

# STATES OF JERSEY



Jersey

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

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**Lodged au Greffe on 10th February 2026  
by the Assisted Dying Review Panel  
Earliest date for debate: 24th February 2026**

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**STATES GREFFE**

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

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**1 PAGE 169, ARTICLE 50 –**

In Article 50(1)(a), for “that breaches Article 78(3)(a)” substitute “in breach of Article 78(3)(a) or (4)”.

**2 PAGE 181, ARTICLE 78 –**

(1) After Article 78(3) insert –

(4) But a person must not give the information described in paragraph (3)(a) in writing at the place at which a doctor carries out general practice unless the recipient is together in person with a health professional.

(2) Renumber existing Article 78(4) and cross-references accordingly.

ASSISTED DYING REVIEW PANEL

## REPORT

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### [Restriction on giving information at doctor's general practice]

#### Introduction

This proposed amendment, if adopted, would introduce a specific safeguard governing how written information about assisted dying may be provided within GP surgeries. The measure does not restrict public awareness or wider access to information; rather, it ensures that written materials are given in a supported clinical context.

The purpose of the amendment is to ensure that individuals do not encounter written materials relating to assisted dying in GP surgeries without clinical support. GP practices are places where people attend when unwell, distressed or vulnerable, and unsupervised written information in waiting areas, receptions, corridors or other public spaces within primary care may give rise to:

- unintended distress, particularly for patients with mental health needs or those processing new diagnoses
- misunderstanding or misinterpretation of eligibility criteria or processes
- a perception of promotion or normalisation of assisted dying within clinical settings.

The amendment therefore ensures that written information may still be provided within general practice when a health professional is physically present, enabling explanations, clarification and signposting to other services such as palliative or psychosocial support.

This measure is intentionally narrow in scope. It applies only:

- to written information described in Article 78(3)(a)
- within a GP practice, defined as a place where a doctor carries out general practice
- where written information would otherwise be supplied unsupervised.

The amendment does not prevent:

- verbal discussions with a GP or other health professional
- written information being provided within a consultation
- the Government or third-sector organisations (including Citizens Advice Jersey) from providing information to the wider public through community settings
- general public awareness campaigns, including websites, telephone advice lines, printed materials sent by post, or accessible formats for people with sensory disabilities.

#### Evidence Considered

In developing its amendment, the Panel has taken into account evidence received, including from its expert advisers who observed that Article 78(3), as drafted, provides a clear distinction between legitimate provision of information and prohibited promotion or advertising of assisted dying, and was satisfied that the general drafting is sufficiently clear.<sup>1</sup>

The Panel also received a written submission from Citizens Advice Jersey (CAJ) who emphasised the importance of public awareness, noting that some members of the community, particularly those with disabilities, those who do not access the internet and those living in residential settings, may otherwise be unaware of the new law. CAJ advocated for a mailshot, public posters, and clear signposting to official sources of information:

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<sup>1</sup> [S.R.1/2026 – Interim Report – Review of the Draft Assisted Dying Legislation – 14 January 2026](#)

*For some members of our community, it is possible that they may be “in the dark” on this issue particularly, the infirm that may have sight or other sensory disabilities, those residing outside of a domestic setting who may not venture outside regularly or do not access media or the internet.*

*In the event that the draft law is passed by the States Assembly, aside from normal channels of public communication such as media, perhaps a leaflet could be created as a mail shot explaining that the Assisted Dying Law is coming into force and making it clear that it is intended purely for public awareness. This could cover where information may be found on a specific website or alternatively a contact number to gain further information.*

*Perhaps posters could be created detailing basic information such as eligibility which can be distributed to organisations such as our own for public display.<sup>2</sup>*

The Panel acknowledges these views and therefore this amendment is designed to co-exist with inclusive public information activity while addressing a specific risk in GP practices. While the advisers consider Article 78(3) sufficient in general, the Panel considers that GP surgeries present a distinct environment where an additional, place-based safeguard is justified. Unlike other public settings, GP practices are:

- clinically sensitive environments, where patients may be experiencing acute vulnerability
- places where printed health materials may be perceived as endorsed clinical options
- locations where unsolicited exposure to assisted dying information may have unpredictable emotional impacts.

The amendment does not contest the general clarity of Article 78(3); it supplements it with a limited rule tailored to primary care premises and written materials only, ensuring provision occurs with a health professional present so that context, alternatives and support can be offered immediately.

The Panel considers this amendment to be proportionate and is framed to be least restrictive among practicable options:

- it does not limit the ability to provide clear, accessible public information.
- it does not prevent written materials being issued by GPs, only that they must be provided in the presence of a health professional.
- it does not extend to hospitals, hospice settings, community organisations, pharmacies or charitable organisations.

The Panel considers that this approach supports informed decision-making and safeguards vulnerable patients, without impeding public awareness or access.

## **Conclusion**

The Panel shares the view of its expert advisers and is satisfied with the general drafting of Article 78(3). Nonetheless, the Panel considers that a targeted, location-specific safeguard is warranted in GP surgeries to avoid unsupervised exposure to written assisted dying materials and to ensure information is provided with clinical support. The amendment preserves public awareness and access through other channels and within consultations, while addressing the

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<sup>2</sup> [Written Submission – Citizens Advice Jersey – 21 November 2025](#)

specific sensitivities of the primary care setting. The Panel urges Members to support the amendment.

### **Financial and staffing implications**

The Panel does not anticipate any additional cost or administrative burden arising from this amendment.

### **Children's Rights Impact Assessment**

The Panel considers that this proposition (amendment) has 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](#).