illness or mental capacity S.12(5).
11. Obligation to record and share opinions between assessing doctors for transparency S.12(7).
12. If the independent doctor is not satisfied that all eligibility criteria are met (S.11)(2)(a-e), the person may request the coordinating doctor to refer them to another independent doctor for a further assessment, S.13(1-2).
13. If a new independent doctor disagrees with the first, both reports must be made available to later decision makers and to the Commissioner, S.13(3)(b-c).
14. The coordinating doctor may only make one referral for a second opinion, S.13(5).
15. If a doctor dies or is unable/unwilling to continue, a replacement doctor must meet the same requirements as the original coordinating doctor, S.13(6), S.14(2)(a), S.15(4).
16. The Assisted Dying Review Panel, consisting of a multidisciplinary panel consisting of a social worker, psychologist, and senior lawyer must be satisfied the declaration meets the requirements outlined in sections 8-12 and in S.17(2), as enshrined in S.17(2). This panel will be overseen by a former judge and a Government-appointed Voluntary Assisted Dying Commissioner. Meaning, one person's scrutiny has been replaced by several.



17. A person has the right to seek reconsideration of a refusal if there was an error of law, irrationality, or procedural unfairness, S.18(2).
18. The Commissioner must give written reasons for decisions on reconsideration, S.18(5).
19. A second declaration can only be made after a mandatory reflection of 14 days (or 48 hours if death is imminent) has ended, S.19(2).
20. The second declaration must be witnessed by both the coordinating doctor and an independent witness, who must see it being signed, S.19(3)(c).
21. The person must declare that they are acting voluntarily and without coercion, and that they understand that they may cancel the declaration at any time (S.19)(4)(b)(iii-iv).
22. The coordinating doctor may only witness if, immediately before the signing, they are satisfied that: the person is terminally ill; the person has the capacity to make a decision to end their own life; the person has a clear, settled and informed wish; and the person is acting voluntarily and free from pressure, S.19(5).
23. Persons disqualified under section 52 may not witness a declaration under S.19(3)(c)(ii), as enshrined in S19(9).
24. A declaration can be cancelled any time by the person, in any form of communication they ordinarily use, so long as it is communicated to the coordinating doctor, or any registered medical practitioner with the person's GP practice, S.20(1).
25. Cancellation is effective immediately when given, S.20(4).
26. A proxy may only sign if the person is unable to sign and has authorised them to do so, S.21(1).
27. The proxy must be satisfied that the person understands the nature and effect of the declaration, S.21(4)(a).
28. A proxy cannot act if disqualified under S.52, or if they acted as a witness to the first declaration when signing the second, S.21(4)(b-c).
29. The proxy must either have known the person for at least two years or fall within the categories specified in regulations made by the Secretary of State, S.21(5).
30. A qualifying person with a learning disability, mental disorder, autism, or substantial difficulty in understanding or communicating, must be supported by an independent advocate to ensure they can effectively engage with the Act, S.22(3-4).
31. Independent advocates must meet conditions, training, and approval requirements set out in regulations, S.22(2).
32. A new offence of 'Dishonesty, coercion or pressure' is introduced with offences liable to up to life imprisonment.

Wales Humanists considers the safeguards contained within the Bill to be sufficient for their intended purpose. Introducing additional safeguards risks creating unnecessary procedural burdens that could undermine the Bill's central aim: to provide terminally ill patients with autonomy and the ability to die with dignity.

Excessive procedural requirements would risk diverting a patient's limited time towards compliance, rather than allowing them to spend that time with loved ones. It is therefore important that Wales



adopts the safeguards and training provisions set out in the Bill to ensure parity of access to assisted dying between patients in England and Wales. Consistent and inclusive legal guidance is integral to promoting both safety and fairness. International experience supports this approach:

- In Australia, their guidance led to the successful implementation of their Voluntary Assisted Dying Act. Reviewing the operation of the Voluntary Assisted Dying Act's first four years, their Department of Health found that voluntary assisted dying is meeting its intended functionality, providing a compassionate and safe choice to eligible people. Feedback from families consistently highlighted the compassionate, person-centred approach, and the high levels of respect and practicality as a result of their robust safeguards.⁵

Clause 39(1), (2), (5) and (6): Voluntary Assisted Dying Services: Wales⁶

Q4: What are your views on enabling Welsh Ministers to regulate the structure, management, and delivery of services?

