Assisted Dying for Terminally Ill Adults (Scotland) Bill

Marshalled List of Amendments for Stage 2

The Bill will be considered in the following order—

Sections 1 to 4	Schedule 1
Sections 5 to 8	Schedule 2
Sections 9 and 10	Schedule 3
Sections 11 and 12	Schedule 5
Sections 13 to 16	Schedule 4
Sections 17 to 33	Long Title

Section 2

Jeremy Balfour

143 In section 2, page 1, line 10, leave out from <if> to end of line 12 and insert <only if—

<( ) they have a clinically diagnosed, irreversible and actively progressive disease, illness or condition,

( ) no treatment is available that could reasonably be expected to prevent death or lead to recovery, and

( ) in the opinion of two independent registered medical practitioners, the disease, illness or condition can reasonably be expected to result in the person's death within three months.>

Daniel Johnson

4 In section 2, page 1, line 12, leave out <premature death> and insert <death within six months>

Jeremy Balfour

144 In section 2, page 1, line 12, after <death> insert <within six months, as established with reasonable certainty by a qualified medical practitioner.

( ) For the avoidance of doubt, a person is not terminally ill if—

(a) the progress of their disease, illness or condition can be controlled or substantially slowed down by medical intervention,

(b) their illness is of a consequence of voluntarily stopping eating and drinking.>

Liam McArthur

24 In section 2, page 1, line 12, at end insert—

<( ) For the avoidance of doubt, a person is not terminally ill only because they have a disability or mental disorder (or both).

( ) In this section and in section 3, "mental disorder" has the meaning given by section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003.>

Jackie Baillie

73 In section 2, page 1, line 12, at end insert—

<( ) For the avoidance of doubt, a person is not to be considered to be terminally ill only because the person has a mental disorder.>

Section 3

Bob Doris

83 In section 3, page 1, line 18, after <Scotland,> insert—

<( ) can be reasonably expected to die within six months,>

Brian Whittle

145 In section 3, page 1, line 18, after <Scotland,> insert—

<(ba) have been provided with a palliative care support plan that—

(i) is costed,

(ii) meets the minimum requirements set out by the Scottish Ministers in regulations,>

Rhoda Grant

25 In section 3, page 1, line 19, after <assistance> insert <, and

( ) have an anticipatory care plan in place which includes a plan for palliative care>

Pam Duncan-Glancy

219 In section 3, page 1, line 19, after <assistance> insert <, and

(d) have accessed appropriate social care relevant to their terminal illness>

Jeremy Balfour

146 In section 3, page 1, line 20, leave out subsection (2) and insert—

<( ) For the purposes of this Act, a person is presumed not to have capacity to request lawfully provided assistance unless it is established by evidence beyond reasonable doubt that they have capacity to do so.

( ) Evidence must, in particular, establish that the person—

(a) understands the nature and consequences of their decision,

(b) understands the care, treatment and palliative care options available to them,

(c) is able to communicate their decision and reasoning clearly.>

Jeremy Balfour

147 In section 3, page 2, line 3, at end insert—

<(2A) A person is not to be regarded as having capacity for the purposes of subsection (2) if the primary motivation for their request to be provided with assistance to end their own life arises from any of the following non-terminal conditions—

(a) eating disorders, including but not limited to anorexia nervosa and bulimia nervosa,

(b) intellectual disabilities, including but not limited to Down's syndrome,

(c) mood disorders, including but not limited to depression,

(d) anxiety disorders,

(e) the receipt of any disability or sickness-related benefits, including but not limited to Adult Disability Payment, or any equivalent welfare payment,

(f) loneliness or social isolation,

(g) financial hardship or low income,

(h) feelings of being a burden to others,

(i) poor or unsuitable housing conditions,

(j) any other mental health condition or developmental disorder that is not a terminal illness.

(2B) For the avoidance of doubt, the presence of one or more of the conditions listed in subjection (2A) does not, in itself, exclude a person from eligibility under subsection (1) unless it is the primary motivation for their request.>

Pam Duncan-Glancy

220 In section 3, page 2, line 6, at end insert—

<( ) A person is only eligible to be lawfully provided with assistance to end their own life if the request for assistance is made entirely by them, without any encouragement, suggestion, or initiation of discussion by a medical practitioner or other professional involved in that person's care.>

Pam Duncan-Glancy

221 In section 3, page 2, line 6, at end insert—

<( ) For the purposes of subsection (1)(d), a person is ineligible to be lawfully provided with assistance to end their own life if they have been—

(a) unable to access appropriate social care relevant to their terminal illness, and

(b) on a waiting list for such social care for a continuous period exceeding 6 weeks prior to making a request for assistance in accordance with the provisions of this Act.>

Liam McArthur

26 In section 3, page 2, line 7, leave out subsection (4)

Jackie Baillie

84 In section 3, page 2, line 7, after first <section> insert <and section 2>

Pam Duncan-Glancy

222 In section 3, page 2, line 7, after first <section> insert<—

"appropriate social care" includes but is not limited to—

(a) care provided in accordance with each risk category of the national eligibility criteria for social care,

(b) palliative care, and

(c) any other support services considered necessary by a social care professional for a person to participate in society and live a full life,>

After section 3

Murdo Fraser

148 After section 3, insert—

<Designated body responsible for administration of functions in the Act

Designated body responsible for administration of functions in the Act

(1) The Scottish Ministers must, by regulations, designate a statutory body ("the designated body") to be responsible for the administration of the functions set out in this Act, including but not limited to—

(a) receiving, recording, and managing declarations made under sections 4 and 10,

(b) coordinating assessments by medical practitioners required under section 6,

(c) authorising the activities of the coordinating registered medical practitioners,

(d) arranging for provision of an approved substance with which the adult may end their own life under section 15,

(e) maintaining records and ensuring compliance with the provisions of this Act,

(f) providing information and reports as required under section 24 and 27.

(2) Any reference in this Act to functions to be carried out is to be read as functions carried out under the authority or delegation of the designated body unless otherwise specified.

(3) The designated body must be independent of the National Health Service.

(4) Regulations under subsection (1) may make further provision about the designated body, including its—

(a) powers,

(b) duties,

(c) governance arrangements,

(d) operational procedures.>

Section 4

Murdo Fraser

149 In section 4, page 2, line 17, after <practitioner,> insert—

<( ) a notary public (see section *(Notary public acting as witness or proxy: further procedure)*),>

Murdo Fraser

150 In section 4, page 2, line 19, leave out <both> and insert <all>

Pam Duncan-Glancy

223 In section 4, page 2, line 19, at end insert—

<( ) made entirely on the initiative of the terminally ill adult without any encouragement, suggestion, or influence from—

(i) a registered medical practitioner,

(ii) a witness under subsection (3), or

(iii) any other person involved in the care of the person making the declaration.>

Liam McArthur

65 In section 4, page 2, line 27, after <such> insert <training,>

Paul Sweeney

224 In section 4, page 2, line 27, leave out <may> and insert <must>

Jackie Baillie

66 In section 4, page 2, line 28, after <specify,> insert—

<( ) who has completed the training mentioned in section *(Training provision for persons willing to carry out functions under this Act)*(1),>

Miles Briggs

151 In section 4, page 2, line 28, after <specify,> insert—

<( ) who is entered on the register of persons willing to carry out functions under this Act established by regulations under section *(Register of persons willing to carry out functions under this Act)*(1),>

Jackie Baillie

49 In section 4, page 2, line 31, at end insert—

<( ) Regulations under subsection (5)(a) must, in particular, specify—

(a) minimum training standards required,

(b) qualifications and experience required—

(i) where the terminally ill adult requesting assistance is under the age of 25,

(ii) in relation to diseases, illnesses or conditions of a fluctuating nature and with unpredictable prognoses.

( ) The Scottish Ministers must from time to time review the qualifications and experience specified in regulations under subsection (5)(a).>

Pam Duncan-Glancy

225 In section 4, page 2, line 31, at end insert—

<( ) Regulations under subsection (5)(a) must, in particular, specify training or qualifications related to—

(a) knowledge of palliative care and alternative care options to providing terminally ill adults assistance to end their own lives,

(b) understanding of independent living, in accordance with article 19 of the UN Convention on the Rights of Persons with Disabilities,

(c) awareness and identification of coercion, pressure or undue influence,

(d) equality and non-discrimination principles, with specific reference to the rights and experiences of persons with—

(i) disabilities,

(ii) terminal illness, or

(iii) socio-economic disadvantage.>

Schedule 1

Bob Doris

85 In schedule 1, page 16, line 24, leave out <by any other person>

Sandesh Gulhane

2 In schedule 1, page 16, line 27, leave out <16> and insert <18>

Claire Baker

152 In schedule 1, page 16, line 27, leave out <16> and insert <25>

After section 4

Liam McArthur

27 After section 4, insert—

<Registered medical practitioner unable or unwilling to act: duty to direct

(1) This section applies where a registered medical practitioner—

(a) has been asked by a terminally ill adult, who intends to make a first declaration, to carry out the functions under this Act of the coordinating registered medical practitioner, and

(b) has indicated to the adult that they are not able or willing to do so.

(2) The registered medical practitioner must direct the adult to—

(a) a registered medical practitioner who may be willing to carry out the functions of the coordinating registered medical practitioner, or

(b) information about the lawful provision to terminally ill adults of assistance to end their own lives under this Act.>

After section 5

Brian Whittle

153 After section 5, insert—

<Requirement for an advanced care directive

(1) This section applies where a terminally ill adult makes a first declaration.

(2) The adult must, at the same time as the declaration is made, provide an advanced care directive about their care wishes in the event that they—

(a) become incapacitated before they are provided with an approved substance under section 15,

(b) become incapacitated due to the effects of the substance,

(c) choose to cancel their declaration or decide not to use the substance.

(3) A health professional carrying out a function under this Act must comply with the instructions in the advanced care directive.

(4) The Scottish Ministers must set out in regulations a template advanced care directive to be used for the purposes of this section.

(5) A template advanced care directive must include—

(a) consideration of options for—

(i) clinically assisted nutrition or hydration,

(ii) cardiopulmonary resuscitation,

(iii) artificial or mechanical ventilation and intubation,

(iv) medications, including pain relief and antibiotics,

(v) organ donation,

(b) the situations in which the treatments and procedures in paragraph (a) would be refused,

(c) an advanced statement from the adult which includes—

(i) who the adult has discussed their wishes with,

(ii) why the adult considers the wishes set out in the advanced care directive to be important to their health, care and quality of life,

(iii) other situations in which they would refuse treatment,

(d) a statement of who should be involved in the adult's care.>

Fulton MacGregor

226 After section 5, insert—

<Indications of vulnerability

(1) This section applies where a terminally ill adult makes a first declaration.

(2) The coordinating registered medical practitioner must request the information in subsection (3) from—

(a) the local authority where the first declaration is made, and

(b) where different to the local authority under paragraph (a), the local authority where the adult is ordinarily resident.

(3) The information to be requested is whether there is any indication from the records held by the local authority that the adult—

(a) is vulnerable,

(b) lacks capacity,

(c) may be experiencing coercion,

(d) may be experiencing abuse.

(4) For the purposes of subsection (3)(a), "vulnerable" is to be determined with reference to—

(a) the Social Work (Scotland) Act 1968,

(b) the Adult Support and Protection (Scotland) Act 2007,

(c) the Adults with Incapacity (Scotland) Act 2000, and

(d) the Domestic Abuse (Scotland) Act 2018.

(5) When a request is made under subsection (2), the local authority must, within 48 hours—

(a) search records held by the local authority for any interaction with the adult, and

(b) either—

(i) submit a declaration to the coordinating registered medical practitioner stating that there are no known concerns, or

(ii) write to the coordinating registered medical practitioner stating that there is an area of concern that requires further assessment.

