

Briefing on the Assisted Dying for Terminally Ill Adults (Scotland) Bill - Stage 2 Amendments

30th October 2025

Current position of the Bill

The Health Committee will begin considering amendments to the Assisted Dying for Terminally Ill Adults (Scotland) Bill at their meeting on Tuesday 4th November. It is likely that amendments will be considered throughout their November meetings.

The deadline for MSPs to submit amendments was Wednesday 29th October. A total of 287 amendments have been submitted (some of them supporting amendments to another amendment of substance). Amendments have been [grouped into themes](#) for debate by the Health, Social Care and Sport Committee and it will be possible for MSPs to speak to the amendments they have put forward.

The Scottish Government has not put forward any amendment but is offering comments on other amendments to inform the Committee's considerations. The Cabinet Secretary for Health set this out in a letter [to the Health Committee](#) in mid-October. He recognised that the Stage 1 report raised a range of issues for the Scottish Government to consider but stated that the Scottish Government's neutrality on the Bill meant it would not be appropriate to comment on most of these issues.

The spreadsheet with government comments is being updated on a rolling basis with the expectation that all amendments will be commented on prior to consideration by the Committee. This is available on their website: [Non-government amendments: SG commentary](#)

In his letter, the Cabinet Secretary also stated that the Scottish Government remains deeply concerned about the financial implications of the Bill. It believes that the financial memorandum provided by Liam McArthur has significantly underestimated the costs associated with implementation.

On Thursday 30th October, the Parliament agreed a financial resolution in relation to this Bill. There was a short debate, and it is welcome that the challenges facing hospices and the need for more investment in palliative care were raised by MSPs. However, the Cabinet Secretary and several other MSPs who spoke made it clear that this was a procedural process to allow amendments to be considered at Stage 2. If the Parliament had not agreed to the financial resolution then any amendment that had a financial impact could not be voted on and would automatically fall.

Hospice UK's actions

Our priorities - our priorities in relation to this Bill have been to ensure that:

1. the impact of assisted dying legislation on the hospice sector is assessed and managed.
2. anyone considering an assisted death is making a fully informed choice and is aware the impact palliative care could have in managing complex symptoms.

Liam McArthur MSP - we have met with Liam McArthur several times over the past couple of years. Most recently these meetings have been focused on potential amendments to his Bill. There are two amendments put forward by Liam that relate to discussions we had with him:

- **Amendment 29** requires the assessing registered medical practitioner, as far as they considered appropriate, to explain and discuss "*hospice or other care available, including symptom management and psychological support*" rather than just "*any palliative or other care available*". We welcome this as it emphasises the positive impact of palliative care. However, the doctor carrying out the assessment still gets to decide whether to have this discussion. We don't believe the offer of a referral to, or even a discussion about, palliative care should be optional in the context of assessing a request for an assisted death.
- **Amendment 44** places a duty on Scottish Ministers to ensure information is made available to terminally ill adults, health and social care professionals and the general public. This follows concerns raised in our workshops with hospice staff, which we shared with Liam, about how to direct any enquiries about assisted dying. The policy memorandum that accompanied the bill suggested organisations such as Friends at the End could provide this kind of service, but we had concerns this may not be viewed as a neutral service. We raised with Liam that any information service should be a statutory responsibility.

Jackie Baillie MSP - Jackie Baillie has been very supportive of our work on hospice funding so we asked her to submit further amendments. The full text of these amendments is available at the end of this document but in summary these amendments ask for:

- An assessment of the impact on palliative and end of life care services of assisted dying being legalised
- The creation of a Code of Practice on how assisted dying would interact with hospices and other providers of palliative and end of life care
- A change to the assessment process, so that anyone requesting an assisted death must be offered a referral for a palliative care assessment
- The five year review set out in the original Bill to consider the impact of the Act on hospices and other providers of palliative and end of life care services.

We have also raised concerns and key asks with other relevant MSPs and worked with partner stakeholders to share information and co-ordinate action where possible. There are a significant number of amendments that relate to hospices, organisations (that would cover hospices) and palliative care as well as amendments covering areas such as eligibility, support for staff and conscientious objection.