Wales Humanists supports the mentioned provisions. It enables NHS Wales to develop and tailor its services according to its own priorities, provided that this could be done by an Act of the Senedd Cymru.

Q5: How will these regulations (if approved) impact current palliative care practices in Wales?

Wales Humanists welcomes the proposed regulations as we expect them to complement and enhance palliative care.

International evidence consistently shows that legalising assisted dying does not hinder palliative care, as shown in the following examples:

- In a recent article for the National Library of Medicine, Dr. Ben Colburn asserts that introducing legalised assisted dying does not hinder palliative care or cause it to deteriorate; rather, such deterioration would only occur due to a lack of Government support or funding cuts (Colburn, 2025).⁷
- Research by Bernheim et al. indicates that legalising assisted dying has not been shown to impede the development of palliative care. (Bernheim, J. L., et al., p.866, 2008).⁸
- Chambaere et al. concluded that concerns about palliative care being undermined by legislation in Belgium and the Netherlands are not supported by the evidence.

⁵ Operation of Victoria's Voluntary Assisted Dying Act 2017 October 2024

<https://www.health.vic.gov.au/sites/default/files/2025-02/review-of-operation-voluntary-assisted-dying-act-2017-final-report.pdf>

⁶ This is now under Clause 42.

⁷ Palliative care-based arguments against assisted dying, Colburn, 2025:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11754995/>

⁸ Bernheim, J. L., Deschepper, R., Distelmans, W., Mullie, A., Bilsen, J., & Deliens, L. (2008). Development of palliative care and legalisation of euthanasia: Antagonism or synergy?



- An Australian report examined the argument that assisted dying could stall the development of palliative care or weaken its culture of competent and compassionate practice, and likewise found no evidence to support this claim.⁹
- A 2018 report commissioned by Palliative Care Australia found that in jurisdictions with assisted dying, the palliative care sector has continued to advance. The Australian experience reflects this: Since Victoria introduced assisted dying in 2017, over \$1 billion in additional funding has been directed to palliative care nationwide, including a \$743 million increase in New South Wales, the most recent state to pass legislation¹⁰.
- The use of palliative care has risen by 10% in Canada, which is the fastest-growing rate of palliative care in its history.¹¹

Given the evidence presented, it is necessary to consider the broader issue of unrelieved suffering at the end of life. Unrelieved suffering and the case for dying in dignity:

- Even under optimal care, it is not always possible to fully alleviate suffering.
- A recent report by OHE has confirmed that between 2019 and 2023, there has been a 15% increase of people dying in unrelieved pain, despite receiving the highest standards of palliative care in England.¹²
- Research by My Death, My Decision reveals that at least one British citizen per week travels to Switzerland seeking assisted dying.¹³
- Dignity in Dying recently published that the average cost to travel for assisted death purposes is around £15,000¹⁴. This cost is not only a financial burden to the average citizen, but it also makes dying with dignity and autonomy a luxury that only the wealthy can afford, adding unnecessary avoidable pain to persons and families that are already suffering enough.
- In a report by Compassion in Dying, they mention that 83% of people would rather prioritise their quality of life, over living longer.¹⁵

⁹ Bernheim, J. L., et al. (2008), p.866.

¹⁰ Palliative Care Australia, Experience Internationally Of The Legalisation Of Assisted Dying, October 2018 https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/12/Experience-internationally-of-the-legalisation-of-assisted-dying-on-the-palliative-care-sector-APEX-FINAL.pdf

¹¹ Journal of Palliative Medicine, Medical Assistance in Dying and Palliative Care: Shared Trajectories, June 2023 <https://pubmed.ncbi.nlm.nih.gov/37428971/>

¹² Office of Health Economics, unrelieved pain, November 2024 <https://www.ohe.org/insights/20-people-a-day-die-in-unrelieved-pain-across-the-uk-at-the-end-of-their-ives/>

