

STATES OF JERSEY



Jersey

DRAFT ASSISTED DYING (JERSEY) LAW 202- (P.65/2025): SECOND AMENDMENT

**Lodged au Greffe on 6th February 2026
by the Minister for Health and Social Services
Earliest date for debate: 24th February 2026**

STATES GREFFE

DRAFT ASSISTED DYING (JERSEY) LAW 202- (P.65/2025): SECOND AMENDMENT

1 PAGE 131, ARTICLE 1 –

- (1) In Article 1, in the definition “close relative”, sub-paragraph (b), for “with whom they live as” substitute “who is their”.
- (2) In Article 1, for the definition “employment” substitute –
 - “employment” –
 - (a) has the meaning given in the [Employment \(Jersey\) Law 2003](#), including as affected by Article 1A of that Law;
 - (b) for a natural person to whom Article 1(2)(a) and (c) of that Law apply (where they are supplied by an agent to do work for a principal), includes both –
 - (i) their relationship with the agent; and
 - (ii) their relationship with the principal; and
 - (c) includes prospective employment;

2 PAGE 138, ARTICLE 4 –

After Article 4(3)(b)(iii) insert –

- (iv) that they may, at any time before approved drugs are administered to them, do anything described in Article 15(1), such as –
 - (A) withdraw their request for assisted dying; or
 - (B) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.

3 PAGE 139, ARTICLE 5 –

In Article 5(6), for “paragraph (2)(f)” substitute “paragraph (2)(g)”.

4 PAGE 143, ARTICLE 8 –

- (1) For Article 8(3)(b) substitute –
 - (b) that the individual may, at any time before approved drugs are administered to them, do anything described in Article 15(1), such as –
 - (i) withdraw their request for assisted dying; or
 - (ii) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.
- (2) For Article 8(4) substitute –

- (4) The individual’s care plan must record their preferences for their assisted death, including –
 - (a) when, and in which place, it will be done;
 - (b) who will administer approved drugs to them, whether the individual themselves or a practitioner; and
 - (c) how the approved drugs will be administered, such as swallowing or injection.
- (3) In Article 8(5), for “make their final request for assisted dying and propose to waive” there is substituted “propose to make their final request for assisted dying and waive”.
- (4) In Article 8(6)(a)(i), after “final request for assisted dying” there is inserted “, including to waive the requirement for future capacity”.
- (5) In Article 8(6)(a)(ii), after “final request” there is inserted “, including to waive the requirement for future capacity,”.

5 PAGE 144, ARTICLE 9 –

- (1) Delete Article 9(1)(f)(ii).
- (2) Renumber Article 9(1)(f)(iii) accordingly.

6 PAGE 148, ARTICLE 15 –

For Article 15(1)(c) substitute –

- (c) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.

7 PAGE 153, ARTICLE 23 –

For Article 23(1)(c) there is substituted –

- (c) an administering practitioner at step 6 in deciding whether they are satisfied that an individual has capacity to make the final request for assisted dying, including to waive the requirement for future capacity; or
- (d) an administering practitioner at step 7 in deciding whether they are satisfied that an individual has capacity to make the final request for assisted dying.

8 PAGE 155, ARTICLE 26 –

For Article 26(1)(c) there is substituted –

- (c) at step 6 to decide that they are satisfied (under Article 8(6)(a)) that an individual has capacity to make a final request for assisted dying, including to waive the requirement for future capacity; or
- (d) at step 7 to decide that they are satisfied (under Article 9(2)(a)) that an individual has capacity to make a final request for assisted dying.

9 PAGE 155, ARTICLE 27 –

- (1) In Article 27(1)(b), after “final request for assisted dying” there is inserted “(including to waive the requirement for future capacity, if at step 6)”.
- (2) For Article 27(6) there is substituted –
 - (6) An administering practitioner must comply with paragraph (7) –
 - (a) at step 6 to form a reasonable belief (under Article 8(6)(a)) that the individual’s final request, including to waive the requirement for future capacity, is voluntary; or
 - (b) at step 7 to form a reasonable belief (under Article 9(2)(b)) that the individual’s final request is voluntary.

10 PAGE 161, ARTICLE 36 –

- (1) In Article 36(1), delete “unless an exception applies”.
- (2) In Article 36(1), in the table, delete the third column.

11 PAGE 165, ARTICLE 42 –

- (1) For Article 42(2)(d) there is substituted –
 - (d) whether the individual’s final request for assisted dying, including to waive the requirement for future capacity, meets the requirements in Article 8(6)(a) (at step 6, relating to the individual’s capacity and whether the request is voluntary);
 - (e) whether the individual’s final request for assisted dying meets the requirements in Article 9(2)(a) and (b) (at step 7, relating to the individual’s capacity and whether the request is voluntary);
- (2) Renumber existing Article 42(2)(e) and cross-references accordingly.

