

Hospice UK briefing following Lords Second Reading of the Terminally Ill Adults (End of Life) Bill - 15 September 2025

On Friday 12th September, the Terminally Ill Adults (End of Life) Bill had its Second Reading in the House of Lords. This debate focused on the general principles of the Bill and the Lords' role in scrutinising it in the months ahead.

The Bill is sponsored in the Lords by Lord Charlie Falconer, mirroring Kim Leadbeater MP's role in the Commons. Around 90 peers contributed to Friday's debate, **which will continue this Friday 19th September.**

If the Bill progresses through its remaining stages, any change in the law is unlikely to be agreed before Spring 2026, followed by an implementation period of up to four years. Further detail on the process can be found in this explainer by the [Institute for Government](#).

Throughout the Bill's passage, we continue to highlight the need for fair funding for hospices and better access to palliative and end-of-life care as essential safeguards should the law on assisted dying change. We also continue to raise the importance of the impact on hospices being fully recognised, and for hospices to have the flexibility to determine their involvement with any change in the law on assisted dying.

We will continue to share updates with members via HLB. For more information, or if you have any questions, please email policy@hospiceuk.org.

Summary of the debate

The debate, like in the Commons, was impassioned and often emotional, with speeches both supporting and opposing the Bill. Several Peers expressed support in principle but highlighted the need for amendments to make the Bill safe and workable.

Funding and provision of care

- Several Peers raised concerns about underfunding of hospice, palliative, and end-of-life care. Lord Simon Stevens (former Chief Exec of NHS England) quoted Hospice UK's written evidence: *"Absent safeguards such as that, we should take very seriously the warning from Hospice UK: "The introduction of assisted dying, while palliative care is underfunded and inequitably delivered, as is currently the case, therefore brings evident and substantial risk"."*
- Peers opposed to the Bill argued that underfunding should be addressed before changing the law. Supporters said investing in palliative care should not delay the Bill.
- Personal experience with hospices was cited by a small number of Peers. Both from a professional perspective and as family members.

- Lord Bethell highlighted the need for the non-NHS sector to be considered throughout the Bill, noting current arrangements are "completely unstructured and left to civil servants and secondary legislation".

Access to, and limits of, palliative and end of life care

- Several Peers raised concerns that inadequate palliative care may push people toward assisted dying, citing research from King's College London showing over 100,000 people die annually without access to the care they would have benefited from.
- Lord Falconer and others noted the limitations of palliative care in certain circumstances.

Workforce and safeguards

- Some Peers felt the process for accessing assisted dying is overly complex. Lord Falconer acknowledged this, referencing Chris Whitty's warning against creating a "bureaucratic thicket," but emphasised the importance of robust safeguards.
- Workforce capacity, particularly the shortage of psychiatrists for assessment panels, was highlighted as a concern by several Peers.

Other issues raised

- Some Peers discussed broader societal implications, including perceptions of the value of life and risks for elderly people living in poverty. Baroness Ritchie of Downpatrick cited Marie Curie research showing that 90,000 people die in poverty each year.
- Concerns were raised about the number of delegated powers in the Bill, the absence of an operational framework, and the need for more detail in the Bill text. Lord Falconer indicated he plans to table amendments addressing these points, though made clear this won't include prescribing specifics such as the drugs to be used due to medical advancements.