(6) If concerns are raised to the local authority or the coordinating registered medical practitioner about the adult in relation to the matters set out in subsection (3) by—

(a) a family member of the adult,

(b) a friend of the adult,

(c) a legal representative of the adult,

a further assessment must be conducted irrespective of the view expressed under subsection (5)(b).

(7) Where a need for further assessment is identified, the relevant local authority must—

(a) initiate that assessment as soon as practicable,

(b) complete the assessment within 14 days of the day on which the first declaration was made.

(8) The further assessment must recommend, with reference to the matters set out in subsection (3)—

(a) that the adult is able to proceed with the process set out in this Act, or

(b) that the process should be stopped at this time.

(9) The recommendation under subsection (8) must be—

(a) communicated in writing to the coordinating registered medical practitioner,

(b) communicated to the adult—

(i) in a manner appropriate to their needs, and

(ii) in writing, and

(c) recorded in the adult's medical records and social services records.>

Section 6

Pam Duncan-Glancy

227 In section 6, page 3, line 10, at end insert—

<( ) has accessed, or been offered access to, appropriate advice and support about living with their terminal illness,>

Pam Duncan-Glancy

228 In section 6, page 3, line 10, at end insert—

<( ) has been provided with, or offered, appropriate social care relevant to their terminal illness,>

Bob Doris

86 In section 6, page 3, line 12, leave out <by any other person>

Pam Duncan-Glancy

229 In section 6, page 3, line 13, at end insert—

<(2A) In carrying out an assessment under subsection (2), the coordinating registered medical practitioner must ask the person what their primary reason is for wishing to be lawfully provided with assistance to end their own life.

(2B) If the coordinating registered medical practitioner ascertains that the primary reason for the person requesting assistance to end their own life—

(a) is not related to the terminal illness of the person making the declaration, or

(b) otherwise falls outwith the provisions of this Act,

the assessment must cease immediately, and the practitioner must not proceed further.>

Bob Doris

87 In section 6, page 3, line 23, leave out <by any other person>

Bob Doris

88 In section 6, page 3, leave out lines 27 and 28 and insert <must also take the steps mentioned in section 7.>

Jackie Baillie

50 In section 6, page 3, line 27, after <7(1)> insert <and (3)>

Bob Doris

89 In section 6, page 3, line 27, after <7(1)> insert <, (3) and (4)>

Emma Harper

12 In section 6, page 3, line 28, after <7(2)> insert <and (3)>

Liam McArthur

67 In section 6, page 3, line 31, after <such> insert < training,>

Paul Sweeney

230 In section 6, page 3, line 31, leave out <may> and insert <must>

Jackie Baillie

68 In section 6, page 3, line 32, at end insert—

<( ) has completed the training mentioned in section *(Training provision for persons willing to carry out functions under this Act)*(1),>

Miles Briggs

154 In section 6, page 3, line 32, at end insert—

<( ) is entered on the register of persons willing to carry out functions under this Act established by regulations under section *(Register of persons willing to carry out functions under this Act)*(1),>

Brian Whittle

155 In section 6, page 3, line 34, at end insert—

<( ) has not consulted with the coordinating registered medical practitioner on the case (excluding receiving administrative details as required for the referral under subsection (3)),

( ) has not been provided with access to any notes prepared by the coordinating registered medical practitioner on the practitioner's assessment under subsection (2),

( ) has not been provided with any other notes prepared by the coordinating registered medical practitioner since the date of the first declaration,>

Section 7

Liam McArthur

69 In section 7, page 4, line 3, at end insert—

<( ) make such enquiries of professionals who are providing or have recently provided health or social care or social work services to the person as the registered medical practitioner considers appropriate,

( ) consider making enquiries of a health professional, social care professional or social work professional with qualifications in, or experience of, a matter relevant to the person being assessed,>

Bob Doris

90 In section 7, page 4, line 3, at end insert—

<( ) enquire about and discuss the person's reasons for wishing to be lawfully provided with assistance to end their own life,>

Pam Duncan-Glancy

231 In section 7, page 4, line 3, at end insert—

<( ) enquire about and discuss with the person being assessed what advice and support that person has received from the local authority within which they reside to enable that person to live independently in accordance with article 19 of the UN Convention on the Rights of Persons with Disabilities,>

Bob Doris

91 In section 7, page 4, line 4, leave out <, in so far as the registered medical practitioner considers appropriate>

Liam McArthur

29 In section 7, page 4, line 9, leave out <or other care available> and insert <, hospice or other care available, including symptom management and psychological support>

Brian Whittle

156 In section 7, page 4, line 9, at end insert—

<( ) advanced care directives and, in particular, whether cardiopulmonary resuscitation should be attempted,>

Jeremy Balfour

157 In section 7, page 4, line 11, at end insert—

<(ab) refer the person for assessment by—

(i) a registered social worker, and

(ii) a registered medical practitioner who is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council, and

(ac) take account of any opinion provided by the persons mentioned in paragraph (ab),>

Bob Doris

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

<( ) that they may request to be referred for assessment by a registered social worker under subsection (4)(a) (including any potential benefits to receiving such an assessment),>

Jackie Baillie

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,>

Sue Webber

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

<( ) of any potential side effects of using approved substances that may be provided to the person to assist the person to end their own life,

( ) of any potential risks of complications that may arise from using such substances, including any potential risks of pain,>

Bob Doris

94 In section 7, page 4, line 17, leave out <in so far as the registered medical practitioner considers appropriate,>

Stuart McMillan

232 In section 7, page 4, line 22, at end insert—

<( ) consult with, and take account of any opinion provided by, a registered medical practitioner who holds qualifications or has experience in the management of the terminal illness involved.>

Fulton MacGregor

233 In section 7, page 4, line 22, at end insert—

<( ) take into account the recommendation under section *(Indications of vulnerability)*(8).>

Bob Doris

95 In section 7, page 4, line 23, after <6> insert <must>

Bob Doris

96 In section 7, page 4, line 24, leave out <may,>

Bob Doris

97 In section 7, page 4, line 24, after <ill> insert <and can reasonably be expected to die within six months>

Jeremy Balfour

159 In section 7, page 4, leave out lines 28 to 32

Bob Doris

98 In section 7, page 4, line 28, leave out <may,>

Jackie Baillie

74 In section 7, page 4, line 30, leave out from <specialism> to end of line 32 and insert <register established by regulations under section *(Register of psychiatrists)*(1).>

Bob Doris

99 In section 7, page 4, line 33, leave out <must,>

Jeremy Balfour

160 In section 7, page 4, line 33, leave out <, in either case,>

Emma Harper

13 In section 7, page 4, line 34, at end insert—

<(3) A registered medical practitioner carrying out an assessment under section 6 may, in ascertaining whether the person being assessed has made the declaration voluntarily and has not been coerced or pressured by any other person into making it, consult professionals who are providing or have recently provided health or social care to the person.>

Jackie Baillie

51 In section 7, page 4, line 34, at end insert—

<(3) A registered medical practitioner carrying out an assessment under section 6 must, where the person being assessed is under the age of 25—

(a) refer the person for assessment by—

(i) a registered social worker, and

(ii) a registered medical practitioner who is registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council, and

(b) take account of any opinion provided by the persons mentioned in paragraph (a).

(4) The Scottish Ministers may, by regulations, specify the qualifications and experience that a person mentioned in subsection (3)(a) must have to receive a referral under that subsection.

(5) The Scottish Ministers must, before—

(a) laying a draft of first regulations under subsection (4) before the Scottish Parliament, or

(b) making subsequent regulations under subsection (4),

consult such persons as they consider appropriate.

(6) In this section, a "registered social worker" means a person who is registered as a social worker in a register maintained by the Scottish Social Services Council.>

Bob Doris

100 In section 7, page 4, line 34, at end insert—

<(3) A registered medical practitioner carrying out an assessment under section 6 must request a statement from the local authority for the area that the person being assessed resides as to whether it knows or believes that the person is an adult at risk (within the meaning of section 3 of the Adult Support and Protection (Scotland) Act 2007).>

Bob Doris

101 In section 7, page 4, line 34, at end insert—

<(4) A registered medical practitioner carrying out an assessment under section 6 must refer the person for assessment by a registered social worker where—

(a) the person informs the registered medical practitioner that they wish to receive such an assessment,

(b) a statement requested under subsection (3) indicates that the local authority knows or believes that the person is an adult at risk, or

(c) they have doubt as to whether the person being assessed made the declaration voluntarily.>

Bob Doris

102 In section 7, page 4, line 34, at end insert—

<(5) Where a local authority receives a request for a statement under subsection (3), it must provide the registered medical practitioner with such a statement as soon as reasonably practicable.

(6) The Scottish Ministers may by regulations specify what timescale is "reasonably practicable" for the purposes of subsection (5).>

Bob Doris

103 In section 7, page 4, line 34, at end insert—

<(7) Where a referral under subsection (4) for a person to be assessed by a registered social worker is made to a local authority, the local authority must ensure that such an assessment is undertaken as soon as reasonably practicable.

(8) The Scottish Ministers may by regulations specify what timescale is "reasonably practicable" for the purposes of subsection (7).>

Pam Duncan-Glancy

234 In section 7, page 4, line 34, at end insert—

<(3) A registered medical practitioner carrying out an assessment under section 6 may refer the person being assessed to disability organisations for further advice about support for living with their terminal illness.>

Pam Duncan-Glancy

235 In section 7, page 4, line 34, at end insert—

<( ) A registered medical practitioner carrying out an assessment under section 6 may refer the person being assessed to the local authority within which that person resides for further assessment of support to enable that person to live independently in accordance with article 19 of the UN Convention on the Rights of Persons with Disabilities.>

After section 7

Jackie Baillie

75 After section 7, insert—

<Further psychiatric assessment

(1) This section applies where—

(a) either the coordinating registered medical practitioner or independent registered medical practitioner has referred the person for assessment by a registered medical practitioner under section 7(2)(b), and

(b) that other registered medical practitioner has provided an opinion on the capacity of the person being assessed to request lawfully provided assistance to end their own life.

(2) If—

(a) either the coordinating registered medical practitioner or independent registered medical practitioner (as the case may be) wishes to obtain a second opinion as to the capacity of the person being assessed, or

(b) the person being assessed wishes to obtain a second opinion as to their capacity,

the coordinating registered medical practitioner or independent registered medical practitioner (as the case may be) must refer the person to another registered medical practitioner registered in the register established by regulations under section *(Register of psychiatrists)*(1).

(3) The coordinating registered medical practitioner or independent registered medical practitioner (as the case may be) must take account of any opinion provided by that other registered medical practitioner.>

Brian Whittle

161 After section 7, insert—

<Independent assessors

(1) Where subsection (2) applies, the coordinating registered medical professional must refer a person who has made a declaration to an independent assessor for the independent assessor to carry out an assessment to ascertain whether, in the opinion of the independent assessor, the person who made the declaration made it voluntarily and has not been coerced or pressured by any other person into making it.

(2) This subsection applies where concerns about the person who made the declaration having been coerced or pressured have been expressed to the coordinating registered medical professional by—

(a) a family member of the person,

(b) a care giver,

(c) a friend who has been listed on the person's advanced care directive as involved in the person's care.

(3) The independent assessor must prepare an assessment report setting out the independent assessor's conclusions following the assessment under subsection (1).

(4) An assessment report must, within 10 working days of the assessment under subsection (1) being concluded, be submitted to—

(a) the coordinating registered medical professional, and

(b) in cases where coercion is identified in the report, the Police Service of Scotland.