12 PAGE 178, ARTICLE 72 –

In Article 72(2), for “as allowed by” substitute “in any of the circumstances described in”.

13 PAGE 178, ARTICLE 74 –

- (1) After Article 74(1)(b) insert –
 - (c) the number of individuals who (at step 6) made their final request for assisted dying and waived the requirement for future capacity;
- (2) After existing Article 74(1)(f)(ii) insert –
 - (iii) whether (at step 7) the practitioner was not satisfied that the individual had capacity to make a final request for assisted dying but the individual had (at step 6) made their final request for assisted dying and waived the requirement for future capacity; and
 - (iv) if clause (iii) applies, whether the individual showed any refusal of, or resistance to, the approved drugs’ administration (meaning that their assisted death was not carried out);

(3) Renumber existing Article 74(1)(c) to (i) and cross-references accordingly.

14 PAGE 184, ARTICLE 85 –

In Article 85(1)(a), after “if they are suspended” insert “(even if on an interim basis)”.

15 PAGE 185, ARTICLE 87 –

In Article 87(2)(b), for “as allowed by” substitute “in any of the circumstances described in”.

16 PAGE 194, SCHEDULE 3 –

(1) In Schedule 3, before paragraph 1 insert –

1 Capacity and Self-Determination (Jersey) Law 2016 amended

(1) This paragraph amends the [Capacity and Self-Determination \(Jersey\) Law 2016](#).

(2) After Article 11(4) there is inserted –

(4A) An LPA cannot confer authority for any decision or matter that affects an individual’s assisted dying process under the Assisted Dying (Jersey) Law 202-.

(3) After Article 24(9) there is inserted –

(10) The Court cannot exercise a power under this Article to affect an individual’s assisted dying process under the Assisted Dying (Jersey) Law 202-.

(2) In Schedule 3, existing paragraph 5(3), renumber new Article 21A as Article 21AA.

(3) In Schedule 3, after existing paragraph 6(2) insert –

(3) In Regulation 80(1A), in the table, row 7, third column, for “Paragraphs 1 to 5” there is substituted “Paragraphs 1 to 5A”.

(4) In Schedule 3, renumber existing paragraphs 1 to 6 and cross-references accordingly.

MINISTER FOR HEALTH AND SOCIAL SERVICES

REPORT

1. The Draft Assisted Dying (Jersey) Law 202- (“draft Law”) was lodged by the Council of Ministers on 2 September 2025 ([P.65/2025](#)) providing an extended lodging period to allow for thorough consideration of the draft Law, prior to debate.
2. During this period the Assisted Dying Review Panel and key stakeholders (including the UK professional regulatory bodies), have engaged with me and my officers providing feedback on the draft Law as lodged. I thank them for so doing.
3. As a result of this feedback, I bring forward some minor clarifying amendments to the draft Law. These amendments are editorial in nature i.e., they work to clarify the wording / intent of the draft Law, they do not change the underlying policy or divert from previous decisions taken by this Assembly (in accordance with [P.95/2021](#) and [P.18/2024](#)).
4. These clarifying amendments relate to the following matters:
 - a. definition of ‘close relative’;
 - b. definition of ‘employee’;
 - c. right to request a palliative care assessment;
 - d. clarification that making a final request (at Step 6) and waiving the requirement for future capacity is a single decision;
 - e. administering practitioner’s right to refuse to administer approved drugs;
 - f. annual reporting on waivers of requirement for future capacity;
 - g. permitted disclosure of information by the Assurance and Oversight Committee and Jersey Assisted Dying Service;
 - h. assisted dying practitioner suspension of registration;
 - i. clarification that health and welfare decisions under Lasting Powers of Attorney/ Court-appointed delegates do not include assisted dying decisions;
 - j. referencing corrections.

