Senedd Member Briefing | February 2026
The Terminally Ill Adults (End of Life) Bill

Introduction

The Royal College of Psychiatrists is the professional medical body for psychiatrists, supporting them from training through to retirement and promoting high standards in psychiatric practice. Psychiatrists are medically qualified doctors with specialist expertise in the mental and physical aspects of psychological and behavioural disorders. They assess, treat and support people with mental illness, intellectual disabilities, neurodevelopmental conditions and neuropsychiatric disorders.

This briefing sets out the position of the Royal College of Psychiatrists on the Terminally Ill Adults (End of Life) Bill. It reflects extensive consideration by an internal expert working group, engagement with members, and discussions with parliamentarians and professional colleagues in other jurisdictions.

The information below sets out our concerns in relation to the latest official version of the Bill – HL Bill 112, as brought from the House of Commons. We are aware that amendments have been, and may still be, tabled or agreed during its passage through the House of Lords. However, as it is not yet clear what the next consolidated version of the Bill will contain, this briefing addresses the provisions as they currently stand.

College Position

Our members hold a wide range of views on assisted dying/assisted suicide (AD/AS). However, in May 2025 the College reached a consensus that it could not support the Bill in its current form. Our engagement on the Bill has been, and continues to be, focused on how the Bill could be improved to make it safer for our patients and more aligned with the role and core duties of psychiatrists.

We recognise that this is a matter of conscience and thus do not seek to direct how Senedd Members should vote. Our aim is to provide evidence-based clinical insight to support their deliberations, particularly where the Bill does not align with established principles of mental health assessment.

Our concerns fall under nine specific areas.

1. **The Mental Capacity Act (MCA) was not designed to assess decisions about ending one's own life:** The MCA was created to support and protect people who lack capacity to make decisions about their care, treatment or finances. It provides a framework for professionals to act in a person's best interests where capacity is impaired. However, it was not designed to assess whether someone has the capacity to decide to end their own life. Some of its core principles – such as the presumption of capacity and the use of 'best-interests' decisions – may not translate clearly to this context. It is also unclear how the MCA would operate alongside the Mental Health Act, or how psychiatrists could discharge their duties under both laws when assessing a request for AD/AS. We therefore believe the use of the MCA for these decisions should be formally reviewed, including how it interacts with the Mental Health Act.

2. **It is unclear how clinicians can balance their duty to prevent suicide with the provisions of the Bill:** There is substantial overlap between people who are terminally ill and those at risk of suicide or self-harm; in practice, these groups cannot be neatly separated. If the Bill becomes law, it must set out clearly how clinicians are expected to reconcile their existing legal and professional duty to prevent suicide with any new role in AD/AS. At present, it is unclear when a clinician would be considered to have met that duty of care.

3. **There is no requirement in the Bill to assess unmet needs that may drive a request to die:** A person's wish to die can be shaped by treatable or preventable factors, such as mental illness, unmanaged pain, financial hardship, or inadequate care, support or housing. The Bill does not require a structured assessment of these unmet needs, nor does it require consultation with others involved in the person's care or support. We believe the Bill should require a holistic assessment of each applicant to ensure that treatable needs and safeguarding concerns are properly identified and addressed.

4. **The Bill does not clarify whether AD/AS is a treatment option:** The Bill does not state whether AD/AS should be regarded as a medical treatment. If it were interpreted as such, psychiatrists and other clinicians could be expected to discuss or even recommend it alongside other interventions. This could damage therapeutic relationships and create professional and legal risks where clinicians do not raise it. We believe the Bill should make explicit that AD/AS is not a treatment option.

5. **The psychiatrist's role on the multidisciplinary panel is unclear:** If the Bill proceeds, any role for psychiatrists in the AD/AS process should align with their core clinical duties – including assessing whether a person's wish to die may be influenced by treatable mental health needs. Under the current proposals, a psychiatrist would be the only medical professional on the panel, alongside a legal member and a social worker. The panel must be satisfied that the applicant is terminally ill, yet determining terminal illness lies outside the usual expertise and competencies of psychiatry. The Bill should therefore clarify the psychiatrist's role and ensure it is clinically appropriate.

6. **There are not enough consultant psychiatrists to do what the Bill asks:** Mental health services are already under significant pressure, with rising demand and workforce shortages. As things stand, simply do not have the resource required to meet a new range of demands. We welcome that the Bill has been amended to require the provision of information in both English and Welsh. However, the shortage of Welsh-speaking psychiatrists remains a concern, as does ensuring appropriate provision for people whose first language is neither Welsh nor English. There therefore needs to be fuller consideration of the Bill's workforce implications.

7. **Conscientious objection protections do not go far enough:** We welcome that the Bill no longer requires clinicians who object to AD/AS to refer a patient to another practitioner. However, it still requires them to signpost patients to information about AD/AS. For some psychiatrists, this would still amount to participating in the process and could conflict with their professional or ethical position. The Bill should ensure that conscientious objection protections are clear and workable in practice.

8. **Clear professional standards, training and oversight need to be put in place:** Any professional involved in AD/AS assessments would need appropriate experience, training and independent oversight. This would require clear arrangements for

regulation, supervision and appraisal. In psychiatry, we believe this should include a new central, opt-in register of psychiatrists who are trained, eligible and willing to undertake these assessments. The Bill should make provision for these safeguards to ensure consistent and safe practice.

9. **The Bill does not clearly exclude eligibility for AD/AS based on the physical effects of mental disorder:** The Bill does not explicitly rule out eligibility where a person's terminal condition results from a mental disorder. This could mean, for example, that someone whose life is threatened by the physical effects of a condition such as severe anorexia nervosa might be considered eligible. In such cases, the underlying driver is the mental disorder itself (e.g., an extreme fear of weight gain) rather than a settled, voluntary wish to die. We believe the Bill should make clear that eligibility cannot arise solely from the physical consequences of mental disorder.

Senedd Scrutiny

RCPsych Wales welcomes the reports published by the Health and Social Care Committee and the Legislation, Justice and Constitution Committee on the Legislative Consent Memoranda laid to date, and acknowledges the detailed scrutiny undertaken. We are pleased to endorse all the conclusions and recommendations made.

We note that the Welsh Government has refused to disclose how it decided which parts of the Bill require legislative consent, citing legal professional privilege. Given the significance of the issue, we agree with Senedd Committees that the Welsh Government should explain its decisions publicly, particularly as health is largely devolved and the core provisions of the Bill will be delivered in medical settings.

Influencing at Westminster

The College continues to press for changes to the Bill, particularly focusing on stronger mental health safeguards and improved protections for vulnerable people.

Most recently, we shared a briefing with Members of the House of Lords ahead of Committee Stage. The briefing comprises two sections: the first outlines key mental health principles that should underpin any AD/AS legislation in the UK; the second highlights areas of the Bill that conflict with or fail to reflect these principles, offering recommendations for improvement.

Further information regarding our work on AD/AS is available here.

Contact for Further Information

Dafydd Huw
Policy & Public Affairs Manager, RCPsych Wales
Dafydd.Huw@rcpsych.ac.uk