(5) The Scottish Ministers must set out in regulations the qualifications and experience an independent assessor is required to have.>

Pam Duncan-Glancy

236 After section 7, insert—

<Disability organisations resources

The Scottish Ministers must ensure that disability organisations providing support under section 7(3) are adequately resourced to provide this service.>

Section 8

Bob Doris

104 In section 8, page 4, line 40, leave out <by any other person>

Pam Duncan-Glancy

237 In section 8, page 4, line 41, at end insert—

<( ) made the declaration entirely on their own initiative, without any encouragement, suggestion, or inducement from—

(i) the coordinating registered medical practitioner,

(ii) the independent registered medical practitioner, or

(iii) any other person involved in the care of that person,>

Bob Doris

105 In section 8, page 5, line 6, leave out <by any other person>

Pam Duncan-Glancy

238 In section 8, page 5, line 7, at end insert—

<( ) made the declaration entirely on their own initiative, without any encouragement, suggestion, or inducement from—

(i) the coordinating registered medical practitioner,

(ii) the independent registered medical practitioner, or

(iii) any other person involved in the care of that person,>

Brian Whittle

162 In section 8, page 5, line 8, at end insert—

<(2A) Where the independent assessor has carried out an assessment mentioned in section *(Independent assessors)* and is satisfied that the person who made the first declaration made the declaration voluntarily and has not been coerced or pressured by any other person into making it, the independent assessor must make a statement to that effect.>

Daniel Johnson

5 In section 8, page 5, line 11, at end insert—

<( ) The statement must specify the period for which the practitioner making the statement has known the terminally ill adult.>

Bob Doris

106 In section 8, page 5, line 11, at end insert—

<( ) The statement must specify the reasons given by the person for wishing to be lawfully provided with assistance to end their own life.>

Schedule 2

Bob Doris

107 In schedule 2, page 17, line 22, leave out <by any other person>

Brian Whittle

163 In schedule 2, page 17, line 27, at end insert—

<( ) they have completed an advanced care directive.>

Bob Doris

108 In schedule 2, page 17, line 33, after <Scotland,> insert—

<( ) can be reasonably expected to die within six months,>

Rhoda Grant

30 In schedule 2, page 17, line 34, after <life> insert <, and

( ) have an anticipatory care plan in place which includes a plan for palliative care>

Daniel Johnson

6 In schedule 2, page 17, line 34, at end insert—

<I have known [*name of adult*] since [*specify*].>

Bob Doris

109 In schedule 2, page 17, line 35, leave out <7(1)> and insert <7>

Bob Doris

110 In schedule 2, page 17, line 35, after <7(1)> insert <, (3) and (4)>

Bob Doris

111 In schedule 2, page 17, line 35, at end insert—

<The reason(s) given by [*name of adult*] for wishing to be lawfully provided with assistance to end their own life is/are [*specify*].>

Daniel Johnson

7 In schedule 2, page 17, line 38, leave out <14> and insert <28>

Bob Doris

112 In schedule 2, page 18, line 14, leave out <by any other person>

Bob Doris

113 In schedule 2, page 18, line 24, leave out <7(1)> and insert <7>

Bob Doris

114 In schedule 2, page 18, line 24, after <7(1)> insert <, (3) and (4)>

Bob Doris

115 In schedule 2, page 18, line 24, at end insert—

<The reason(s) given by [*name of adult*] for wishing to be lawfully provided with assistance to end their own life is/are [*specify]*.>

Daniel Johnson

8 In schedule 2, page 18, line 27, leave out <14> and insert <28>

After section 8

Bob Doris

116 After section 8, insert—

<Assessment of palliative care needs

(1) The coordinating registered medical practitioner must, as soon as reasonably practicable after the first declaration is made, refer the person for assessment of their palliative care needs by a registered medical practitioner who is registered in the specialism of palliative medicine in the Specialist Register kept by the General Medical Council.

(2) In this section, "palliative care needs" includes relevant social needs.>

Bob Doris

117 After section 8, insert—

<Medical practitioner's report

(1) Where the coordinating registered medical practitioner has carried out an assessment mentioned in section 6(2), they must prepare a report detailing—

(a) the information gathered as part of the assessment,

(b) their reasons for making, or not making, a statement mentioned in section 8(1).

(2) Where the independent registered medical practitioner has carried out an assessment mentioned in section 6(4), they must prepare a report detailing—

(a) the information gathered as part of the assessment,

(b) their reasons for making, or not making, a statement mentioned in section 8(2).

(3) The report mentioned in subsection (1) or, as the case may be, (2) must be—

(a) in a form to be set out by the Scottish Ministers in regulations,

(b) signed and dated by the registered medical practitioner making it.

(4) The report must be recorded in the person's medical records (see section 13).

(5) Subsection (1) or (2) does not apply if, at any time before the report is prepared, the first declaration is cancelled (see section 11).>

Stuart McMillan

117A As an amendment to amendment 117, line 10, at end insert—

<(2A) Where a report prepared under subsection (1) or (2) details the reasons for not making a statement, no registered medical practitioner may carry out an assessment in relation to the same request before the end of the period of six months beginning with the day the report is recorded in the patient's medical records.

(2B) For the avoidance of doubt, subsection (2A) does not prevent a referral being made under section 7(2).>

Paul Sweeney

239 After section 8, insert—

<Referral to multidisciplinary panel

(1) Where subsection (2) applies, the coordinating registered medical practitioner must refer the person's case to an Assisted Dying Review Panel for determination of the person's eligibility to be provided with assistance under section 15.

(2) This subsection applies where—

(a) the adult has made a first declaration which has not been cancelled,

(b) the coordinating registered medical practitioner has carried out the assessment mentioned in section 6(2) and has made the statement mentioned in section 8(1), and

(c) the independent registered medical practitioner has carried out the assessment mentioned in section 6(4) and has made the statement mentioned in section 8(2).

(3) But where a first declaration is cancelled—

(a) the coordinating registered medical practitioner need not refer the person's case to such a panel, and

(b) if the person's case has already been so referred, the panel need not act in relation to the referral.

(4) The Scottish Ministers must, by regulations, make further provision about Assisted Dying Review Panels.>

Paul Sweeney

240 After section 8, insert—

<Determination by panel of eligibility for assistance

(1) This section applies where a person's case is referred under section *(Referral to multidisciplinary panel)* to an Assisted Dying Review Panel ("the panel").

(2) The panel's function is to determine whether it is satisfied that—

(a) the adult has made a first declaration which—

(i) meets the requirements set out in section 4, and

(ii) has not been cancelled,

(b) the person who made the declaration—

(i) is a terminally ill adult,

(ii) is ordinarily resident in Scotland and has been so resident for at least 12 months before the date of the first declaration,

(iii) is registered as a patient with a medical practice in Scotland,

(iv) has capacity to request lawfully provided assistance to end their own life, and

(v) made the declaration voluntarily and has not been coerced or pressured by any other person into making it,

(c) the coordinating registered medical practitioner has carried out the assessment mentioned in section 6(2) and has made the statement mentioned in section 8(1),

(d) the independent registered medical practitioner has carried out the assessment mentioned in section 6(4) and has made the statement mentioned in section 8(2), and

(e) the requirements of the assessments carried out under section 6(2) and (4) have been met.

(3) Subject to the following, the panel may adopt such procedure as it considers appropriate for the case.

(4) The panel—

(a) must hear from, and may question, the coordinating registered medical practitioner or the independent registered medical practitioner (and may hear from and question both),

(b) must (subject to subsection (7)) hear from, and may question, the person to whom the referral relates,

(c) in a case to which section 12 applies, may hear from and may question the person's proxy,

(d) may hear from and may question any other person,

(e) may ask any person appearing to it to have relevant knowledge or experience to report to it on such matters relating to the person to whom the referral relates as it considers appropriate.

(5) In subsection (4), the reference to hearing from or questioning a person is to hearing from them, or questioning them, in person or by live video or audio link.

(6) Where the panel considers it appropriate for medical reasons, it may make provision for the use of pre-recorded audio or video material for the purposes of subsection (4).

(7) The duty under subsection (4)(b) to hear from the person to whom the referral relates does not apply if the panel is of the opinion that there are exceptional circumstances which justify not hearing from that person.

(8) The panel must—

(a) if it is satisfied of all of the matters mentioned in subsection (2), grant a certificate to that effect (a "certificate of eligibility"),

(b) refuse to do so in any other case.

(9) The panel must notify the following of its decision—

(a) the person to whom the referral relates,

(b) the coordinating registered medical practitioner,

(c) any other person as the Scottish Ministers may by regulations specify.

(10) Where the panel grants a certificate of eligibility, it must give a copy of the certificate to each of the persons mentioned in subsection (9).>

Section 9

Daniel Johnson

9 In section 9, page 5, line 20, leave out <14> and insert <28>

Section 10

Paul Sweeney

241 In section 10, page 5, line 35, after <8(2),> insert—

<( ) an Assisted Dying Review Panel has granted a certificate of eligibility under section *(Determination by panel of eligibility for assistance)*(8)(a),>

Brian Whittle

164 In section 10, page 5, line 35, at end insert—

<( ) the independent assessor has carried out the assessment mentioned in section *(Independent assessors)*, if required by that section, and has made the statement mentioned in section 8(2A),>

Murdo Fraser

165 In section 10, page 6, line 3, after <practitioner,> insert—

<( ) a notary public (see section *(Notary public acting as witness or proxy: further procedure)*),>

Murdo Fraser

166 In section 10, page 6, line 4, after <practitioner> insert <, notary public>

Murdo Fraser

167 In section 10, page 6, line 6, leave out <both> and insert <all>

Schedule 3

Bob Doris

118 In schedule 3, page 19, line 16, leave out <by any other person>

Sandesh Gulhane

3 In schedule 3, page 19, line 19, leave out <16> and insert <18>

Claire Baker

168 In schedule 3, page 19, line 19, leave out <16> and insert <25>

Bob Doris

119 In schedule 3, page 19, line 31, after <Scotland,> insert—

<( ) can be reasonably expected to die within six months,>

Rhoda Grant

31 In schedule 3, page 19, line 32, after <life> insert <, and

( ) have an anticipatory care plan in place which includes a plan for palliative care>

Bob Doris

120 In schedule 3, page 19, line 35, leave out <by any other person>

Section 11

Bob Doris

121 In section 11, page 6, line 31, at end insert—

<( ) the coordinating registered medical practitioner need not prepare a report mentioned in section *(Medical practitioner's report)*(1),

( ) the independent registered medical practitioner need not prepare a report mentioned in section *(Medical practitioner's report)*(2).>

Brian Whittle

169 In section 11, page 6, line 31, at end insert—

<( ) the independent assessor need not carry out an assessment under section *(Independent assessors)*,>

Section 12

Liam McArthur

32 In section 12, page 7, line 13, leave out from <means> to end of line 17 and insert <means a person who is an adult and who—

(d) has known the person who intends to make the declaration personally for a period of at least 2 years, or

(e) is a person of a description specified by the Scottish Ministers by regulations.>

Murdo Fraser

170 In section 12, page 7, line 13, leave out from <means> to end of line 17 and insert <means a notary public (see section *(Notary public acting as witness or proxy: further procedure)*).>

After section 12

Murdo Fraser

171 After section 12, insert—

<Notary public acting as witness or proxy: further procedure

(1) Subsection (2) applies where a notary public—

(a) witnesses a first declaration under section 4(2)(c),

(b) witnesses a second declaration under section 10(3)(c),

(c) signs a declaration as a proxy under section 12.

(2) The notary public must—

(a) be satisfied as to the identity of the person making the declaration, having seen at least two forms of proof of identity (including one photographic),

(b) have taken all reasonable precautions and exercised due diligence,

(c) confirm in writing that, to the best of their knowledge and belief, the person making the declaration appeared to understand its contents and implications, and did not appear to have been coerced or pressured by any other person into making it,

(d) affix their Notarial Seal to the declaration.>

Section 13

Brian Whittle

172 In section 13, page 7, line 22, at end insert—

<( ) a statement under section 8(2A) is made,>

Bob Doris

122 In section 13, page 7, line 22, at end insert—

<( ) a report under section *(Medical practitioner's report)*(1) is prepared,

( ) a report under section *(Medical practitioner's report)*(2) is prepared,>

Bob Doris

123 In section 13, page 7, line 25, leave out <or, as the case may be, statement> and insert <, statement or report>

After section 14

Ross Greer

242 After section 14, insert—

<Right to advocacy

(1) Every individual to whom subsection (3) applies has a right of access to independent advocacy in connection with the individual's request to be lawfully provided with assistance to end their own life in accordance with this Act.