Section A: Definition of ‘close relative’ (Amendment 1)

5. Following feedback from the Assisted Dying Review Panel, this amendment further refines the definition of ‘close relative’ in the draft Law to include people who are in an enduring family relationship akin to a marriage but are not married or in a civil partnership *and* do not live in the same household.
6. The ‘close relative’ definition in the draft Law as lodged includes couples in an enduring family relationship, who are not married/civil partners but who live together.
7. This amendment takes into consideration couples who are in an enduring family relationship but who do not cohabit (for example, where the individual who has requested an assisted death is currently residing in a care home).
8. The definition of ‘close relative’ is relevant in two areas of the draft Law:
 - a. whom may act as a witness to the second request at Step 4 in the process (Article 17);
 - b. a professional’s declaration of interests in relation to:
 - individual requesting assisted dying (Article 21)
 - independent assessment doctor’s relationship to the coordinating doctor (Article 22)

Witness to second request at step 4

9. The second request for an assisted death (at Step 4) acts as confirmation of the individual's enduring wish for an assisted death and takes the form of a written declaration. The witness' role at Step 4 is to attest to the fact that, in making a second request for assisted dying, the individual is acting freely and voluntarily.
10. Article 17 sets out who may act as a witness to the individual making their second request for assisted dying, including confirming that the witness must not be:
 - a. likely to benefit financially or in any significant way from the individual's death;
 - b. the individual's close relative.
11. This amendment has the effect of explicitly preventing a non-cohabiting partner from acting as a witness at step 4, regardless of whether they are set to benefit from the individual's death.

Declaration of interests by professionals

12. Professionals involved in the assisted dying process are required to declare any interests prior to becoming involved in an individual's assisted dying process. This includes:
 - a. a professional's interest in relation the individual requesting assisted dying;
 - b. an independent assessment doctor's interests in relation to the coordinating doctor – this is to ensure the doctors who undertake the 2 assessments are independent of each other.
13. Under Articles 21 and 22, the draft Law sets out various circumstances which would constitute a conflict of interest, including if the person is a close relative. Under the draft Law as lodged, if an individual's relationship to the person declaring their interest is as a non-cohabiting partner, this would still be considered a conflict of interest albeit captured via the other requirements in those articles – that is to say the person's involvement is a problem [conflict of interest] if:
 - a. at 21 (2) (c): the disclosed interests might, or might be seen to, conflict with the individual's assisted dying process to such an extent that, in the officer's opinion, the person should not be involved in the process [i.e. this would include non-cohabiting partners];
 - b. at 22 (2) (b): there is any form of personal relationship between the independent assessment doctor and coordinating doctor that might, or might be seen to, conflict with their independence [i.e. this would include non-cohabiting partners].
14. Nevertheless, updating the definition of 'close relative' serves to provide absolute clarity for professionals when required to disclose any interests that non-cohabiting partners are considered as a 'close relative'.

Section B: Definition of 'employee' (Amendment 1)

15. Following feedback from the British Medical Association (BMA) this amendment refines the definition of employment and explicitly clarifies that agency workers are considered 'employees'.
16. The amendment serves to clarify that for the purposes of the employment protections set out in Article 38 of the draft Law, that a person engaged by an agency would be considered an 'employee' of both the agency they are contracted through and the 'principal employer', i.e. the employer they undertake the work for.

Section C: Right to request a palliative care assessment (Amendment 2, Amendment 4, Amendment 6)

17. As part of the Scrutiny review process, feedback was received from the Jersey Care Commission suggesting that the draft Law could be further strengthened by explicitly requiring the involvement of palliative care specialists in the assessment process.
18. This matter had previously been considered during the policy development process, and a decision has been taken not to explicitly require a palliative care assessment on the basis that:
 - a. access to palliative care should be a patient-held choice, something that is offered but not mandated;
 - b. mandatory palliative care assessments may not be appropriate or necessary in all circumstances – for example where a person has a very short life expectancy (i.e., a matter of days), or where the person is already receiving end-of-life care and palliative support [NOTE: in jurisdictions where assisted dying is permitted, the majority of individuals are receiving palliative care at the time of making a first request – for example Western Australia (84%), New South Wales (88%) and New Zealand (78%)];
 - c. the draft Law already places a very clear duty on assessing doctors to ensure that the individual's request for an assisted dying is informed (as per Article 20), which includes them being informed about the options for care and treatment that are available to them, and the likely outcomes, including options:
 - that are end-of-life or otherwise palliative; or
 - that the person may have previously discounted or discontinued.
19. Whilst, it is not considered appropriate to mandate that a person must have a palliative care assessment (for example, where the individual does not want one and / or is already in receipt of palliative care), the Minister recognises that it is helpful to bring forward an amendment which further clarifies the right of the individual to access palliative care support/an assessment as part of the assisted dying assessment process.
20. The amendment clarifies that the individual may, at any step, request that a health professional with the required experience or expertise, assesses the individual to determine their care and treatment options, including options that are end-of-life or otherwise palliative.
21. Depending on the individual's needs and circumstances this may involve a palliative care doctor or specialist palliative care nurse or other professionals with relevant expertise including, clinical psychologists, counsellors, physiotherapists, occupational therapists, social workers, pharmacists, and spiritual care providers or chaplains.
22. The amendment also requires the Coordinating doctor at Article 4 (Step 2 – First Assessment) and the Administering practitioner at Article 8 (Step 6 – Care Planning) to inform the individual of their right to request a palliative care assessment.

