1. Did you know that the Terminally Ill Adults (End of Life) Bill isn't government policy, but a Private Members' Bill?

This means it wasn't introduced by the government or drafted by a team of civil servants. Unlike government bills, which are developed by departmental lawyers, policy experts, and the Office of the Parliamentary Counsel, Private Members' Bills are usually prepared by MPs or Peers who are not ministers, often with input from external lawyers, campaigners, or think tanks. That means it may not have undergone the same level of legal and policy scrutiny.

2. Did you know that the current Terminally Ill Adults (End of Life) Bill is about assisted suicide and not pain relief at the end of life?

The Bill is not about improving palliative care or access to good end-of-life support. It's about legalising assisted suicide, which would allow doctors to give terminally ill patients lethal drugs to end their own life. This is very different from helping someone manage pain or distress in their final days.

3. Did you know that under the current Terminally Ill Adults (End of Life) Bill, the person must take the drugs themselves?

And depending on what the government chooses, this could mean crushing dozens of pills, mixing them with a liquid, and drinking it all, with no guarantee that it works quickly or effectively. Some countries report patients experiencing side-effects in the process which include seizures and vomiting. Some individuals take several days to die, making it anything but a peaceful death.

4. Shouldn't deaths involving assisted suicide by lethal drugs be investigated by a coroner?

Currently all medication-related deaths are referred to the coroner. However, the Terminally Ill Adults (End of Life) Bill would explicitly exclude these deaths from coroner's investigation, despite them clearly being unnatural even when there are concerns about possible coercion or duress.

5. Do we really want this in our NHS?

This Terminally Ill Adults (End of Life) Bill mandates the creation of free of charge "Voluntary Assisted Dying Services" in England and Wales, while palliative care is still not properly funded or available to many dying patients.

6. Did you know that there's no international agreement on what drugs should be used for assisted suicide?

Around the world, a wide variety of substances are used in assisted suicide. Some countries use anti-anxiety medications followed by large doses of painkillers or cardiac drugs; others use barbiturates or sedatives. There is no international consensus on the safest or most effective method, and outcomes can vary significantly, sometimes resulting in prolonged or distressing deaths.

7. Did you know that the drugs used in assisted suicide haven't been tested to modern pharmaceutical standards?

Unlike normal medicines, the safety and effectiveness of these lethal drug combinations haven't been rigorously assessed through clinical trials or approved by regulatory bodies like the MHRA or NICE. In fact, their use is often improvised, more like experimental practice than evidence-based prescribing. If any other medication had this level of uncertainty, we would demand proper trials before allowing it to enter our healthcare system.

8. Did you know there are no licensed drugs for assisted suicide in the UK or anywhere else?

No medication has ever been licensed specifically for assisted suicide. The UK government isn't planning to license one either. Instead, they would rely on drugs that are licensed for other purposes, like sedatives or heart medications, and use them off-label to end life. That means these drugs have not been properly assessed for safety or effectiveness when used for this purpose.

9. Did you know that there have been no proper clinical trials of assisted suicide drugs?

There are no robust clinical trials evaluating the safety, efficacy, or side effects of the drugs used to cause death in assisted suicide either in the UK or internationally. And yet the government plans to introduce assisted suicide without conducting any trials in the UK beforehand. Would we accept this lack of evidence for any other medical intervention?

10. Did you know that the government can bypass normal drug safety regulators for assisted suicide under the current Terminally Ill Adults (End of Life) Bill?

Under the current Bill, the government would choose the drugs used for assisted suicide without involving the MHRA (the UK's medicines safety regulator) or NICE (which issues clinical guidance). That means the substances used to end life wouldn't go through the usual process for testing safety or effectiveness, even though they're intended to cause death.

11. Did you know that it's still not clear what drugs would be used for assisted suicide in England and Wales?

The government hasn't said which drugs would be used to end life, and unlike other areas of medicine, there's no international agreement on which drugs are best or safest for assisted suicide. Countries use very different substances, and outcomes vary. This level of uncertainty would never be accepted in any area of healthcare.

12. Did you know that the government has calculated how much money could be saved if people choose assisted suicide?

The official impact assessment for the Terminally Ill Adults (End of Life) Bill includes a cost-saving analysis, estimating how much money could be saved if a certain number of people end their lives this way.

13. Did you know that most hospice palliative care in England is funded by charities, not the NHS?

Despite being essential, the majority of funding for hospice care comes from charitable donations not public health budgets. Access to community and end-of-life care varies greatly depending on where you live. Not everyone has access to good quality palliative care. Shouldn't we fix that first, before introducing assisted suicide?

14. Did you know that assisted suicide could be available on the NHS before everyone has access to good palliative care?

There's a real risk that legalised assisted suicide will be rolled out nationally, within the NHS before there's widespread access to good quality community or hospice-based end-of-life care. Shouldn't widespread access to good palliative care be available before being offered lethal drugs to end my own life?

15. Did you know that there are novel promising treatments for end-of-life distress, like psychedelic-assisted therapy, that aren't even being explored in the UK?

Drugs like psilocybin have shown encouraging results in clinical trials for reducing anxiety, depression, and existential distress in terminal illness. However, further development of these therapies remains hindered by outdated drug laws. Instead of exploring these options, the UK is debating whether to offer lethal drugs first.

16. Did you know that the Royal College of Psychiatrists does not support the Terminally Ill Adults (End of Life) Bill in its current form?

The UK's leading psychiatric body has raised serious concerns about the Bill, including its implications for individuals with mental illness and the challenges of assessing mental capacity in terminal illness. When even psychiatrists are not confident that the process is safe, shouldn't the proposed Bill be reconsidered?

17. Did you know that psychiatrists may not be the right specialists to assess decision-making capacity for assisted suicide?

Psychiatrists are trained to assess capacity in the context of mental illness, not necessarily in cases of terminal illness where existential, physical, social, emotional, and cognitive factors interact in complex ways. Yet under this Bill, they could be called on to make life-or-death judgments outside their usual scope of expertise or practice.

18. Did you know that the Mental Capacity Act wasn't designed for assessing decisions about assisted suicide?

The Terminally Ill Adults (End of Life) Bill relies on the Mental Capacity Act to decide whether someone is capable of choosing to end their life, but this law wasn't designed with that purpose in mind. International research shows that people near the end of life may have subtle impairments in decision-making ability that standard interviews often miss. Shouldn't we require a higher standard of assessment when the outcome is irreversible – when the outcome is death?

19. Did you know that assisted suicide doesn't have to be part of the healthcare system?

In countries like Switzerland, assisted suicide is available but sits largely outside healthcare and is often delivered by non-medical not-for-profit organisations. With the current Bill there is a high chance that it will be embedded within the NHS. That could change how it's perceived, how it's accessed and how many people choose it.

20. Did you know that in some countries, assisted suicide laws have expanded far beyond terminal illness?

In Canada and the Netherlands, people can choose to end their life solely for mental health conditions including depression, learning disabilities, and autism. And in the Netherlands, children as young as 12 can legally request to die. Is this the direction we want to go in?

21. Did you know that drugs used in palliative care have far stronger scientific evidence behind them than those used in assisted suicide?

Medications for pain relief, breathlessness, and anxiety at the end of life are backed by decades of research, clinical guidelines, and ongoing quality improvement. In contrast, the drugs proposed for assisted suicide have little to no formal evidence for their safety or effectiveness, and no standardised international protocols.