¹³ Assisted Dying Coalition, Number of UK citizens going to Switzerland, Feb 2019 https://humanists.uk/wp-content/uploads/2019-2-1-KM-Assisted-Dying-Briefing_-_Number-of-UK-citizens-going-to-Switzerland-to-see-an-assisted-death-1.pdf

¹⁴ Dignity in Dying, 'Cost of journey for assisted dying in Switzerland skyrockets, Sep 2023 <https://www.dignityindying.org.uk/why-we-need-change/travelling-to-dignitas-for-assisted-death/>

¹⁵ Compassion in Dying, Rethinking the UK's approach to dying, July 2024 <https://cdn.compassionindying.org.uk/wp-content/uploads/rethinking-UKs-approach-dying-july-2024.pdf>



Clause 47 in the Bill also places a responsibility on the Secretary of State to publish and lay before Parliament, a report about the progress made after the period of one year after the Act has been ratified, and every six months thereafter until the sixth reporting period. This Clause places a legal obligation to provide a report that will openly assess the availability, quality and distribution of appropriate health services to persons with palliative care and end of life needs, ensuring that all practices will be subject to careful scrutiny. It is important to note that the specification and commissioning framework for hospices will provide an adequate standard aimed at enabling assisted dying to supplement and improve palliative care in April 2026.

The debate should not be framed as a choice between palliative care and assisted dying. Evidence from Victoria and Western Australia demonstrates that the two can and do coexist, with 80 to 95 percent of individuals who access voluntary assisted dying also receiving high-quality palliative care. Voluntary assisted dying therefore represents an additional compassionate option rather than a replacement.¹⁶

Clause 45: Monitoring by Commissioner¹⁷

Q6(a): What are your views on allowing Welsh Ministers to refer matters to the Commissioner?

Wales Humanists supports Welsh Ministers to refer matters to the Commissioner. It ensures devolved governance, enabling Welsh Ministers to contribute to monitoring the service and addressing Wales-specific concerns, while preserving the UK-wide remit of the Commissioner role.

Q6(b): What are your views on requiring the Commissioner to consult the CMO for Wales in annual reports?

Wales Humanists welcomes this provision and finds it necessary. It ensures the needs of the Welsh population are met and reflected in national governance.

Q6(c): What are your views on requiring Welsh Ministers to publish and respond to the Commissioner's annual report?

Wales Humanists sees this provision as necessary, as it fosters transparency, government accountability and promotes devolution by strengthening the role of Welsh Ministers.

Clause 47(4): Provision of Information in English and Welsh¹⁸

Q7(a): Do you agree that services and documents must be provided in a person's first language if English or Welsh, and otherwise in their preferred language of English or Welsh?

Wales Humanists wholeheartedly agrees with these provisions, as language should never be a barrier to exercising one's rights, especially when it comes to their right to autonomous and

¹⁶ Go Gentle Australia, Written Evidence (ADY0184), Jan 2023

https://committees.parliament.uk/writtenevidence/116137/html/#_ftn6

¹⁷ This is now under Clause 49.

¹⁸ This is now under Clause 51.



dignified end-of-life options. We find these provisions essential to guaranteeing informed consent and equal access. In this regard, we find this approach is consistent with Language (Wales) Measure 2011 which places a statutory duty on NHS bodies in Wales to provide services in both Welsh and English.

Q7(b): What are your views on requiring Senedd approval for any Welsh-language-related regulations?

Wales Humanists believes this provision is appropriate and necessary as it aligns with Wales' devolved language policy.

Clause 50(1), (2), (5) and (6): Regulations¹⁹

Q8: What are your views on the proposed procedure for regulations, and whether it provides appropriate Senedd oversight?

Wales Humanists supports the proposed procedure for regulations and considers requiring Senedd approval. This measure helps ensure that any regulations affecting end-of-life care are consistent within the devolved health system and reflects the ethical significance of the decisions involved. We recommend that Welsh Ministers prioritise the development of regulations to prevent delays in access for Welsh residents.

Expedited preparatory work will help ensure that regulations are ready alongside those being developed in the UK Parliament, particularly important given that a new Senedd will be in place in 2026, with Members approaching this legislation for the first time. Providing them with timely information and resources will support informed decision making. It is also important that public consultation is considered during the development of these regulations. Engagement with patients, families, and healthcare professionals will help ensure that the rules are clear, practical, and do not place unnecessary burdens on those seeking assisted dying.