Section D: Clarification that making a final request (at Step 6) and waiving the requirement for future capacity is a single decision (Amendment 4, Amendment 7, Amendment 8, Amendment 9, Amendment 11)

23. The Scrutiny Assisted Dying Review Panel commissioned independent advisors to undertake a review of the draft Law as lodged. Those advisors made a series of recommendations, including:

- a. recommendation 9 – should the draft Law “*require that the assessing doctors assess the person based on the capacity to waive the requirement for final consent decision at Step 6, on the basis that decision-making capacity is decision-specific*”;
 - b. recommendation 10 – should the draft Law *clarify whether the approach to the assumption of capacity to waive the requirement for future capacity will mirror the same process as for the assessment that the person has the capacity to decide to end their life by assisted dying.*
24. It is apparent on reading those recommendations that the draft Law is not sufficiently clear that if a person chooses to make a final request for assisted dying at Step 6 and chooses to waive the requirement to future capacity, they are making a single decision – i.e., at Step 6 they are making their final request for assisted dying including waiving the requirement for future capacity.
25. This is because the decision to make a final request for assisted dying at Step 6 cannot be enacted without waiving the requirement for future capacity and vice versa.
26. The draft Law is therefore amended to clarify that a single decision is made at Step 6 which, in turn, addresses the Advisors’ recommendations in that:
- a. the person is assessed for their capacity to both make a waiver and a final request for assisted dying (as per the advisors’ recommendation 9); and
 - b. the capacity assessment mirrors the same processes on the basis that it is the same capacity assessment (as per the advisors’ recommendation 10).
27. As the final request for assisted dying including waiving the requirement for future capacity is referenced in multiple Articles in the draft Law, there are multiple associated amendments, but each amendment has the same straightforward effect – to clarify that a person is making a single decision.

Section E: Administering practitioner’s right to refuse to administer approved drugs (Amendment 5, Amendment 10)

28. The draft Law provides for variation in views of health and care professionals, and those who do not support assisted dying have the right to refuse to participate.
29. The provisions around the right to refuse at Article 36 set out the particular circumstances where professionals who have opted to act in one of the assisted dying practitioner roles may exercise their right to refuse.
30. As such, an Administering practitioner [whose role is to support an individual to have an assisted death following assessment and approval] may choose to refuse to administer the approved drugs to an individual – i.e. they choose only to support assisted deaths where the individual self-administers the approved drugs.
31. As lodged the draft Law sets out where the Administering practitioner’s right to refuse to administer the approved drugs does not apply – for example if they had previously agreed to doing so in the individual’s care plan.
32. The Assisted Dying Review Panel raised concern about this exception to the general right to refuse and, further to dialogue with the GMC, the BMA and members of the professional leads group, this amendment removes that exception i.e., once amended, the draft Law will provide that the Administering Practitioner will have a right to refuse to administer the approved drugs to an individual at any point in the process, even if:
- a. they had previously agreed to doing so in the care plan;
 - b. there is a medical complication after the individual self-administers the approved drugs; or

- c. they choose to refuse to do so for any other reason, including where the individual has signed a waiver of requirement for future capacity.
- 33. This amendment also removes any exceptions to the right to refuse for the administration witness at step 7, so that the witness may choose to exercise their right to refuse at any time.
- 34. This amendment aligns with the proposals agreed in P.18/2024.

Section F: Annual reporting on waivers of requirement for future capacity (Amendment 13)

- 35. This amendment updates the annual reporting requirements to explicitly require the Assurance and Delivery Committee to report on the number of individuals who make a final request for assisted dying at Step 6 including waiving the requirement for future capacity; and require the Committee to report on how many of those individuals:
 - a. have an assisted death;
 - b. show any signs of refusal or resistance, so the assisted death does not go ahead.
- 36. The draft Law as lodged (Article 74 (2) (b)) already provides that the Committee must consult the Medical Officer of Health about additional information that should be reported annually (i.e. it implicitly allows for reporting on matters related to waiving the requirement for future capacity), but this amendment places an explicit requirement on the face of the law.
- 37. This is in accordance with the proposals around reporting requirements as set out in P.18/2024.

