

Terminally Ill Adults (End of Life) Bill: Call for evidence

Submission from the Presbyterian Church in Ireland

February 2025

Summary

1. Our Submission provides a brief overview of the Presbyterian Church in Ireland, outlines our key concerns with the proposed Bill, the use of a private members bill to introduce such a significant change and highlights the need to enhance the delivery of end-of-life care.

Introduction

2. The Presbyterian Church in Ireland (PCI) has over 190,000 members belonging to over 500 congregations across 19 Presbyteries throughout Ireland, north and south. The Council for Public Affairs is authorised by the General Assembly of the Presbyterian Church in Ireland to speak on behalf of PCI on matters of public policy. The Assisted Suicide and Euthanasia Task Group was established in response to the proposed legislative change on assisted dying in GB and the Republic of Ireland. Membership of the Task Group includes medical professionals who work in the field of palliative care and their experience has informed this response.
3. PCI through its Council for Social Witness (CSW) provides services that meet the World Health Organisation's (WHO) description of palliative care through care homes for older people (residential and nursing). The CSW operates two residential homes for people with disabilities in NI, supporting people with life-limiting conditions. Additionally, PCI has five residential homes which cater for older adults and one nursing home providing care to those in the later days of their lives.
4. As part of the mission and ministry of the PCI there are 27 Chaplains working in hospitals across Ireland providing spiritual guidance and pastoral care to both patients and their families.
5. As an all-island denomination PCI have consistently opposed the introduction of legislation that allows for assisted suicide/euthanasia in either jurisdiction. We have a clearly stated and settled position on this matter based on our understanding of what the Scriptures teach and our confessional standards i.e., that all life is a precious gift from God, with which we cannot do as we feel fit.

Insufficient Safeguards

6. When considering the specifics of the Bill at PCI we are concerned that the Bill does not contain the safeguards necessary to ensure that vulnerable members of society including the terminally ill; the elderly; or those suffering from a chronic illness will be given adequate protection.

7. Timescale: The proposed Bill allows 3 weeks from requesting assisted suicide to the process being completed, this is a very short time frame and we are concerned that it fails to allow sufficient time for the necessary due diligence.
8. The Bill assumes that doctors have the ability to predict when a patient has six months or less to live. However, accurate prognostication is notoriously unreliable and professionals working in many medical disciplines, including oncology and geriatrics, have expressed grave concerns in this regard.
9. We are deeply concerned that the Bill may allow for abuse and exploitation of the sick and elderly people, as the proposed changes place so much weight on the determinations of doctors and judges. Additionally, the Bill fails to outline how pressure and coercion may be identified.
10. The British Geriatric Society have also raised concerns about the lack of safeguards within the proposed Bill stating, '[w]e have significant concerns about the lack of effective legal safeguards that would protect older people from unwarranted harm. The current language in the bill does not protect older people, especially considering the link between frailty and feeling a burden on others.'¹

Use of a Private Members Bill

11. At PCI we are deeply concerned about the choice of a Private Members Bill (PMB) to drive such significant legislative change. We believe that this Bill would have benefited significantly from more pre-legislative stages, this would have enhanced the quality of the debate and allowed Parliamentarians to systematically review the facts delivered by commissioned academics. Additionally, the nature of PMBs means that the proposer has an unduly large influence on the make-up of the Committee scrutinising the Bill.²
12. Additionally, we are concerned that the use of a PMB may result in a failure to ensure that all those impacted by any legislative change will have the opportunity to give evidence, as the BSG have stated, "*there is too much at stake to rush through a Bill of this magnitude without detailed scrutiny of its complexities and input from those who will be most affected.*"³

Current State of Palliative Care Services

13. There is a clear lack of understanding among both the public and healthcare workers about what constitutes good end of life care in all its aspects. This was evidenced during the Westminster debate on the proposed changes to the law on assisted in November 2024, where many MPs seemed to regard Palliative Care Medicine as 'handholding with morphine.' Additionally, there is a common misconception that palliative care inpatient

¹ [The BGS pushes to provide oral evidence to Assisted Dying committee \(31 January 2025\)](#)

² [Using a private member's bill to legislate on assisted dying lacks the necessary preparation for an informed debate \(BMJ 2025\)](#)

³ [The BGS pushes to provide oral evidence to Assisted Dying committee \(31 January 2025\)](#)

units are places where a person's life is deliberately shortened. This is factually incorrect with evidence showing that palliative care often inadvertently extends life, and can improve quality of life.

14. In the UK, it is estimated that 90% of those who die would have benefitted from better palliative care, meaning that it was required by over 600,000 people each year require this provision of care, a figure that is likely to increase with an ageing population.⁴ The demand for palliative care in England and Wales is expected to increase to as much as 47% with the total cost of hospice provision to meet this demand estimated at £947 million per year over the next 10 years in order to meet this demand.⁵
15. Access to Palliative Care is not equally accessible to everyone in the UK and has been described by some as a 'postcode lottery'. With recent data suggesting that services are patchy, in rural or deprived areas.⁶
16. This funding model is unsustainable, insufficient and inequitable. It fails to provide financial stability and prevents hospices from maintaining services, retaining skilled staff, and fostering innovation. It also forces unnecessary competition for limited funds, fragmenting care and hindering collaboration. Without multi-year budgets, long-term planning and meaningful service development are impossible, leaving clinical needs unmet and communities underserved.
17. There is a need to ensure stability of long-term funding to allow planning service developments, and alignment of resources with community profiles to ensure best distribution of resources. This will also enable enduring partnerships with other regional care providers. Additionally, hospices are adversely and disproportionately affected by the increased national insurance contributions announced in the 2024 autumn budget.

Conclusion

18. At PCI we believe it would be impossible to legislate well for assisted suicide/euthanasia given the complexities involved. Additionally, we have deep concerns about good quality delivery of such services once we cross this rubicon, and that this Bill will have a negative impact on the provision of good end of life care across the board.
19. We also believe that legal safeguards would not ensure the safety of the most vulnerable in society should there be a change to the law. Furthermore, we believe that governments should prioritise investment in and provision of the best possible palliative care in the UK and Ireland.
20. Finally, we would like to thank all of the MPs who spoke out opposing this Bill during its Second Reading, and also those who spoke in favour of protecting the vulnerable members of society.

⁴ [University of Birmingham, 'Five Palliative Care priorities that need to be fixed in 2025 for assisted dying to work.' \(7 January 2025\)](#)

⁵ Ibid.

⁶ Ibid.