(2) It is the duty of the Scottish Ministers to ensure that independent advocacy services are available to the extent necessary for that right to be exercised by the individuals who have it.

(3) This subsection applies to an individual if they are—

(a) considering requesting assistance to end their own life in accordance with this Act, and

(b) require an advocate's help to effectively and safely request that assistance and with the process leading up to provision of assistance.

(4) For the purposes of this section—

(a) "advocacy services" means services of support and representation that are made available for the purpose of enabling an individual to whom they are provided to effectively and safely request assistance and with the process leading up to provision of assistance in accordance with this Act, including—

(i) offering emotional, legal, and procedural guidance,

(ii) ensuring the individual's rights, autonomy, and wellbeing are prioritised,

(iii) acting where the individual's rights are at risk of being breached,

(iv) preventing undue influence,

(v) ensuring that the individual's decisions are voluntary and autonomous,

(b) advocacy services are independent if they are provided by a person who is not previously known to the individual or their immediate family and is not otherwise involved in provision of care or support to the individual including the provision of services under this Act.>

Ross Greer

243 After section 14, insert—

<Advocacy service standards

(1) Any provider of independent advocacy services in connection with their duty under section *(Right to advocacy)*(2) must comply with the advocacy service standards.

(2) The advocacy service standards are to be set by the Scottish Ministers in regulations and may, in particular, include provision in relation to—

(a) the training and experience individuals providing advocacy services must have,

(b) service quality,

(c) quality assurance processes,

(d) record keeping.

(3) The advocacy service standards, or a part of them, may be set by reference to another document (whether or not prepared by the Scottish Ministers).>

Section 15

Brian Whittle

173 In section 15, page 8, line 15, at end insert—

<( ) An approved substance must only be supplied to a coordinating registered medical practitioner or an authorised health professional by a registered pharmacist, in accordance with the directions of the coordinating registered medical practitioner.>

Brian Whittle

174 In section 15, page 8, line 21, at end insert—

<( ) the independent assessor has carried out the assessment mentioned in section *(Independent assessors)*, if required by that section, and has made the statement mentioned in section 8(2A),>

Brian Whittle

175 In section 15, page 8, line 26, leave out <provides> and insert <is present for the provision of>

Jackie Baillie

76 In section 15, page 8, line 26, after <person,> insert—

<( ) where the substance is provided to the adult by an authorised health professional who is a registered nurse, that health professional is accompanied by the coordinating registered medical practitioner or another authorised health professional who is a registered medical practitioner,>

Jackie Baillie

77 In section 15, page 8, line 27, leave out <that practitioner or health professional> and insert <the coordinating registered medical practitioner or, as the case may be, authorised health professional who is a registered medical practitioner>

Bob Doris

124 In section 15, page 8, line 31, leave out <by any other person>

Sue Webber

176 In section 15, page 8, line 31, at end insert—

<( ) the coordinating registered medical practitioner has, at the time or immediately prior to the time the substance is provided, informed the adult, and is satisfied of their understanding, of—

(i) any potential side effects of using the substance to end their own life,

(ii) any potential risks of complications that may arise from using the substance to end their own life, including any potential risks of pain.>

Marie McNair

244 In section 15, page 8, line 31, at end insert—

<( ) For the avoidance of doubt, nothing in this section authorises any person to administer an approved substance to the adult on their behalf with the intention of bringing about the adult's death.>

Jackie Baillie

78 In section 15, page 8, line 33, after first <professional> insert <where that professional is a registered medical practitioner>

Daniel Johnson

10 In section 15, page 8, line 34, at end insert—

<(4A) In respect of an approved substance which is provided to a terminally ill adult under subsection (1), the coordinating registered medical practitioner may—

(a) prepare that substance for use by the adult,

(b) prepare a medical device which will enable the adult to use the substance,

(c) assist the adult to ingest or otherwise use the substance.

(4B) Notwithstanding subsection (4A), the decision to use the approved substance and the final act of doing so must be taken by the terminally ill adult to whom the substance has been provided.

(4C) Subsection (4A) does not authorise the coordinating registered medical practitioner to administer an approved substance to another person with the intention of causing that person's death.>

Jackie Baillie

79 In section 15, page 8, line 34, at end insert—

<( ) Where the authorised health professional is a registered nurse, that health professional must also be accompanied by another health professional for the purposes of subsections (5) to (7).>

Brian Whittle

177 In section 15, page 8, line 34, at end insert—

<( ) Where a coordinating registered medical practitioner or, as the case may be, authorised health professional is accompanied by any other health professional by virtue of subsection (4), they may delegate their functions under subsections (1) and (7) to the accompanying health professional.>

Brian Whittle

178 In section 15, page 8, line 36, leave out <with> and insert <in the same room as>

Douglas Ross

179 In section 15, page 8, line 38, after <died> insert <or until that practitioner or health professional determines that the substance has failed to take effect>

Brian Whittle

180 In section 15, page 8, line 39, leave out subsection (6)

Liam McArthur

33 In section 15, page 8, line 41, after <adult> insert <once the adult has used the approved substance>

Sue Webber

181 In section 15, page 9, line 3, at end insert—

<(7A) Subsection (7B) applies where the terminally ill adult uses the substance provided to end their own life but does not die within a period that the coordinating registered medical practitioner or, as the case may be, authorised health professional considers indicates that the substance has not produced its intended effect.

(7B) The coordinating registered medical practitioner or, as the case may be, authorised health professional must take all reasonable steps to preserve the life of the adult, including reversing the effects of the substance where possible.

(7C) Subsection (7B) applies not withstanding any prior declaration or statement made by the adult under this Act, unless the adult, at that time and with capacity to do so, refuses such intervention.

(7D) The coordinating registered medical practitioner or, as the case may be, authorised health professional must ensure any incident mentioned in subsection (7A) is recorded in writing, including details of—

(a) the substance used,

(b) the sequence of events following provision of the substance,

(c) any action taken under subsection (7B).>

Sue Webber

182 In section 15, page 9, line 3, at end insert—

<( ) An act by any person to provide or administer any additional substance, drug or treatment to the adult for the purpose of bringing about their death after the adult has used the substance provided to end their own life is to be subject to any relevant existing criminal law relating to homicide.>

Sue Webber

183 In section 15, page 9, line 3, at end insert—

<( ) The coordinating registered medical practitioner must—

(a) record any complications, adverse reactions, or unintended effects arising from the provision of the approved substance in the adult's medical records,

(b) submit an anonymised report on such matters to Public Health Scotland.>

Stuart McMillan

184 In section 15, page 9, line 3, at end insert—

<( ) The coordinating registered medical practitioner must report any complications, adverse reactions or unintended effects arising from the provision of the approved substance to Public Health Scotland.>

Paul Sweeney

245 In section 15, page 9, line 3, at end insert—

<(7A) The coordinating registered medical practitioner or, as the case may be, authorised health professional must make a report to Public Health Scotland where a terminally ill adult has used a substance provided to end their own life under this section, but has—

(a) not died within a reasonable period,

(b) experienced adverse side effects to the substance.

(7B) For the purposes of subsection (7A), a "reasonable period" means a period specified by the Scottish Ministers in regulations.>

Brian Whittle

185 In section 15, page 9, line 5, after <practitioner> insert <, registered pharmacist,>

Liam McArthur

34 In section 15, page 9, line 6, after <nurse> insert <who—

( ) has such qualifications and experience as the Scottish Ministers may by regulations specify, and

( ) is>

Liam McArthur

34A As an amendment to amendment 34, line 2, after <such> insert <training,>

Paul Sweeney

34B As an amendment to amendment 34, line 2, leave out <may> and insert <must>

Jackie Baillie

70 In section 15, page 9, line 6, after <nurse> insert <who—

( ) has completed the training mentioned in section *(Training provision for persons willing to carry out functions under this Act)*(1), and

( ) is>

Miles Briggs

186 In section 15, page 9, line 6, after <nurse> insert <who—

( ) is entered on the register of persons willing to carry out functions under this Act established by regulations under section *(Register of persons willing to carry out functions under this Act)*(1), and

( ) is>

Liam McArthur

35 In section 15, page 9, line 9, at end insert—

<( ) The Scottish Ministers must—

(a) before—

(i) laying a draft of first regulations under subsection (8) specifying qualifications and experience of authorised health professionals before the Scottish Parliament, or

(ii) making subsequent regulations under that subsection specifying such qualifications and experience,

(b) before laying a draft of regulations under that subsection specifying an approved substance before the Scottish Parliament,

consult such persons as they consider appropriate.>

Liam McArthur

35A As an amendment to amendment 35, line 4, after <specifying> insert <training,>

Liam McArthur

35B As an amendment to amendment 35, line 7, after <such> insert <training,>

After section 15

Bob Doris

125 After section 15, insert—

<Provision of assistance: further regulations

(1) The Scottish Ministers must by regulations make provision about the management of cases where a terminally ill adult has used the substance provided to end their own life in accordance with this Act, but has not died within a reasonable period.

(2) For the purposes of subsection (1), "reasonable period" means the period specified in the regulations.

(3) The Scottish Ministers must before laying a draft of regulations under subsection (1) before the Scottish Parliament consult such persons as they consider appropriate.>

Stuart McMillan

187 After section 15, insert—

<Further procedure: regulations under section 15

(1) The Scottish Ministers must not lay a draft of a Scottish statutory instrument containing regulations under section 15(8) specifying an approved substance until the Chief Medical Officer of the Scottish Administration has prepared a report on the suitability of each drug or other substance specified in the regulations, including—

(a) the safety of the substance, and

(b) any associated side effects of using the substance.

(2) Regulations under section 15(8) specifying an approved substance must cease to have effect at the end of the period of three years, unless the Scottish Parliament resolves that the regulations continue in force for a further period of 3 years.

(3) The Scottish Parliament may resolve that the regulations continue in force for a further period of 3 years—

(a) before the end of the period of 3 years specified in the resolution under subsection (1), and

(b) before the end of each subsequent 3 year period.

(4) A resolution under subsection (1) or (2) may only be agreed after the Chief Medical Officer of the Scottish Administration has prepared an updated report on the suitability of each drug or other substance specified in the regulations, including—

(a) the safety of the substance, and

(b) any associated side effects of using the substance.>

Section 16

Stephen Kerr

126 In section 16, page 9, line 17, at end insert—

<( ) The statement mentioned in subsection (2) must record—

(a) the time that elapsed between the provision of the approved substance and the adult's death, and

(b) any complications arising during the procedure.>

Schedule 4

Stephen Kerr

188 In schedule 4, page 21, line 18, at end insert—

<Any complications arising during the procedure: .....>

Section 17

Liam McArthur

36 In section 17, page 9, line 31, after <1965> insert <—

( )>

Pam Duncan-Glancy

246 In section 17, page 9, line 32, leave out from the first <the> to end of line 33 and insert <as an underlying condition contributing to the person's death.>

Liam McArthur

37 In section 17, page 9, line 32, leave out from <disease> to end of line 33 and insert <direct cause of death>

Liam McArthur

38 In section 17, page 9, line 33, at end insert <, and

( ) the use of the approved substance provided to the adult by virtue of section 15 is to be recorded as other relevant medical information.>

Pam Duncan-Glancy

247 In section 17, page 9, line 33, at end insert <, and

( ) the act of assisted dying, including the use of the approved substance provided under section 15, is to be recorded as a direct cause of death.>

After section 17

Murdo Fraser

189 After section 17, insert—

<Medical review and referral process

(1) Any relative (within the meaning of section 63 of the Family Law Act 1996) of a person who has died following provision of assistance under this Act may request a medical review of the case if they reasonably believe that the person was not eligible to be lawfully provided with assistance to end their own life.