Section G: Permitted disclosure of information by the Committee and Service (Amendment 12, Amendment 15)

- 38. Feedback provided to the Assisted Dying Review Panel by the General Medical Council (GMC) expressed concern that the provisions in the draft Law, which relate to the information that the Assurance and Delivery Committee and the Assisted Dying Service may disclose, could potentially be interpreted too narrowly.
- 39. Hence this small clarifying amendment excludes any uncertainty as to the interpretation of the disclosure provisions. The amendment makes it explicit that the Service or Committee may disclose information in the following circumstances, as described by Article 41(2):
 - a. if it is already available to the public;
 - b. with the written consent of each person to whom the information relates or the executor or administrator of their estate, or under Article 14 (consent to sharing of individual's information);
 - c. if required to protect someone's safety or well-being by ensuring that this Law is complied with;
 - d. in accordance with another enactment or a court order;
 - e. so that a function or an obligation can be performed under this Law;
 - f. for the purposes of the enforcement of an enactment or the investigation or prosecution of an offence (in Jersey or elsewhere);
 - g. for the purposes of the investigation of, or disciplinary proceedings about – (i) a health professional's practice by their employer or a body that regulates their profession (in Jersey or elsewhere); or (ii) a care navigator's performance by their employer.

40. This is relevant if, for example, disclosure of information is required in relation to the investigation of a professional by their regulatory body for the purpose of a fitness to practise matter.

Section H: Assisted dying practitioner suspension of registration (Amendment 14)

41. Following feedback from the GMC, Article 85 of the draft Law is amended to specify that an assisted dying practitioner will have their assisted dying registration suspended if they have been suspended from their Jersey or UK professional registration even if that suspension is only on an interim basis (for example, where a professional is suspended whilst an investigation takes place following a complaint).
42. This is a clarifying amendment for the avoidance of doubt, making it explicit that both interim and substantive suspensions of a professional's Jersey or UK registration will result in the suspension of their assisted dying registration for the same time period.

Section I: Health and welfare decisions under Lasting Powers of Attorney/ Court-appointed delegates do not include assisted dying decisions (Amendment 16)

43. Lasting Powers of Attorney (LPAs) are provided for under the Capacity and Self-Determination Law (CSDL). An LPA lets an individual appoint one or more people to make decisions on their behalf where that individual no longer has capacity. LPAs can cover decisions about:
- a. property and financial affairs;
 - b. health and welfare.
44. The CSDL also provides that the Court can appoint delegates to make health and welfare decisions on behalf of a person who lacks capacity.
45. Whilst it was not explicitly stated in P.18/2024 that LPAs and Court-appointed delegates should not have 'jurisdiction' in assisted dying decisions, it is the policy intent that they should not. This aligns with the policy principles set out in P.18/2024 of autonomy and choice, and that only the individual themselves may make a decision to have (or not have) an assisted death – *“ultimately, however, the choice of an assisted death can only be made by the person requesting it. The family cannot request an assisted death, nor can they block the person's wishes.”*
46. As drafted, decisions made under the draft Law must be made by the individual. The draft Law does not allow for 'best interests' decisions made by other people on the individual's behalf. The individual must have capacity to be eligible for assisted dying, as set out in Article 2 of the Law, and the assisted dying practitioners must be satisfied or reasonably believe this is the case at numerous points during the assessment process and provision of the assisted death.
47. The amendment serves to explicitly state that nothing in the CSDL authorises a person to take on another person's behalf any decision under the assisted dying law under either:
- a. Lasting Powers of Attorney (Article 11 of that law); or
 - b. the general powers of the Court to make decisions, and to appoint delegates (Article 24 of that law).

Section J: Referencing corrections (Amendment 3, Amendment 16)

48. Article 5(6) in the draft Law as lodged references decisions under paragraph '(2)(f)' in relation to overriding the minimum timeframe. This has been amended to correctly refer to Article '(2)(g)'.

49. Under Schedule 3 of the draft Law, the consequential amendments to the [Regulation of Care \(Jersey\) Law 2014](#) and [Regulation of Care \(Standards and Requirements\) \(Jersey\) Regulations 2018](#) are amended to reflect the Assembly's recent decision ([P.57/2025](#)) to amend the 2014 Law and 2018 Regulations to implement independent regulation of Jersey's hospital services.

Financial and staffing implications

There are no additional financial or staffing implications for Government as a result of this proposition.

Children's Rights Impact Assessment

The Minister for Health and Social Services considers that these amendments detailed above have no direct or indirect impact on children and that the duty to have due regard to the UN Convention on the Rights of the Child does not arise. Accordingly, a Children's Rights Impact Assessment is not required under the [Children \(Convention Rights\) \(Jersey\) Law 2022](#). The CRIA for the draft Law as lodged sets out consideration of the impacts on children with regard to the wider law.¹

¹ [States Assembly | P.65/2025 Add.](#)