STATES OF JERSEY

PROPOSED BUDGET (GOVERNMENT PLAN) 2026-2029 (P.70/2025): TWENTY-EIGHTH AMENDMENT (P.70/2025 AMD.(28)) – COMMENTS

Presented to the States on 4th December 2025
by the Council of Ministers

STATES GREFFE

COMMENTS

The Council of Ministers rejects this amendment.

Amendment 28 proposes, in summary, that funding allocated in the Government Plan to enable establishment and delivery of the Jersey Assisted Dying Service (in the event the Assembly votes in favour of P65/2025) is reallocated to palliative care services, expending respite provision and direct support for carers.

Re-allocation would require the Assisted Dying Service to be funded via:

- HCJ's existing resources, or
- a user pays model.

HCJ's existing resources

Funding the Jersey Assisted Dying Service from within the existing healthcare budget would be at the expense of other service provision, which would have the opposite effect of what Amendment 28 seeks to achieve which is additional investment in a range of other services. It would also contradict P18/2024, as adopted by the Assembly, which explicitly stated that funding for the Assisted Dying Service would need to be provided in a future Government Plan, as opposed to being met from within existing budgets

User pays

Funding via a user pays model, which it is understood from Amendment 28 is the preferred funding route, is contrary to all previous decisions of the Assembly. This includes:

- *P95/2021*: in November 2021, the Assembly agreed 'in principle' that Assisted Dying should be permitted in Jersey with the service being free at the point of access.

  Providing an Assisted Dying Service that is free at the point of access ensures equality of access and helps ensure that Islanders, who wish to have an assisted death, do so in Jersey where they are protected by a law that provides multiple stringent safeguards and is actively designed to ensure that people are not subject to coercion. This cannot be said of legislation in Switzerland, for example, which is currently the jurisdiction where a Jersey resident would be mostly like to seek assisted dying.

- *P18/2024*: in May 2024 this Assembly decided to progress the development of an Assisted Dying Law and agreed that the Assisted Dying Service should be free at the point of access. P18/2024, as adopted by the Assembly, explicitly set out the extent of investment required to deliver the Assisted Dying Service, and stated the funding would need to be provided in a future Government Plan, as opposed to being met from within existing budgets.

Furthermore, the *Assisted Dying Ethical review* endorsed the proposal that the Assisted Dying Service would be free at the point of access, as did most of the people who responded to the Assisted Dying consultation in October 2022 (when excluding people who were opposed to Assisted Dying on principle). Respondents to the consultations included the public, health professionals and key stakeholder organisations such as UK

regulatory bodies. The *Assisted Dying Ethical review* was commissioned by Deputy Wilson

NOTE TO ASSISTED DYING COSTS

Estimated costs
The assisted dying costs set out in P65/2025, as provided for in the Government Plan, are based on best estimates but, given that assisted dying is a new service, there is an inevitable degree of uncertainty as to their accuracy. The budget errs on the higher end of estimates and will be recast once the Service has been begun operating and the actual costs are better understood. Hence, the Assisted Dying allocation is in Reserves and not within Health and Care Jersey's head of expenditure.

UK impact assessment
The UK Government's impact assessment for the proposed UK Terminally Ill Adults Bill sets out information related assisted dying in the UK. That impact assessment notes an anticipated net saving associated with the provision of assisted dying in the UK. Jersey has not undertaken a similar analysis as the impetus for assisted dying on Island is driven by the principle of providing choice to Islanders who, at the end of life, want more control over their death – i.e., it is explicitly not a decision about cost.

Proposed reallocation to palliative care services, expanding respite provision and direct support for carers

Amendment 28 calls for the assisted dying growth to be reallocated to palliative care services, expanding respite provision and direct support for carers but does not provide sufficient information or evidence of need to support informed decision-making:

- Palliative care - the States Assembly previously agreed £3 million annual additional investment in palliative and end-of-life care services via the 2023 Government Plan, with this investment actively supporting improvements to the quality and availability of end-of-life care as clearly evidenced in the addendum to P65/2025.[1] The 2023 funding uplift was a direct result of the anticipated introduction of assisted dying in Jersey.

  P73/2025, which will be debated in January 2026, asks the Assembly to agree that the Minister should bring forward an end-of-life care law which will place a statutory duty on the Minister to ensure the continued provision of end-of-life care services.

- Respite care / support for carers– the Council of Ministers acknowledge the value and importance of respite care and support for carers, however, these terms can cover a wide range of provision, for a wide range of service users. The report accompanying Amendment 28 does not specify the type of respite care / support that would be facilitated through investment of the reallocated nor intended recipients. Furthermore, there is no needs analysis or consideration of existing provision of respite care.

[1] P-65-2025-Add-(2).pdf

Conclusion
Ministers urge Members to reject this amendment on the basis that:

- it is contrary to previous decisions made by this Assembly and creates potential significant risks and uncertainties for Islanders in relation to their access to assisted dying
- it lacks clarity as to how the reallocated funds would be deployed, or the outcomes that would be achieved, particularly in light of the £3m annual additional investment in palliative care – which was a direct result of emerging assisted dying proposals