We emphasise the need to avoid inequalities between Wales and England. If Welsh regulations are not enacted, access to assisted dying may be restricted to private services, where available, meaning that only those able to afford it could exercise this vital choice. This would exacerbate existing health inequalities, as average incomes in Wales are lower than in England and Scotland, and risk denying terminally ill individuals the ability to make autonomous, dignified decisions at the end of life. Coordination with the UK Government can help minimise these disparities and ensure equitable access across jurisdictions.

¹⁹ This is now under Clause 54.



Clause 54(6), (8) and (9): Commencement²⁰

Q9: What are your views on allowing Welsh Ministers to decide commencement dates (subject to Senedd approval)?

Wales Humanists support allowing Welsh Ministers to determine commencement dates, subject to Senedd approval. This approach ensures that all necessary systems are in place before the law becomes operational, including workforce training, public awareness, referral pathways, and the provision of materials in Welsh where requested. We recognise that establishing assisted dying services represents a significant system change and that capacity considerations in the NHS must be addressed. Expedited preparatory work is essential to avoid unnecessary delays and ensure that Welsh residents can access services as soon as it is safe and practicable to do so. Giving ministers discretion over commencement dates allows for careful planning while maintaining accountability through Senedd oversight, ensuring the law is implemented safely, consistently, and equitably across Wales.

Q10: Is the procedure appropriate?

Wales Humanists consider the procedure appropriate, as requiring Senedd approval guarantees that readiness is carefully examined and remains accountable to democratic oversight.

Q11: What are your views on the implications of different start dates in England and Wales?

Wales Humanists are concerned that differing start dates could create confusion, particularly for residents of communities situated between jurisdictions. We suggest the UK and Welsh Governments coordinate with the intention of aligning commencement dates, with efforts to establish efficient communication with both patients and professionals.

Conclusion

Clause 40 - Guidance about the operation of the Act:

Wales Humanists supports the CMO issuing practical, inclusive guidance following consultation with persons with learning disabilities, protected characteristics, and other relevant stakeholders. While the CMO has sufficient authority, we recommend information sharing, streamlined clinical processes, and grief support for families. The Bill's extensive safeguards including multidisciplinary panels, mandatory training, independent advocacy, voluntary and revocable declarations, strict eligibility and witness criteria, identity verification, and transparent record keeping are sufficient to protect vulnerable individuals while maintaining an efficient and practical framework for implementation.

²⁰ This is now under Clause 58.



Clause 42 - Voluntary Assisted Dying Services in Wales:

Wales Humanists supports Welsh Ministers regulating the structure, management, and delivery of services to tailor care locally. Voluntary assisted dying is expected to complement rather than hinder palliative care, supported by international evidence from Australia, Belgium, the Netherlands, and Canada. Funding for voluntary assisted dying and palliative care must remain separate. Reporting requirements will ensure transparency, accountability, and equitable access, addressing unrelieved suffering and promoting dignity at the end of life.

Clause 49 - Monitoring by Commissioner:

Wales Humanists supports Welsh Ministers referring matters to the Commissioner and consultation with the Chief Medical Officer to ensure the needs of the Welsh population are represented. Publishing and responding to the Commissioner's annual report promotes transparency, accountability, and strengthens devolution.

Clause 51 - Provision of Information in English and Welsh:

Wales Humanists believes that services and documents should be provided in a person's first language or preferred language to guarantee informed consent and equal access. Senedd approval for language related regulations is appropriate and aligns with devolved language policy.

Clause 54 - Regulations:

Wales Humanists supports the proposed procedure for regulations with Senedd oversight to ensure consistency, ethical standards, and integration within the Welsh health system. Expedited preparation, public consultation, and coordination with the UK Government are recommended to prevent delays, reduce unnecessary burdens, and avoid inequities with England.

Clause 58 - Commencement:

Allowing Welsh Ministers to decide commencement dates, with Senedd approval, ensures readiness, workforce training, public awareness, referral pathways, and provision of Welsh language materials. Coordination with the UK Government is advised to avoid confusion from differing start dates and to ensure safe and equitable implementation.

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