(2) A medical review requested under subsection (1) must—

(a) be conducted by a panel of at least two registered medical practitioners who did not carry out any function of this Act in relation to the person's request for assistance,

(b) examine all relevant medical records, declarations, statements and any other information the panel considers appropriate.

(3) Where a medical review under subsection (2) identifies evidence suggesting that—

(a) the person was not eligible to be lawfully provided with assistance to end their own life,

(b) any other provision of this Act was breached,

the panel must refer the matter without delay to a procurator fiscal.>

Section 18

Liam McArthur

39 In section 18, page 9, line 36, after <participate> insert <directly>

Jeremy Balfour

190 In section 18, page 9, line 36, leave out from <anything> to end of line 37 and insert <, or facilitate in any way, anything authorised under this Act to which that individual has a conscientious objection or objects for any other reason.

( ) For the purposes of this section, participation or facilitation includes, but is not limited to, referring, prescribing, supplying, preparing, witnessing or providing any form of logistical or administrative support in relation to assisting a person to end their own life.>

Liam McArthur

40 In section 18, page 9, line 36, leave out <to which that individual has a conscientious objection>

Daniel Johnson

11 In section 18, page 9, line 37, at end insert—

<( ) An individual or organisation must not be subject to any detriment for not participating in anything authorised by this Act to which that individual or organisation has a conscientious objection.>

Paul Sweeney

248 In section 18, page 9, line 37, at end insert—

<( ) An individual must not be subject to any detriment for participating or, as the case may be, not participating in anything authorised by this Act.>

Liam McArthur

41 In section 18, page 9, line 38, leave out subsection (2)

Jeremy Balfour

191 In section 18, page 9, line 38, leave out from second <of> to the end of line 39 and insert <lies with the person or institution alleging that a claim of conscientious objection has been improperly or falsely made.>

Jeremy Balfour

192 In section 18, page 9, line 39, at end insert—

<( ) An individual exercising a conscientious objection under subsection (1) must not (as a consequence of making the objection) be subject to—

(a) any risk of discrimination in the place of their employment,

(b) any other adverse impact on their current or future employment, training or development.>

After section 18

Daniel Johnson

16 After section 18, insert—

<Conscientious objection: care home or hospice

(1) A regulated care home or hospice is not under any duty (whether arising from any statutory or other legal requirement) to participate in, or require staff of the organisation to participate in, anything authorised by this Act to which that organisation has a conscientious objection.

(2) In any legal proceedings the burden of proof of conscientious objection is to rest on the person claiming to rely on it.>

Daniel Johnson

20 After section 18, insert—

<No detriment for care home or hospice not providing assistance

(1) A regulated care home or hospice must not be subject to any detriment by a public authority as a result of—

(a) not providing assistance in accordance with this Act, or

(b) not permitting such assistance to take place on their premises.

(2) No funding given by a public authority to a regulated care home or hospice can be conditional on that care home or hospice—

(a) providing assistance in accordance with this Act, or

(b) permitting such assistance to take place on their premises.>

Jackie Baillie

52 After section 18, insert—

<Reasonable grounds not to provide assistance etc.

(1) A regulated care home or hospice is not under any duty (whether arising from any statutory or other legal requirement) to participate in, or require staff of the organisation to participate in, anything authorised by this Act in which that organisation has reasonable grounds for not so participating.

(2) The Scottish Ministers must, by regulations, specify the reasonable grounds mentioned in subsection (1).

(3) Notwithstanding subsection (1), any regulated care home or hospice to which that subsection applies must not inhibit any person from being provided with assistance to end their own life in accordance with this Act in another setting.>

Jeremy Balfour

193 After section 18, insert—

<Institutional objection

(1) A hospice, hospital, hostel, care home or other healthcare institution is not under a duty (whether arising from any statutory or other legal requirement) to permit the provision of assistance authorised by this Act on its premises, where doing so would conflict with its formally adopted ethical, religious or philosophical policies.

(2) An institution relying on subsection (1) must—

(a) publish a written policy setting out its position, and

(b) take reasonable steps to ensure that patients or residents, as the case may be, and their families are made aware of the policy in a timely manner.

(3) The Scottish Ministers must ensure that no hospice or palliative care institution is denied public funding, or receives reduced or conditional public funding, on the basis that it refuses to participate in, support or facilitate the provision of assistance under this Act.

(4) Any attempt by a public authority to make the allocation of funds to a hospice conditional on participation in the operation of this Act is to be treated as discriminatory and unlawful.

(5) The Scottish Ministers may by regulations make further provision to ensure—

(a) institutional conscience protections,

(b) funding equity across hospices, irrespective of their participation in this Act.

(6) Nothing in this Act permits or requires a regulatory body or public authority to interpret an institution's decision not to participate in, support or facilitate the provision of assistance under this Act for the purposes of subsection (1) as a failure to meet professional, ethical, or contractual standards.>

Miles Briggs

194 After section 18, insert—

<Employment and partnership protection (for involvement or non-participation)

(1) An employer must ensure that there is no employment detriment to their employee as a result of the employee's actual or potential—

(a) involvement in anything authorised by this Act, or

(b) decision not to participate in anything authorised by this Act.

(2) There is an employment detriment to an employee if—

(a) the employer decides not to employ them or to end their employment, or

(b) they are treated less favourably in that employment.

(3) A general practitioner contractor must ensure that there is no detriment to another partner or member of the company as a result of the other partner or member of the company's actual or potential—

(a) involvement in anything authorised by this Act, or

(b) decision not to participate in anything authorised by this Act.

(4) There is a detriment to a partner or member of the company if—

(a) they are not invited to become a partner in the partnership or member of the company,

(b) they are offered less favourable terms or conditions in being invited to become a partner in the partnership or member of the company,

(c) their access to a benefit arising from being a partner in the partnership or member of the company is denied or limited,

(d) they are expelled from the partnership or membership of the company, or

(e) they are otherwise treated less favourably, or subjected to any other detriment, in the partnership or company.

(5) In this section, "partnership"—

(a) means a partnership described in the Partnership Act 1890, and

(b) includes a prospective partnership.>

Miles Briggs

195 After section 18, insert—

<No duty to raise assisted dying

(1) No registered medical practitioner is under any duty to raise the subject of the provision of assistance in accordance with this Act with a person.

(2) But nothing in subsection (1) prevents a registered medical practitioner exercising their professional judgement to decide if, and when, it is appropriate to discuss the matter with a person.>

Stuart McMillan

249 After section 18, insert—

<Conscientious objection: organisations

(1) No company, charity, or other organisation is under any duty to participate in, facilitate, or permit on its premises the provision of assistance in accordance with the provisions of this Act.

(2) No company, charity, or other organisation shall be required, as a condition of receiving funding or any other benefit from any public body, to participate in, facilitate, or permit on its premises the provision of assistance in accordance with this Act.

(3) For the avoidance of doubt, this section does not apply to health boards constituted in accordance with section 2 of the National Health Service (Scotland) Act 1978.

(4) For the purposes of this section—

"charity" means any charity registered with the Office of the Scottish Charity Regulator,

"company" has the meaning given by section 1 of the Companies Act 2006.>

Section 20

Stuart McMillan

250 In section 20, page 10, line 10, at end insert—

<(1A) Providing lawful advice or assistance as a result of which a terminally ill adult decides not to end their own life does not give rise to any civil liability.>

Stuart McMillan

251 In section 20, page 10, line 13, at end insert—

<(2A) Subsection (1A) does not limit the circumstances in which a court can otherwise find that a person who has provided lawful advice or assistance as a result of which a terminally ill adult has decided not to end their own life, is not subject to civil liability.>

After section 20

Jackie Baillie

62 After section 20, insert—

<*Regulation of assisted dying services outwith National Health Service*

Provision of assistance outwith National Health Service

(1) The Scottish Ministers must, by regulations, make further provision about the provision of assistance in accordance with this Act outwith the National Health Service.

(2) Regulations under subsection (1) may, in particular, specify—

(a) the role of Healthcare Improvement Scotland,

(b) the role of the Care Inspectorate,

(c) any settings or services where assistance must not be provided.

(3) Before laying a draft of regulations under subsection (1) before the Scottish Parliament, the Scottish Ministers must consult such persons as they consider appropriate.>

Patrick Harvie

127 After section 20, insert—

<*Safe access zones*

Safe access zones

(1) The Scottish Ministers may, by regulations, establish safe access zones for premises in which assistance may be provided under section 15.

(2) Regulations under subsection (1) must set out that a person who is in a safe access zone commits an offence if the person does an act with the intention of, or is reckless as to whether the act has the effect of—

(a) influencing the decision of another person to be provided with, provide or facilitate the provision of assistance under section 15,

(b) preventing or impeding another person from being provided with, providing or facilitating the provision of assistance under section 15, or

(c) causing harassment, alarm or distress to another person in connection with the provision of assistance under section 15.

(3) Regulations under subsection (1) must provide Scottish Ministers with the ability to—

(a) extend the boundary of a safe access zone,

(b) reduce the boundary of a safe access zone,

(c) cease the designation of premises as a safe access zone.>

Before section 21

Jackie Baillie

53 Before section 21, insert—

<Raising assisted dying with a person under 18

(1) A registered medical practitioner or other health professional must not raise with a person under the age of 18 the subject of the provision of assistance to end their own life in accordance with this Act, where the subject has not first been raised by the person with the registered medical practitioner or, as the case may be, other health professional.

(2) The provision of assistance to end their own life in accordance with this Act must not form part of an anticipatory care plan for any person under the age of 18.>

Daniel Johnson

53A As an amendment to amendment 53, line 4, leave out <18> and insert <25>

Daniel Johnson

53B As an amendment to amendment 53, line 8, leave out <18> and insert <25>

Section 21

Liam McArthur

42 In section 21, page 10, line 19, at end insert—

<( ) A person who coerces or pressures a terminally ill adult into using an approved substance provided by virtue of section 15 commits an offence.>

Liam McArthur

43 In section 21, page 10, line 20, leave out <subsection 1> and insert <this section>

After section 21

Pam Duncan-Glancy

252 After section 21, insert—

<Offence of advertising assisted dying

(1) A person commits an offence if they publish, distribute or display any advertisement, notice or material which—

(a) promotes,

(b) encourages, or

(c) solicits,

the provision of assistance to a terminally ill adult to end that adult's life.

(2) For the purposes of subsection (1), "advertisement" includes but is not limited to—

(a) printed material,

(b) electronic communications,

(c) social media posts,

(d) websites,

(e) any other form of public or private communication intended to reach more than one person.

(3) A person guilty of an offence under this section is liable—

(a) on summary conviction to a fine not exceeding level 5 on the standard scale,

(b) on conviction on indictment to imprisonment for a term not exceeding 2 years, or a fine not exceeding level 5 on the standard scale, (or both).

(4) Nothing in this section applies to communications about the provisions of this Act solely intended for informing—

(a) medical professionals,

(b) academics,

(c) legal professionals, or

(d) members of the public,

provided that no encouragement or solicitation of assisted dying is included in the communication.>

Sue Webber

253 After section 21, insert—

<Offence of dissemination of information relating to substances used for assisted dying

(1) A person commits an offence if the person, by any means, provides, publishes, communicates, or otherwise makes available to another person any information relating to—

(a) any substance which may be used, or is capable of being used, for the purpose of ending a life under this Act,

(b) the quantities, combinations, or methods of preparation of any such substance, or

(c) any person, business, organisation, or supplier from which any such substance may be obtained,

unless authorised in writing by the Scottish Ministers.

