STATES OF JERSEY

END OF LIFE CARE (P.73/2025): COMMENTS

Presented to the States on 16th January 2026
by the Assisted Dying Review Panel

STATES GREFFE

COMMENTS

Background

On 1st October 2025, the Minister for Health and Social Services (hereafter "the Minister") lodged the End-of-Life Care proposition (P.73/2025)[1] (hereafter "the proposition"). The proposition focuses specifically on end-of-life care, defined as palliative care provided during the final 12 months of life. It does not address broader palliative care services that may be delivered earlier in the course of a life-limiting illness. This targeted scope reflects the decision of the States Assembly during the debate on P.18/2024[2], in which it was agreed that assisted dying should only be available to individuals who are at the end of life.

During its 2024 Review, the Assisted Dying Review Panel (hereafter "the Panel") made several recommendations to the Minister, including that the Minister should:

- publish a plan demonstrating the quality and availability of palliative and end-of-life care in Jersey no later than two months before the assisted dying legislation is scheduled to be debated by the States Assembly.
- confirm the timeline for developing a Palliative and End-of-Life Care Strategy beyond 2026, also no later than two months before the assisted dying legislation is scheduled for debate.

P.18/2024[3] establishes the principle that individuals considering an assisted death should be able to make a genuine choice. This means no person should choose an assisted death because they cannot access, or believe they cannot access, high-quality end-of-life care. To support this principle, the draft assisted dying law (P.65/2025[4]) proposes that the Minister bring forward a new end-of-life care law for approval by the States Assembly before the assisted dying law, if adopted, comes into full effect. This reflects the commitment in P.65/2025[5] to ensure end-of-life care provision is in place alongside any future assisted dying framework.

The proposed end-of-life care law will introduce a statutory duty on the Minister to ensure the provision of end-of-life care in Jersey. This duty is intended to act as a legislative counterbalance to the draft assisted dying law (P.65/2025), which would place a similar obligation on the Minister to make provision for assisted dying. By establishing this duty, the Minister will be required to maintain and develop access to good-quality end-of-life care for all Jersey residents.

The Minister has lodged the end-of-life care proposition (P.73/2025[6]) separately from the assisted dying law proposition (P.65/2025[7]), as it is believed that addressing both matters within a single proposition would present procedural difficulties for the Assembly.

Subject to public and professional consultation, the proposed end-of-life care law would impose a statutory duty on the Minister to ensure provision of care for people likely to

[1] States Assembly | P.73/2025
[2] States Assembly | P.18/2024
[3] States Assembly | P.18/2024
[4] States Assembly | P.65/2025
[5] States Assembly | P.65/2025
[6] States Assembly | P.73/2025
[7] States Assembly | P.65/2025

die within one year. This duty would apply to all individuals (adults and children) who are entitled to access services provided by the Minister, not only to individuals who may request an assisted death.

The proposed legislation includes provisions to:

- Place a duty on the Minister to arrange, or ensure arrangements are in place for, identifying individuals approaching the end of life and assessing their care needs.
- Require the Minister to provide, or arrange for the provision of, appropriate care for people nearing the end of life, whether at home or in a care setting such as a hospital, hospice, or care home, regardless of whether the facility is operated by the Minister.
- Define the types of care to be delivered, or empower the Minister to specify these by Order.
- Establish the standards of care to be met, or enable the Minister to determine those standards by Order.
- Specify who is eligible to receive services, or empower the Minister to do so by Order. This may include:
    - Individuals approaching the end of life;
    - Their family members and friends;
    - Health and care professionals involved in their care.
- Address any other matters the Assembly considers necessary for the provision of care to people at the end of life.
- Specify whom the Minister must or may consult before making any Orders under the law.

The draft end-of-life care law allows the Minister to set out, by Order, the types and standards of care to be provided. This flexibility recognises that such requirements may need to evolve in line with medical advances and changes in professional practice.
The proposition has been lodged in response to the Panel's recommendations and the directions set out in P.18/2024. The Panel wishes to thank the Minister and his team for progressing this work.

Panel Observations

The Panel has examined the proposition in detail and welcomes its lodging, noting that the level of detail and commitment to End-of-Life care is comprehensive. The Panel shared the proposition with its expert advisers for context as part of their work on the Assisted Dying legislation, who did not raise any significant concerns at this stage.

Given the nature of the subject matter and with Members holding differing personal views on the legislation, the Panel has not sought to form a collective final position in support or otherwise of the legislation. The intention of these Comments is, therefore, to provide reassurance to the States that the Panel has undertaken its role in scrutinising this important legislation, and to build on the information available to Members to help inform the forthcoming debate and decision making. The Panel sets out below a number of key areas considered in the course of its work.

Palliative and End -of-Life Care

The Panel asked a number of questions during its Public Hearing[8] with the Minister relating to the proposition. The Panel set out to enquire about the rationale to limit the duty to end-of-life care, rather than encompassing both palliative and end-of-life care. The Panel was informed that during the debate on P.18/2024[9], the States Assembly made the decision that assisted dying should be available to people who are at the end of their life and terminally ill. The Assembly rejected the proposal to include people who were experiencing unbearable suffering but were not terminally ill. The Panel further heard that:

Director of Health Policy:
"*People who are experiencing unbearable suffering but are not terminally ill are likely to be people who are users of palliative care services rather than specifically end-of-life care services. The proposed new duty to provide end-of-life care directly tracks the States Assembly's decision-making on the boundaries of the Assisted Dying Law. It is appropriate in the sense that attracts that*."

