

# STATES OF JERSEY



## END-OF-LIFE CARE

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**Lodged au Greffe on 1st October 2025  
by the Minister for Health and Social Services  
Earliest date for debate: 25th November 2025**

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**STATES GREFFE**

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

- (a) to agree that the Minister for Health and Social Services should be required by law to provide for end-of-life services in Jersey, and
- (b) to request the Minister for Health and Social Services to lodge the legislation necessary to give effect to that decision, for consideration by the Assembly before the draft Assisted Dying (Jersey) Law 202- comes into full force.

MINISTER FOR HEALTH AND SOCIAL SERVICES

## REPORT

1. End-of-life care is palliative care provided to a person who is likely to die within one year. Palliative care, as defined by the World Health Organisation, is an approach to care that improves the quality of life of patients - and their families - who are facing problems associated with life-limiting illness. Palliative care / end-of-life care prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial or spiritual.
2. People at end-of-life in Jersey are currently offered end-of-life care. Depending on their circumstances and preferences, that care may be provided in their own home; in a residential home; in the hospice or the hospital.
3. In the 2023, the States Assembly agreed £3 million additional investment per year in palliative and end-of-life care services via the Government Plan. This additional investment has supported the End-of-life Care Partnership (“EOL Partnership”)<sup>1</sup> to develop and oversee delivery of a Palliative and End-of-life Care Strategy for Adults in Jersey (“the Strategy”).

£'000	2023	2024	2025	2026	2027
End-of-life Care	£2,029	£2,851	£3,014	£3,076	£3,076

4. The EOL Partnership’s work is driving improvements to the quality and availability of end-of-life care services in accordance with the Strategy’s aim and objectives. Key improvements since 2023 include:
  - a. the introduction of a new nursing team (‘Living Well Team’) to support people in their last year of life and to bridge the gap between generalist services (e.g.: care provided by GPs and district nurses) and specialist palliative services (e.g.: care provided by consultants in palliative care)
  - b. enabling health and care providers, who are caring for people at end-of-life, to access specialist advice via a new 24/7 telephone helpline
  - c. the launch of an island-wide education programme to upskill health and care providers and family members who are caring for those at end-of-life.
  - d. the introduction of new processes to support early identification and prioritisation of long-term care fund applicants who are at end-of-life to help reduce financial stress and anxiety.
5. Evidence of the improvements to quality and availability of palliative and end-of-life care services in Jersey since 2023 is set out in the *Report on the quality and availability of palliative and end of life care* to be lodged as an addendum to P65/2025. That addendum report also evidences that:

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<sup>1</sup> The EOL Partnership includes Jersey Hospice Care, Family Nursing and Home Care, Jersey Doctors on Call, Primary Care Board, Jersey Care Federation, LV Care Group, Macmillan Jersey, Maillard’s Funeral Directors, Picher and Le Quesne, patient representatives and Government of Jersey (GoJ) representatives.

- a. Jersey's end-of-life services are working toward alignment with UK best practice (including meeting NHS service specification criteria and complying with NICE guidance); and that
- b. Jersey has sufficient specialist hospice beds – based on our population size – with the previously identified gaps in community provision being increasingly met by the newly established Living Well Team.