Next steps

Once Stage 2 is complete and the Health Committee has finished its consideration of amendments, an updated version of the Bill will be published incorporating all of the agreed changes. At this point, we expect the Bill to move to Stage 3, where it will be possible for further amendments to the Bill to be considered by all MSPs. Once the Stage 2 process is complete, we will consider if we need to put any further amendments forward at Stage 3.

Once all amendments have been considered at Stage 3, the Parliament will then have a final vote on the Bill as amended to decide whether it becomes law. This Bill is under significant time pressure. The Parliament dissolves in March and if the Bill has not passed by then, it would need to start the process again. In addition to passing the Stage 3 vote, all issues relating to reserved matters also need to be agreed by the Scottish and UK Governments.

Detailed information relating to the Bill and parliamentary process is available on the [Parliament website](#).

Further background information

Information on assisted dying legislation across the British Isles and links to all previous briefings and webinars are available on our members' hub: [Assisted dying: information for members | Hospice UK](#)

Our most recent briefing on the Scottish bill is available here: [Hospice UK Briefing on Stage 1 Vote - Assisted Dying.pdf](#) and a recording of our most recent webinar is also available: [Assisted Dying Legislation Scottish Parliament Big Conversation - YouTube](#)

Amendments submitted on our behalf by Jackie Baillie - full text

Amendment 54

After section 22 insert—

<Assessment of likely impact of Act on palliative and end of life care services

- (1) The Scottish Ministers must, as soon as reasonably practicable after Royal Assent, carry out an assessment of the likely impact of the provisions of this Act on hospices and providers of palliative and end of life care services.
- (2) An assessment carried out under subsection (1) must, in particular, consider the likely impact on—
 - (a) the staffing of hospices and palliative and end of life care services, including the training and support that will be required,
 - (b) the operation of existing palliative and end of life care services, including those provided by non-statutory providers,
 - (c) existing funding streams for palliative and end of life care services,
 - (d) the regulation and scrutiny of palliative and end of life care.
- (3) The Scottish Ministers must publish a report on the assessment carried out under subsection (1).>

Amendment 55

After section 22, insert—

<Code of practice on interaction with palliative and end of life care services

- (1) The Scottish Ministers must, as soon as reasonably practicable after publishing a report under section (*Assessment of likely impact of Act on palliative and end of life care services*)
- (3), prepare a code of practice making provision about the interaction between assistance

provided in accordance with this Act and support provided by hospices and providers of palliative and end of life care.

(2) A code of practice prepared under subsection (1) must, in particular, make provision about—

- (a) the provision of guidance, training and support to health and social care professionals providing hospice, palliative and end of life care, including staff employed by non-statutory providers,
- (b) any measures to mitigate any adverse impacts on the operation of existing palliative and end of life care services, including those provided by non-statutory providers,
- (c) how existing and future statutory funding streams intended to support the delivery of palliative and end of life care services can be differentiated to ensure assistance provided in accordance with this Act is not funded at the expense of existing palliative and end of life care services,
- (d) how provision in this Act interacts with existing regulation and scrutiny of palliative and end of life care.

(3) In preparing a code of practice under subsection (2), the Scottish Ministers must consult—

- (a) persons who appear to them to represent the interests of hospices and providers of palliative and end of life care,
- (b) such other persons as they consider appropriate.

(4) The Scottish Ministers must publish a code of practice prepared under subsection (1).>

Amendment 57

In section 27, page 13, line 30, at end insert—

<()the impact of the Act on hospices and providers of palliative and end of life care services,>

Amendment 61

In section 32, page 15, line 22, at end insert—

<() But the day appointed by regulations under subsection (2) must not be before the day on which the Scottish Ministers publish a report under section (*Assessment of likely impact of Act on palliative and end of life care services*)(3).>

Amendment 93

In section 7, page 4, line 16, at end insert—

<() that they can be referred for a palliative care assessment to explore whether any additional support could be provided to them,>

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