In addition, the Panel understood that palliative care for those who are not end-of-life is a health services role, focusing on the care that they need to be able to live well. The Panel noted during the Hearing that the Minister is responsible for treatments in care and health services however, there is no legal duty to provide this. The Panel learnt that Officers felt it was "*unfair*" to provide a legal duty on the Minister to provide one health care service such as palliative care and not provide this for other services such as cancer treatment.

The Panel further considered if there were to be an extension to the Assisted Dying Law, including those who experienced unbearable suffering but not at end-of-life, would there be a requirement to extend the statutory duty to palliative care?:

Director of Health Policy:
"*Obviously a decision for the Assembly and the Minister at the time but I think, yes, absolutely that would need to be the case*."

Care Services

The Panel sought assurance that the proposition would provide equitable access to high-quality services across all care settings, including at home, residential care, in the hospice and hospital:

Director of Health Policy:
"*Obviously we have got to develop, in consultation with key stakeholders, the provisions of the end-of-life care law, but I think that on a very high level what we would see that law… saying that when a person is in their last 12 months of life or it is believed that they are in their last 12 months of life, there will be a duty on the Minister to make sure that that person's end-of-life care needs are assessed and that that person's end-of-life care needs are met and that will be for all people…the detail of how those needs are met and where they are met will be subject to consultation, but I think if you look at the work…in terms of the End-of-Life Care Partnership and the End-of-Life Care Strategy,*

[8] 2025-11-19-Transcript-MHSS-(1).pdf

[99] States Assembly | P.18/2024

there is a clear commitment in Jersey to provide end-of-life care to people where people want to receive that end-of-life care. One of the things we know is that people at end-of-life almost invariably want to die at home and that is fundamental and hardwired into the work of that partnership group."

Monitoring and Review

The Panel set out to understand how the end-of-life care would be monitored and performance reviewed over time. The Panel was told that there was currently a mechanism whereby quarterly reports regarding the implementation of the strategy were carried out. It was further informed that quarterly meetings with service providers were held as well as the setting up of a partnership group which was wider than commissioned services and involved broader monitoring, spread out at different levels. The Panel understands that:

Chair, End-of-Life Care Partnership:
"*I think fundamentally the answer to the question is that is already in existence through those mechanisms that Jo describes in relation to how we are delivering on the End-of-Life Care Strategy. The feedback mechanism is there, and it is formalised and it is reported on regularly. I am confident that that mechanism is there and in place and fit for purpose currently*."

Appeals

The Panel wrote a follow up letter[10] to the Minister which set out a number of topics such as whether the Minister had considered whether a formal route for appeals or challenges from relatives regarding decisions made under the proposition where there may be disagreement about eligibility, care planning and access to services. The Panel was informed that:

"*P73/2025[11] asks the Assembly to agree, in-principle, that the Minister should be required by law to provide for end-of-life care in Jersey, and that a draft law should be developed to that effect. In the accompanying report to P73/2025, I set out a broad overview of some of the anticipated features of a draft law; and explain that it would be developed in consultation with the public and professional stakeholders. At this stage, there has not been full consideration of what decisions may be made under the proposed draft law (or consequently appeals or challenges to such decisions), however, if the Assembly votes to accept P73, I will commit to ensuring these matters form part of the consultation process*."

Assisted Dying Legislation

The Panel considered how the proposition would interact with the Assisted Dying Legislation, if adopted. The Panel asked the Minister in a follow up letter[12] to clarify this and ensure that no individual felt compelled to choose an assisted death due to inadequate access to palliative care. The Minister clarified that the proposition refers to

[10] MHSS-04-Dec-25-Assisted-Dying-Review-Panel.pdf

[11] States Assembly | P.73/2025

[1212] MHSS-04-Dec-25-Assisted-Dying-Review-Panel.pdf

the importance of "*real choice*" and that detailed development of the end-of-life care law would take place after an in-principle decision is made on the proposition. Furthermore:

"*…assisted dying proposals demonstrate a clear policy principle to ensure that no person should seek an assisted death on the basis they cannot, or believe they cannot, access high quality end-of-life care - and it is this principle of 'real choice' that helped shaped my commitment in the development of an end-of-life care law*".

The Minister further reiterated that the principle will safeguard through the provisions in the proposition, the work of the End-of-Life Care Partnership Group and the decision of the States Assembly to invest an additional £3m in end-of-life care. The Minister further informed the Panel that the Assisted Dying Legislation places a very clear duty on assessing doctors to ensure that, when an individual makes a requested for an assisted death, they are informed about the options for care and treatment that are available to them, and the likely outcomes, including options:

"*(i) that are end-of-life or otherwise palliative; or*
(ii) that the person may have previously discounted or discontinued i.e. in addition to the proposed end-of-life care law and the work of the End-of-Life Care Partnership providing for 'real choice', the draft assisted dying law works to ensure that individuals fully informed as to their choices."

The Panel was unable to reach a collective position primarily due to questions regarding the necessity and suitability of the legislative framework in this area. In particular, there are some reservations as to whether the objectives set out could be achieved more appropriately through targeted amendments to the existing assisted dying legislation, which may provide a more streamlined and less administratively complex mechanism.

Conclusion

The proposition represents an important step in establishing a statutory framework for the provision of end-of-life care in Jersey. By placing defined duties on the Minister for Health and Social Services, it seeks to ensure that all individuals approaching the end of life have access to appropriate, high-quality care. The proposal also aligns with commitments made during the Assisted Dying Review Panel's review process and reflects recommendations previously made by the Panel.

Questions remain, however, as to the choice made to structure the Assisted Dying and End of Life legislation in that way that has been chosen. Members of the Panel formed different views as to whether the approach set out represents the most suitable legislative mechanism, and whether the intended outcomes might be achieved more effectively through amendments to the existing assisted dying legislation, which could offer a more streamlined and less administratively complex route.