(2) The authorisation referred to in subsection (1) may only be granted—

(a) where the Scottish Ministers are satisfied that the disclosure of such information is strictly necessary for the limited purpose of ensuring safe clinical practice under this Act, and

(b) for a defined period and to identified persons.

(3) A person guilty of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding level 5 on the standard scale (or both), or

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or to an unlimited fine (or both).

(4) The Scottish Ministers must, by regulations, make provision for the publication and maintenance of a list of persons or bodies authorised to hold or communicate such information.>

After section 22

Jackie Baillie

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).>

Jackie Baillie

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).>

Jackie Baillie

71 After section 22, insert—

<Training provision for persons willing to carry out functions under this Act

(1) The Scottish Ministers must, by regulations, make provision about the training that a person must have completed to carry out functions under this Act of—

(a) a coordinating registered medical practitioner,

(b) an independent registered medical practitioner,

(c) an authorised health professional.

(2) The Scottish Ministers must, before—

(a) laying a draft of first regulations under subsection (1) before the Scottish Parliament, or

(b) making subsequent regulations under subsection (1),

consult with trade unions and professional bodies who appear to them to represent the interests of persons who may carry out the functions of each of the persons mentioned in subsection (1).>

Jackie Baillie

71A As an amendment to amendment 71, line 7, at end insert—

<( ) Regulations under subsection (1) must provide that the persons mentioned in that subsection must have completed training—

(a) on routine enquiry and risk assessment for domestic abuse and coercive control,

(b) provided in person by persons with expertise in domestic abuse.>

Jackie Baillie

80 After section 22, insert—

<Register of psychiatrists

(1) The Scottish Ministers must by regulations establish a register of registered medical practitioners registered in the specialism of psychiatry in the Specialist Register kept by the General Medical Council who are eligible to undertake assessments under—

(a) section 7(2)(b),

(b) section *(Further psychiatric assessment)*(2).

(2) The register must be—

(a) under the management and control of the Mental Welfare Commission for Scotland ("the Commission") or such other body as the Scottish Ministers may designate by regulations under subsection (1),

(b) maintained by the Commission or the body so designated (as the case may be),

(c) organised by health board area.

(3) A psychiatrist may apply to be entered in the register.

(4) A psychiatrist may be entered in the register only if they—

(a) hold Approved Medical Practitioner status, or

(b) meet criteria specified by the Scottish Ministers in regulations under subsection (1).

(5) Regulations under subsection (1) may make provision about the process by which a psychiatrist may—

(a) apply to be entered in the register,

(b) be removed from the register.>

Jackie Baillie

81 After section 22, insert—

<Register of psychiatrists: data collection and use

(1) The register established by regulations under section *(Register of psychiatrists)*(1) must be established and maintained in a way to enable data to be collected on assessments carried out under section 7(2)(b) or section *(Further psychiatric assessment)*(2).

(2) Data collected by virtue of subsection (1) must be used, in relation to such assessments—

(a) to provide oversight and assurance,

(b) to facilitate training and continuing professional development,

(c) to support research into the operation and impact of this Act,

(d) for such other purposes as the Scottish Ministers consider appropriate.>

Bob Doris

128 After section 22, insert—

<Regulation and patient safety

(1) The Scottish Ministers must by regulations make provision about the regulation and oversight of persons who carry out functions under this Act to ensure the safety and welfare of a terminally ill adult provided with assistance in accordance with this Act.

(2) Regulations under subsection (1) may, in particular, make provision about—

(a) the type of settings or premises where functions under this Act—

(i) may lawfully be carried out,

(ii) may not lawfully be carried out,

(b) the responsibilities of—

(i) Healthcare Improvement Scotland,

(ii) Social Care and Social Work Improvement Scotland,

in respect of functions carried out under this Act.

(3) Regulations under subsection (1) must make provision about the process for raising a concern about the provision of assistance to a terminally ill adult under this Act.>

Brian Whittle

196 After section 22, insert—

<Training for healthcare professionals

The Scottish Ministers must ensure that training is made available to health professionals on how the functions under this Act are to be carried out.>

Miles Briggs

197 After section 22, insert—

<Information service

The Scottish Ministers must, by regulations, make provision to establish an independent information service—

(a) to provide information and support to persons who are, or may be, eligible to be provided with assistance to end their own life in accordance with this Act, and

(b) where requested, to support a person to navigate the process for making a request for assistance to end their own life in accordance with this Act.>

Miles Briggs

198 After section 22, insert—

<Register of persons willing to carry out functions under this Act

(1) The Scottish Ministers must, by regulations, establish and maintain a register of persons willing to carry out functions under this Act of—

(a) a coordinating registered medical practitioner,

(b) an independent registered medical practitioner,

(c) an authorised health professional,

(d) a registered pharmacist responsible for supplying an approved substance for use in accordance with section 15.

(2) Regulations under subsection (1)—

(a) must provide that a person may only be entered on the register if they have notified the Scottish Ministers that they are willing to carry out functions under this Act,

(b) may make provision about—

(i) the information to be kept on the register,

(ii) the process for removing and updating information kept on the register,

(iii) the circumstances in which information kept on the register may be provided,

(iv) the persons who may access such information,

(c) may make such other provision as required to enable to the register to be maintained.>

Paul Sweeney

254 After section 22, insert—

<Training provision: provision of assistance

(1) The Scottish Ministers must make provision for training for registered medical practitioners on the provision of assistance under section 15.

(2) Training provided for under subsection (1) must be—

(a) made available to all registered medical practitioners across Scotland,

(b) adequately resourced.>

Paul Sweeney

255 After section 22, insert—

<Training provision: capacity assessments

(1) The Scottish Ministers must make provision for training for registered medical practitioners on assessing whether a terminally ill adult has capacity to request the provision of assistance to end their own life in accordance with this Act.

(2) Training provided for under subsection (1) must be—

(a) made available to all registered medical practitioners across Scotland,

(b) adequately resourced.>

Fulton MacGregor

256 After section 22, insert—

<Integration scheme

(1) The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 is amended as follows.

(2) In schedule 2, in column A of the table, after the entry for Patient Rights (Scotland) Act 2011 insert—

"**Assisted Dying for Terminally Ill Adults (Scotland) Act 2026**

All functions of Health Boards conferred by, or by virtue of, the Assisted Dying for Terminally Ill Adults (Scotland) Act 2026."

(3) In schedule 3—

(a) in Part 2, after paragraph (c) insert—

"(ca) services providing lawful assistance to an adult to end their own life under the Assisted Dying for Terminally Ill Adults (Scotland) Act 2026,"

(b) in Part 3, after paragraph (k) insert—

"(ka) services providing lawful assistance to an adult to end their own life under the Assisted Dying for Terminally Ill Adults (Scotland) Act 2026,">

Fulton MacGregor

257 After section 22, insert—

<Local assisted dying service

(1) Each Health Board must set up a specialist assisted dying service for the area covered by the Board to deliver the functions set out in this Act.

(2) The Scottish Ministers may, by regulations, make further provision for the purposes of subsection (1).

(3) In this section, "Health Board" means a Health Board constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978.>

Pam Duncan-Glancy

258 After section 22, insert—

<Assessment of capacity of social care services

(1) The Scottish Ministers must, as soon as practicable after Royal Assent, carry out an assessment of the capacity of social care services provided by—

(a) local authorities, and

(b) other organisations providing social care,

to support the functions under this Act.

(2) An assessment carried out under subsection (1) must, in particular, consider—

(a) staffing resource associated with the provision of social care services, including the training and support that will be required,

(b) existing funding streams for social care services and organisations supporting disabled people.

(3) The Scottish Ministers must prepare and publish a report on the assessment carried out under subsection (1).

(4) The Scottish Ministers must lay the report under subsection (3) before the Scottish Parliament.

(5) The Scottish Parliament must, within 6 months of report being laid under subsection (4), consider a motion to approve the report.>

Stuart McMillan

259 After section 22, insert—

<Referendum on the provisions of the Act

(1) The Scottish Ministers must, as soon as reasonably practicable after Royal Assent, make provision for a referendum to be held in Scotland on a question about the provisions of this Act.

(2) The date on which the poll at the referendum is to be held must be no later than 7 November 2028.

(3) In this section, "referendum" has the meaning given by section 101 of the Political Parties, Elections and Referendums Act 2000.>

Michael Marra

260 After section 22, insert—

<Review of financial implications of the Act

(1) The Scottish Ministers must, as soon as reasonably practicable after Royal Assent, commission an independent review of the financial implications of the implementation and operation of this Act.

(2) The review commissioned under subsection (1) must include an assessment of—

(a) estimated costs to public bodies, including—

(i) health boards,

(ii) local authorities,

(b) estimated costs for—

(i) staff training,

(ii) service infrastructure,

(iii) monitoring systems,

(c) the potential impact of the Act on funding for other health services, including—

(i) palliative care services,

(ii) mental health services.

(3) A report on the findings of a review commissioned under subsection (1) must be—

(a) accompanied by a statement from the Scottish Ministers—

(i) confirming whether they accept the findings of the report, and

(ii) detailing the action, if any, they intend to take as a result of the review,

(b) published and laid before the Scottish Parliament for approval by a resolution of the Parliament.>

Section 23

Miles Briggs

261 In section 23, page 10, line 36, leave out <may> and insert <must>

Miles Briggs

262 In section 23, page 11, line 1, leave out <may> and insert <must>

Ross Greer

263 In section 23, page 11, line 8, at end insert—

<( ) training and quality assurance to ensure the effective implementation of the Act,>

Miles Briggs

264 In section 23, page 11, line 11, at end insert—

<(f) how the provision of assistance to terminally ill adults in accordance with this Act should be arranged by Health Boards, including the development of patient pathways,

(g) where legal and professional accountability lies in relation to the provision of assistance in accordance with this Act, including for each of the preliminary steps.>

Miles Briggs

265 In section 23, page 11, line 13, leave out <such> and insert <—

( ) trade unions and professional bodies who appear to them to represent the interests of persons who may carry out functions under this Act,

( ) such other>

Miles Briggs

266 In section 23, page 11, line 13, at end insert—

<( ) Guidance making provision of the kind mentioned in subsection (2)(g) must be developed in consultation with, and approved by, the Lord Advocate.>

Ross Greer

267 In section 23, page 11, line 14, after <function> insert <or who is otherwise involved in the process by which a terminally ill adult may request, and be provided with, assistance>

After section 23

Liam McArthur

44 After section 23, insert—

<Duty to provide information

The Scottish Ministers must provide, or secure the provision of, such information as they consider appropriate with regard to the lawful provision to terminally ill adults of assistance to end their own lives under this Act to, and in a form accessible to and understandable by—

(a) terminally ill adults wishing to be lawfully provided with assistance to end their own lives,

(b) health professionals and social care professionals,

(c) the general public.>

Liam McArthur

44A As an amendment to amendment 44, line 9, leave out <and social care professionals> and insert <, social care professionals and social work professionals>

Jackie Baillie

56 After section 23, insert—

<Guidance prepared by the Chief Medical Officer

(1) The Chief Medical Officer of the Scottish Administration must prepare and publish guidance that sets out when an advanced and progressive disease, illness or condition can reasonably be expected to cause the premature death of an adult under the age of 25 for the purpose of determining their eligibility to be lawfully provided with assistance to end their own life.

(2) A registered medical practitioner carrying out an assessment under section 6 must have regard to guidance published under subsection (1).

(3) The Chief Medical Officer—

(a) may from time to time revise guidance published under subsection (1), and

(b) must publish any revised guidance.>

Paul Sweeney

268 After section 23, insert—

<Guidance: provision of assistance

(1) The Scottish Ministers must prepare and publish guidance for coordinating registered medical practitioners and authorised health professionals on the provision of assistance under section 15.

