STATEMENT TO BE MADE BY
THE CHAIR OF THE ASSISTED DYING REVIEW PANEL
ON TUESDAY 24th FEBRUARY 2026

Assisted Dying Review

I am grateful for the opportunity to present the findings of the Assisted Dying Review Panel on the Draft Assisted Dying (Jersey) Law 202– (P.65/2025). This has been one of the most complex and ethically sensitive reviews undertaken by a Scrutiny Panel in recent years. Our task has been to examine whether the detailed legislation now before Members gives full effect to the principles adopted through P.18/2024: dignity, informed choice, voluntariness, safeguarding, equality and ethical integrity.

Following a robust appointment process, the Panel appointed three expert advisers—Professors Suzanne Ost and Nancy Preston and Dr. Alexandra Mullock—to provide specialist legal, medical and academic insight on the draft legislation. Between them, their experience spans end-of-life law and ethics, medical law and bioethics, and supportive and palliative care, and the Panel is extremely grateful for their invaluable input.

Over the past months the Panel has reviewed extensive evidence: written submissions, expert adviser reports, international comparators, public hearings and engagement with a wide range of stakeholders including healthcare bodies, charities, disability organisations, financial experts and members of the public. I wish to place on record my thanks to all who contributed, to the Minister and his team, and to the Panel's officers.

Overview of the Panel's Findings
The Panel recognises the significant work undertaken by the Government to design a carefully structured assisted dying framework. We welcome many of the safeguards included in the draft law: mandatory training, repeated assessments of voluntariness, coercion offences, the ability for individuals to pause the process, and clear transparency obligations. Taken together, these provisions demonstrate a genuine commitment to safety and ethical integrity.

Members should also be aware that the Panel has identified a number of areas which must be further strengthened around the safety, ethical integrity and long-term sustainability of the assisted dying framework.

Across the evidence, several themes emerged consistently:

- Coercion is hugely impactful and usually very well hidden - it can be subtle, relational or internalised, and cannot be reliably detected by medical practitioners alone.
- Decision-making capacity in assisted dying is uniquely complex, particularly near the end of life where cognition may fluctuate.
- The proposed waiver of future capacity raises practical and ethical challenges, including the risk of misinterpreting distress, ambiguous gestures or a change of mind.
- Administration of assisted dying carries different safeguarding profiles. International experience tells us that practitioner administration quickly becomes the dominant pathway, even where self-administration is also offered.

- Training and guidance remain insufficiently detailed and must be significantly developed prior to implementation.
- Public awareness is critical, especially for minoritised or digitally excluded groups, but must be managed carefully to avoid any perception of promotion.
- The financial model is indicative only. The Panel found gaps in the assumptions underpinning costs and risks relating to long-term sustainability.

Panel Amendments
Based on our findings, the Panel lodged several targeted amendments intended to strengthen the safety and clarity of the Draft Law. I will summarise these briefly for Members:

The Minister is not accepting 2 of our 7 lodged amendments. These are:

1. **Administration – self-administration-first model (Third Amendment)**

   The Panel proposes restricting practitioner administration to cases where a person is physically unable to self-administer. This model potentially offers stronger safeguards and aligns with international concerns that practitioner administration becomes the default unless restricted.

2. **Removal of third-party appeals (Fourth Amendment)**

   The Panel recommends removing appeals by persons with a "special interest" against positive eligibility decisions. We found this could create avenues for undue influence or family pressure at a vulnerable moment.

The Minister has accepted the remaining 5 amendments:

3. **Coercion offences – strengthening legal protections (Fifth Amendment)**

   We propose amending the coercion offences to ensure clarity and proportionality, including differing penalties for the 2 offences of coercing someone not to access this service, and the more serious offence of coercing someone *into having* an assisted death.

4. **Public information in GP practices (Sixth Amendment)**

   We propose restricting written assisted dying information in GP surgeries unless a health professional is physically present. Evidence showed this environment requires heightened sensitivity.

5. **Training and guidance – enhanced statutory requirements (Seventh Amendment)**

   The Panel proposes strengthening statutory training to explicitly cover coercion detection, domestic abuse, financial exploitation, mental health, disability-specific risks and Article 78 compliance.

6. **Governance and oversight amendments (Eighth and Nineth Amendments)**

   These include requiring the annual assisted dying report to be formally presented to the Assembly, and a three-year statutory review requiring disability representation.

Key Areas Requiring Further Work
The Panel's report also draws Members' attention to several areas where amendments are not proposed, but where further guidance, consultation or research is needed:

- Establishing minimum experience requirements for Administering Practitioners.
- Clarifying how the waiver should operate when capacity fluctuates or when a person wishes to pause late in the process.
- Undertaking a further survey of practitioners to determine whether clinicians would be willing to act in cases involving a waiver.
- Conducting a full financial impact assessment with contingency provisions and clear transparency around governance costs.
- Ensuring multidisciplinary assessment becomes standard practice when assessing voluntariness, coercion and capacity.

Conclusion
The Panel recognises the significant work undertaken by the Government and the genuine intent to craft a careful and compassionate framework. However, robust scrutiny requires identifying where safeguards can and should be strengthened.

Our amendments and recommendations are aimed at ensuring that, if Jersey is to implement assisted dying, it does so with the highest possible levels of safety, clarity, transparency and public confidence.