#### End-of-life care and assisted dying

6. It is anticipated that the States Assembly will debate the draft Assisted Dying Law (P65/2025) in November 2025. Assuming the draft assisted dying law is adopted, assisted dying will be a choice that some people with a terminal illness may make because they want more control over the manner and timing of their death.
7. Assisted dying will not, however, replace end-of-life care. All people approaching end of life need to be able to access the end-of-life care they need to maximise quality of life and minimise any suffering or distress. This will include people who have requested an assisted death ie. end-of-life care will continue to be provided to people who have requested an assisted death. In jurisdictions where assisted dying is already permitted, including Canada, Australia and New Zealand, the majority of people requesting an assisted death also receive end-of-life care (82.8%, 82.2% and 76.2% respectively).
8. As set out in P18/2024 it is an important principle that any person seeking an assisted death should be making a real choice i.e., no person should choose an assisted death on the basis that they cannot access – or believe they cannot access – high quality end-of-life care services. Hence, the draft assisted dying law proposition (P.65/2025) sets out that the Minister for Health and Social Services will ask the Assembly to agree that a new end-of-life care law should be presented to Assembly before the assisted dying law, if adopted, comes into full force. This proposition gives effect to the commitment set out in P65/2025.
9. The proposed end-of-life care law will impose a statutory duty on the Minister for Health and Social Services to make provision for end-of-life care. It will act as a counterbalance to the draft assisted dying law which, if adopted, imposes a statutory duty on the Minister for Health and Social Services to make provision for assisted dying.
10. Imposing a statutory duty to provide end-of-life care means that the Minister must continue to ensure that Jersey residents can access good quality end-of-life care which accords with the improvements in quality and access that have been driven via the EOL Partnership.
11. This proposition is separate to the assisted dying law proposition (P65/2025) because it is understood that it would be procedurally difficult for the Assembly to determine two separate matters in a single proposition (i.e., the adoption of the assisted dying law alongside in-principle agreement that the Minister should be under a legal duty to provide end-of-life care).
12. This proposition focuses on an end-of-life care law (i.e., palliative care in the last 12 months of life) as opposed to wider palliative care law (i.e., palliative care

provided before the last 12 months of life) on the basis that, in debating P18/2024, the Assembly decided that assisted dying should only be available to people at end-of-life, not to people with an incurable physical medical condition, who are experiencing unbearable suffering, but are not approaching the end-of-life.

#### Overview of proposed end-of-life care law

13. Subject to consultation with the public and professional stakeholders it is envisaged that an end-of-life care law would impose a duty on the Minister for Health and Social Services to make provision in Jersey for the care of people who are likely to die within one year (i.e., a duty to provide end-of-life care).
14. For the purposes of clarity, this includes any persons (adults and children) who are entitled to access services provided by the Minister, not just people who have requested an assisted death.
15. It is envisaged that the draft end-of-life care law would:
  - a. require the Minister to arrange, or make arrangements for:
    - the identification of people approaching the end of their life
    - the assessment of the care needs for people approaching the end of their life
  - b. require to the Minister to provide, or make arrangements to provide, care to people approaching the end of their life whether those people are in their own home or in a care establishment (whether or not that care establishment is provided by the Minister) for example, the hospital, the hospice or care homes.
  - c. specify the types of care to be provided, or provide for the Minister by Order to specify the types of care to be provided
  - d. specify the standards of care to be provided, or provide for the Minister by Order to specify the types of standards of care to be provided.
  - e. specify the people to whom services will be provided, or provide for the Minister by Order to specify the people to whom services will be provided. For example:
    - people who are approaching the end of their life
    - family and friends of people approaching end of their lives
    - health and care professionals providing care to people approaching the end of their life.
  - f. specify other matters which appear to the Assembly to be necessary to the provision of care to people at the end of their life
  - g. specify whom the Minister must or may consult prior to making any Orders under the law.

16. The draft end-of-life care law will provide that the Minister may, by Order, specify the types and, or standards of care to be provided as it is recognised that both the types and standards of care will be subject to change in response to medical advances and changes in professional practice.

### **Financial and staffing implications**

The policy and law drafting resources required to develop an end-of-life care law for consideration by the Assembly will be prioritised from within existing departmental resources.

The resources required to deliver end-of-life care services in accordance with the provisions of the proposed new law (if adopted) will be set out in the proposition that accompanies that draft law, noting the additional £3 million annual investment provided from 2023 onwards.

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

A Children's Rights Impact Assessment (CRIA) has been prepared in relation to this proposition and is available to read on the States Assembly website.