(2) Guidance published under subsection (1) must, in particular, address—

(a) what can reasonably be expected to happen where a terminally ill adult uses a substance provided to end their own life in accordance with this Act,

(b) the steps to be taken if difficulties are encountered where a terminally ill adult uses such a substance,

(c) the management of cases where a terminally ill adult has used the substance, but has—

(i) not died within a reasonable period,

(ii) experienced adverse side effects of the substance.

(3) The Scottish Ministers must, when preparing guidance under subsection (1), consult such persons as they consider appropriate.

(4) A person carrying out a function in relation to the provision of assistance under section 15 must have regard to any guidance published under subsection (1).

(5) For the purposes of subsection (1), a "reasonable period" means a period specified by the Scottish Ministers in regulations.>

Section 24

Miles Briggs

21 In section 24, page 11, line 40, at end insert—

<( ) the health and social care services discussed with persons who made a first declaration and, where known, whether and the extent to which those services were provided,>

Paul Sweeney

269 In section 24, page 12, line 11, after <provided,> insert—

<( ) whether a report was made by the coordinating registered medical practitioner or, as the case may be, authorised health professional under section 15(7A) as to the inefficacy or adverse side effects associated with the substance,>

Miles Briggs

22 In section 24, page 12, line 25, at end insert—

<( ) A report under subsection (1) must include an assessment by Public Health Scotland, in relation to the reporting period to which the report relates, of the—

(a) availability, quality and distribution of health and social care services to persons who made a first declaration, including—

(i) pain and symptom management,

(ii) psychological support,

(b) availability of information to such persons about accessing palliative care services.>

After section 25

Daniel Johnson

18 After section 25, insert—

<Scottish Commission on Assisted Dying

(1) There is to be a body to be known as the Scottish Commission on Assisted Dying ("the Commission").

(2) The Commission is to consist of—

(a) the member of the Scottish Parliament who is for the time being convener of the committee whose remit includes responsibility for scrutiny of the Scottish Minister or Junior Scottish Minister responsible for legislation relating to assisted dying, and

(b) 4 other members of the Parliament appointed in accordance with standing orders.

(3) The functions of the Commission are to—

(a) keep the operation of this Act under review, and

(b) report to the Parliament as it considers appropriate.

(4) A report under subsection (3)(b) may include recommendations as to the effective operation of the Act.

(5) In carrying out its functions, the Commission may require any person or body exercising functions under this Act to provide it with such documents, information and explanations about the exercise of those functions as the Commission reasonably considers necessary in connection with the discharge of its functions.

(6) Schedule *(Scottish Commission on Assisted Dying)* makes further provision about the Commission.>

Murdo Fraser

199 After section 25, insert—

<Assisted Dying Safeguards and Oversight Body

(1) There is to be an independent body known as the Assisted Dying Safeguards and Oversight Body ("the oversight body").

(2) The functions of the oversight body are to—

(a) review the operation of this Act,

(b) establish and maintain a national register of health professionals authorised to carry out functions under this Act,

(c) review, and report in writing on, the care pathway for each request for assistance under this Act, including—

(i) all medical assessments and declarations made under this Act,

(ii) the terminal illness prognosis relied upon in determining eligibility,

(iii) whether all palliative care options have been fully explored, discussed with the person, and documented in writing, and

(iv) whether any coercion or undue influence was present at any stage of the process,

(d) investigate concerns relating to the conduct or competence of any registered medical practitioner participating in anything authorised by this Act, where such concerns relate to professional, ethical, or procedural standards,

(e) remove or suspend a health professional from the register established under paragraph (b) where it considers that the professional—

(i) no longer meets its accreditation requirements,

(ii) has failed to comply with any requirements under this Act or any direction of the oversight body,

(iii) has demonstrated conduct incompatible with professional, ethical, or procedural standards,

(f) audit and monitor compliance with this Act, including by reviewing all cases within 14 days of a substance provided under section 15 being used, and

(g) collect and publish anonymised data on deaths resulting from the provision of assistance, including demographic, clinical, and socio-economic information.

(3) The oversight body must consist of—

(a) a Chair appointed by the Scottish Ministers, and

(b) no fewer than 12 other members appointed by the Scottish Ministers, including—

(i) at least 3 legal professionals with expertise in medical ethics, human rights, or regulatory law,

(ii) at least 3 health and social care professionals, none of whom may carry out functions in relation to the provision of assistance under this Act,

(iii) at least 3 representatives of patient advocacy or disability rights organisations, and

(iv) at least 3 persons with lived experience of end of life care, either as carers, patients, or family members.

(4) A person carrying out any function under this Act must comply with all requirements, approvals and directions issued by the oversight body.

(5) The Scottish Ministers must ensure that the oversight body is provided with such financial resources and staff as are necessary to enable it to carry out the functions conferred on it by this section.>

Miles Briggs

200 After section 25, insert—

<Assisted Dying Review Panel

(1) The Scottish Ministers must, by regulations, establish an Assisted Dying Review Panel ("the review panel") to—

(a) review, in relation to each case in which a terminally ill adult was provided with assistance to end their own life under this Act, whether or not the provisions of this Act were complied with, and

(b) analyse information provided to the review panel with a view to making any recommendations that appear to the review panel to be necessary to promote continuous improvement in the compassionate, safe and practical operation of this Act.

(2) Regulations made under this section must—

(a) specify the composition of the review panel,

(b) specify the information which must be provided to the review panel,

(c) require those providing assistance in accordance with this Act to provide the specified information to the review panel within a specified time period,

(d) require the review panel to report annually to the Chief Medical Officer of the Scottish Administration.>

Pam Duncan-Glancy

270 After section 25, insert—

<Assisted dying training and equalities requirements

(1) The Scottish Ministers must establish an independent body to be known as the Assisted Dying Training Authority (ADTA).

(2) The ADTA must have the following functions—

(a) to develop, set, and revise training requirements for all registered medical practitioners involved in the lawful provision to terminally ill adults of assistance to end their own lives,

(b) the accreditation of providers of training related to the lawful provision to terminally ill adults of assistance to end their own lives,

(c) the annual accreditation of registered medical practitioners delivering the lawful provision to terminally ill adults of assistance to end their own lives,

(d) to determine the frequency of training and updating of practitioner knowledge and skills under paragraph (a),

(e) to impose any further educational or assessment conditions it considers appropriate to reflect—

(i) evolving best practice,

(ii) ethical concerns, or

(iii) societal attitudes.

(3) In developing or revising training requirements under subsection (2)(a), the ADTA must ensure the training content includes—

(a) knowledge of palliative care and alternative care options to providing terminally ill adults assistance to end their own lives,

(b) understanding of independent living, in accordance with article 19 of the UN Convention on the Rights of Persons with Disabilities,

(c) awareness and identification of coercion, pressure or undue influence,

(d) equality and non-discrimination principles, with specific reference to the rights and experiences of persons with—

(i) disabilities,

(ii) terminal illness, or

(iii) socio-economic disadvantage.

(4) A person may not participate in the provision or assessment of assisting terminally ill adults to end their own lives unless they hold valid accreditation under subsection (2)(c).

(5) A terminally ill adult may not make a request under section 4 of this Act until they have received advice from a person (or persons) accredited in line with the requirements set out in subsection (3).

(6) The Scottish Ministers must provide the ADTA with such—

(a) financial, and

(b) staff,

resources as are necessary for it to carry out the functions conferred on it by this section.>

After schedule 5

Daniel Johnson

19 After schedule 5, insert—

<SCHEDULE

(introduced by section (Scottish Commission on Assisted Dying))

SCOTTISH COMMISSION ON ASSISTED DYING

1 The member of the Scottish Commission on Assisted Dying ("the Commission") holding office under section *(Scottish Commission on Assisted Dying)*(2)(a) on a dissolution of the Parliament continues to hold office until a convener of the committee whose remit includes responsibility for scrutiny of the Scottish Minister or Junior Scottish Minister responsible for legislation relating to assisted dying, is appointed following a general election.

2 A member of the Commission appointed under section *(Scottish Commission on Assisted Dying)*(2)(b) holds office until the Parliament is dissolved unless the member previously resigns, ceases to be a member of the Parliament otherwise than by virtue of a dissolution or is removed from office by resolution of the Parliament.

3 The validity of any act of the Commission is not affected by any vacancy in its membership or by any defect in the appointment, or qualification for membership, of any member.

4 The Commission may—

(a) determine its own procedure,

(b) appoint one of its members to preside at its meetings.

5 The Parliamentary corporation is to provide the Commission, or ensure that the Commission is provided, with the property, staff and services required for its purposes.

6 The Commission may give directions to the corporation for the purpose of or in connection with the exercise of the corporation's functions in relation to the Commission.

7 Any expenses incurred by the Commission in the exercise of its functions are to be paid by the corporation.

8 For the purposes of the law of defamation, the following are absolutely privileged—

(a) any statement made in proceedings of the Commission,

(b) the publication under the authority of the Commission of any statement, and

(c) any report to the Parliament under section *(Scottish Commission on Assisted Dying)*(3)(b).

9 In paragraph 8, "statement" has the same meaning as in the Defamation and Malicious Publications (Scotland) Act 2021.>

Section 26

Stephen Kerr

129 In section 26, page 13, line 19, at end insert—

<( ) must include aggregated information, drawn from final statements under section 16, on—

(i) the average and range of time taken between provision of the approved substance and death, and

(ii) the nature and frequency of any complications recorded.>

Section 27

Stephen Kerr

201 In section 27, page 13, line 25, leave out second <the> and insert <each>

Jackie Baillie

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,>

Brian Whittle

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

<( ) based on an independent review of anonymised data, an assessment of whether registered medical practitioners carrying out assessments under section 6 have been independent,>

Miles Briggs

23 In section 27, page 13, line 34, at end insert—

<( ) the Scottish Ministers' assessment of the—

(i) availability, quality and distribution of palliative care services to persons with palliative and end of life care needs,

(ii) availability of information to such persons about accessing palliative care services,

(iii) implications of the Act on palliative care services, and

( ) the action the Scottish Ministers intend to take in relation to palliative care services as a result of the review.>

Stephen Kerr

130 In section 27, page 13, line 34, at end insert—

<( ) whether any hospice, palliative care provider, or associated institution has experienced direct or indirect pressure (financial, regulatory, or reputational) to participate in the provision of assistance under this Act,

( ) the extent to which the availability or quality of palliative and end of life care has been affected by the operation of this Act, and

( ) whether any changes are required to protect the ethical, religious, or clinical independence of individuals and institutions that object to participation in the Act.>

Murdo Fraser

203 In section 27, page 13, line 34, at end insert—

<( ) the number and nature of medical reviews carried out under section *(Medical review and referral process)*, including whether any referrals were made to a prosecuting authority.>

Stephen Kerr

204 In section 27, page 13, line 35, leave out first <the> and insert <each>

Stephen Kerr

131 In section 27, page 13, line 35, after <must> insert <—

( )>

Stephen Kerr

132 In section 27, page 13, line 36, after <period> insert <and,

( ) consult—

(i) representatives of hospices and palliative care providers,

(ii) charitable and religious organisations providing end of life care,

(iii) any patients' rights or advocacy bodies that raise concerns about institutional protections.>

Stephen Kerr

205 In section 27, page 14, line 2, leave out first <the> and insert <each>

Stephen Kerr

206 In section 27, page 14, line 2, leave out <the period of 5> and insert <each subsequent period of 2>

After section 27

Daniel Johnson

271 After section 27, insert—

<Expiry of the Act

(1) The provisions of this Act expire at the end of the 15 year period, unless a resolution is passed under subsection (2).

(2) The Scottish Parliament may, after the end of the 14 year period but before the end of the 15 year period, by resolution determine that the provisions of the Act are to continue in effect.

(3) Immediately after a resolution under subsection (2) is passed, the Clerk of the Parliament must send a copy of it to the King's Printer for Scotland ("the King's Printer").

(4) Part 1 of the Interpretation and Legislative Reform (Scotland) Act 2010 applies to the resolution as if it were a Scottish statutory instrument.

(5) Section 41(2) to (5) of that Act and the Scottish Statutory Instruments Regulations 2011 (S.S.I. 2011/195) apply to the resolution—

(a) as if it were a Scottish statutory instrument,

(b) as if the copy of it sent to the King's Printer under subsection (3) were a certified copy received in accordance with section 41(1) of the Interpretation and Legislative Reform (Scotland) Act 2010, and

(c) with the modifications set out in subsections (6) and (7).

(6) References to "responsible authority" are to be read as references to the Clerk of the Parliament.

(7) Regulation 7(2) and (3) of the Scottish Statutory Instruments Regulations 2011 does not apply.

(8) The Scottish Ministers may by regulations make such provision (including provision modifying any enactment) as may be necessary or expedient in consequence of the expiry of the provisions of this Act by virtue of subsection (1).

(9) In this section—

"the 14 year period" means the period of 14 years beginning with the day on which section 1 comes fully into force,

"the 15 year period" means the period of 15 years beginning with that day.>

Daniel Johnson

272 After section 27, insert—

<Expiry of the Act

(1) The provisions of this Act expire at the end of the 10 year period, unless a resolution is passed under subsection (2).

(2) The Scottish Parliament may, after the end of the 9 year period but before the end of the 10 year period, by resolution determine that the provisions of the Act are to continue in effect.

(3) Immediately after a resolution under subsection (2) is passed, the Clerk of the Parliament must send a copy of it to the King's Printer for Scotland ("the King's Printer").

(4) Part 1 of the Interpretation and Legislative Reform (Scotland) Act 2010 applies to the resolution as if it were a Scottish statutory instrument.

(5) Section 41(2) to (5) of that Act and the Scottish Statutory Instruments Regulations 2011 (S.S.I. 2011/195) apply to the resolution—

(a) as if it were a Scottish statutory instrument,

(b) as if the copy of it sent to the King's Printer under subsection (3) were a certified copy received in accordance with section 41(1) of the Interpretation and Legislative Reform (Scotland) Act 2010, and

(c) with the modifications set out in subsections (6) and (7).

(6) References to "responsible authority" are to be read as references to the Clerk of the Parliament.

(7) Regulation 7(2) and (3) of the Scottish Statutory Instruments Regulations 2011 does not apply.

(8) The Scottish Ministers may by regulations make such provision (including provision modifying any enactment) as may be necessary or expedient in consequence of the expiry of the provisions of this Act by virtue of subsection (1).

(9) In this section—

"the 9 year period" means the period of 9 years beginning with the day on which section 1 comes fully into force,

"the 10 year period" means the period of 10 years beginning with that day.>

Daniel Johnson

14 After section 27, insert—

<Expiry of the Act

(1) The provisions of this Act expire at the end of the 5 year period, unless a resolution is passed under subsection (2).

(2) The Scottish Parliament may, after the end of the 4 year period but before the end of the 5 year period, by resolution determine that the provisions of the Act are to continue in effect.

(3) Immediately after a resolution under subsection (2) is passed, the Clerk of the Parliament must send a copy of it to the King's Printer for Scotland ("the King's Printer").

(4) Part 1 of the Interpretation and Legislative Reform (Scotland) Act 2010 applies to the resolution as if it were a Scottish statutory instrument.

(5) Section 41(2) to (5) of that Act and the Scottish Statutory Instruments Regulations 2011 (S.S.I. 2011/195) apply to the resolution—

(a) as if it were a Scottish statutory instrument,

(b) as if the copy of it sent to the King's Printer under subsection (3) were a certified copy received in accordance with section 41(1) of the Interpretation and Legislative Reform (Scotland) Act 2010, and

(c) with the modifications set out in subsections (6) and (7).

(6) References to "responsible authority" are to be read as references to the Clerk of the Parliament.

(7) Regulation 7(2) and (3) of the Scottish Statutory Instruments Regulations 2011 does not apply.

(8) The Scottish Ministers may by regulations make such provision (including provision modifying any enactment) as may be necessary or expedient in consequence of the expiry of the provisions of this Act by virtue of subsection (1).

(9) In this section—

"the 4 year period" means the period of 4 years beginning with the day on which section 1 comes fully into force,

"the 5 year period" means the period of 5 years beginning with that day.>

Section 28

Jackie Baillie

58 In section 28, page 14, line 10, after <6(6)(a),> insert <7(4),>

Liam McArthur

45 In section 28, page 14, line 10, after <6(6)(a),> insert <12(5)(e),>

Liam McArthur

46 In section 28, page 14, line 10, after <6(6)(a),> insert <15(8) (regulations specifying qualifications and experience of authorised health professionals),>

Liam McArthur

46A As an amendment to amendment 46, line 1, after <specifying> insert <training,>

Brian Whittle

207 In section 28, page 14, line 11, at end insert—

<( ) regulations under section 3(1)(ba),>

Murdo Fraser

208 In section 28, page 14, line 11, at end insert—

<( ) regulations under section *(Designated body responsible for administration of functions in the Act)*(1),>

Jackie Baillie

59 In section 28, page 14, line 12, leave out <and 6(6)(a)> and insert <, 6(6)(a) and 7(4)>

Liam McArthur

47 In section 28, page 14, line 12, leave out <and 6(6)(a)> and insert <, 6(6)(a) and 15(8) (regulations specifying qualifications and experience of authorised health professionals)>

Liam McArthur

47A As an amendment to amendment 47, line 2, after <specifying> insert <training,>

Brian Whittle

209 In section 28, page 14, line 12, at end insert—

<( ) regulations under section *(Requirement for an advanced care directive)(4)*,>

Bob Doris

133 In section 28, page 14, line 12, at end insert—

<( ) regulations under section 7(6),>

Bob Doris

134 In section 28, page 14, line 12, at end insert—

<( ) regulations under section 7(8),>

Brian Whittle

210 In section 28, page 14, line 12, at end insert—

<( ) regulations under section *(Independent assessors)*(5),>

Bob Doris

135 In section 28, page 14, line 12, at end insert—

<( ) regulations under section *(Medical practitioner's report)*(3)(a),>

Paul Sweeney

273 In section 28, page 14, line 12, at end insert—

<( ) regulations under section *(Referral to multidisciplinary panel)*(4),>

Ross Greer

274 In section 28, page 14, line 12, at end insert—

<( ) regulations under section *(Advocacy service standards)*(2),>

Paul Sweeney

275 In section 28, page 14, line 13, leave out <15(8)> and insert <15(7B) and (8)>

Liam McArthur

48 In section 28, page 14, line 13, after <15(8)> insert <(regulations specifying an approved substance)>

Bob Doris

136 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Provision of assistance: further regulations)*(1),>

Jackie Baillie

60 In section 28, page 14, line 13, at end insert—

<( ) regulations under section (*Reasonable grounds not to provide assistance etc.)*(2),>

Jeremy Balfour

211 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Institutional objection)*(5),>

Jackie Baillie

72 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Training provision for persons willing to carry out functions under this Act)*(1),>

Jackie Baillie

82 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Register of psychiatrists)*(1),>

Jackie Baillie

63 In section 28, page 14, line 13, at end insert—

<( ) regulations under section (*Provision of assistance outwith National Health Service)*(1),>

Patrick Harvie

137 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Safe access zones)*(1),>

Sue Webber

276 In section 28, page 14, line 13, at end insert—

<( ) regulations under section (*Offence of dissemination of information relating to substances used for assisted dying*)(4),>

Bob Doris

138 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Regulation and patient safety)*(1),>

Miles Briggs

212 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Information service)*(1),>

Miles Briggs

213 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Register of persons willing to carry out functions under this Act)*(1),>

Fulton MacGregor

277 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Local assisted dying service)*(3),>

Paul Sweeney

278 In section 28, page 14, line 13, at end insert—

<( ) regulations under section *(Guidance: provision of assistance)*(5),>

Miles Briggs

214 In section 28, page 14, line 14, at end insert—

<( ) regulations under section *(Assisted Dying Review Panel)*(1),>

Daniel Johnson

15 In section 28, page 14, line 14, at end insert—

<( ) regulations under section (*Expiry of the Act*)(8),>

Section 29

Sandesh Gulhane

1 In section 29, page 14, line 20, leave out <16> and insert <18>

Claire Baker

215 In section 29, page 14, line 20, leave out <16> and insert <25>

Bob Doris

139 In section 29, page 14, line 22, at end insert—

<"coerced or pressured" means to have been unduly influenced, directly or indirectly, by—

(a) the person's own beliefs about themselves,

(b) any other person,

(c) the expectations of society,

(d) the health and social care system,

(e) the state,>

Stuart McMillan

216 In section 29, page 14, line 22, at end insert—

<"coerced" means to have compromised a person's voluntary and informed decision-making, including by manipulation, intimidation or undue influence,>

Stuart McMillan

217 In section 29, page 14, line 36, at end insert—

<"pressured" means to have impaired, or to reasonably appear to have impaired, a person's voluntary and informed decision-making, including by emotional, financial, social, or institutional factors,>

Bob Doris

140 In section 29, page 15, line 3, at end insert—

<"voluntarily" means not having been coerced or pressured.>

After section 30

Stephen Kerr

218 After section 30, insert—

<Sunset or continuation of Act

(1) This Act shall cease to have effect at the end of the period of 3 years beginning with the day on which section 1 comes into force, unless the Scottish Parliament resolves to continue the operation of the Act for a further period of 3 years.

(2) The Scottish Parliament may resolve to continue the operation of the Act for a further period of 3 years—

(a) before the end of the period of 3 years specified in the resolution under subsection (1), and

(b) before the end of each subsequent 3 year period.

(3) A resolution under subsection (1) or (2) may only be agreed—

(a) after the committee of the Parliament within whose remit the subject matter falls has considered and reported on the report under section 27 for the relevant review period, and

(b) following a debate in the Parliament.>

Section 32

Ross Greer

279 In section 32, page 15, line 19, after <sections> insert *<(Right to advocacy)*, *(Advocacy service standards),>*

Jackie Baillie

64 In section 32, page 15, line 19, after <sections> insert *<(Assessment of likely impact of Act on palliative and end of life care services),>*

Bob Doris

141 In section 32, page 15, line 19, after <sections> insert *<(Regulation and patient safety)*,>

Pam Duncan-Glancy

280 In section 32, page 15, line 19, after <sections> insert *<(Assessment of capacity of social care services)*,>

Stuart McMillan

281 In section 32, page 15, line 19, after <sections> insert *<(Referendum on the provisions of the Act)>*

Michael Marra

282 In section 32, page 15, line 19, after <sections> insert *<(Review of financial implications of the Act)*,>

Ross Greer

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

<( ) But regulations under subsection (2) may not appoint a day that is before the day on which regulations under section *(Advocacy service standards)*(2) come into force.>

Jackie Baillie

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).>

Bob Doris

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

<( ) But regulations under subsection (2) may not appoint a day that is before the day on which the Scottish Ministers make regulations under section *(Regulation and patient safety)*(1).>

Pam Duncan-Glancy

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

<( ) But the day appointed by regulations under subsection (2) may not be a day before the day on which the Scottish Parliament considers a motion to approve the report under section *(Assessment of capacity of social care services)*(3).>

Stuart McMillan

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

<( ) But regulations under subsection (2) may not appoint a day that is before the day on which a referendum is held under section *(Referendum on the provisions of the Act)*(1).>

Michael Marra

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

<( ) But regulations under subsection (2) may not appoint a day that is before the day on which the Scottish Parliament by resolution approves a report laid under section *(Review of financial implications of the Act)*(3).>

Pam Duncan-Glancy

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

<( ) But the day appointed by regulations under subsection (2) may not be a day before the day on which legislation is brought forward by Scottish Ministers to remove charges for non-residential social care being provided to, or which would otherwise be available to, terminally ill adults requesting assistance under this Act.>

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