

# **Report on the Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill**

October 2025

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## Conclusions and recommendations

### Conclusions

**Conclusion 1.** As a Committee, we take a neutral position on the matter of voluntary assisted dying for terminally ill adults. As such, we do not offer any view as to whether the Senedd should support the LCM or Memorandum No. 2. This is a matter of conscience for individual Members..... 21

**Conclusion 2.** Should regulations be brought forward in the future to implement assisted dying services in Wales, we would expect any responsible future Welsh Government to do so in draft form for wide-ranging public consultation, and to make sufficient time available to all relevant Senedd committees to conduct a full and thorough examination of the detail of those regulations. Further, we would expect those regulations to be in detailed form, setting out clearly their policy intentions, and accompanied by detailed costings..... 21

**Conclusion 3.** We remain concerned about the potential longer-term impact of the Bill on the provision of palliative and end-of-life care in Wales. If the provisions of this Bill are to be implemented in Wales, there must be a clear and definitive distinction made between assisted dying and palliative/end-of-life care. Crucially, any future implementation of assisted dying services by the NHS in Wales must not impact negatively on funding for palliative and end-of-life care..... 22

### Recommendations

**Recommendation 1.** In his response to this report, the Cabinet Secretary should set out why he has taken a narrow approach when deciding which provisions of the Bill should be the subject of a legislative consent request, when the matter of ‘health’ is extensively devolved. A broader interpretation, which accounted for the services in the Bill to be delivered largely in a healthcare setting by health and social care professionals, could have led to the majority of the clauses in the Bill being considered to require consent and thus being subject to scrutiny by this Senedd..... 21

**Recommendation 2.** The Cabinet Secretary should update the Committee periodically on progress with work to prepare for the workforce implications of implementing the Bill in Wales. This should include, amongst other matters, consideration of increased responsibilities for staff, additional training needs,

sufficiency of the Welsh-speaking workforce (see also recommendation 4), and initial costings..... 22

**Recommendation 3.** In his response to this report, the Cabinet Secretary should set out his views on whether the Voluntary Assisted Dying Commissioner should be able to undertake investigations into matters other than those which have been referred by a national authority and produce additional reports, including reports on areas of concerns and own-initiative investigations. He should also set out whether, in the Welsh Government’s opinion, the Bill as currently drafted enables this..... 27

**Recommendation 4.** In his response to this report, the Cabinet Secretary should set out what consideration has been given by the Welsh Government to the creation of a Voluntary Assisted Dying Commissioner for Wales and, if ruled out, the reasons for this..... 28

**Recommendation 5.** In his response to this report, the Cabinet Secretary should set out how the Welsh Government plans to increase the number of Welsh-speaking staff able to deliver voluntary assisted dying services through the medium of Welsh..... 31

**Recommendation 6.** In his response to this report, the Cabinet Secretary should set out how the Welsh Government plans to ensure adequate provision of voluntary assisted dying services to people whose first language is not Welsh or English..... 32

# 1. Background

## **The Terminally Ill Adults (End of Life) Bill**

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- 1.** The Terminally Ill Adults (End of Life) Bill<sup>1</sup> (“the Bill”) was introduced into the House of Commons on 16 October 2024 and is a private member’s bill sponsored by Kim Leadbeater, MP for Spen Valley.
- 2.** The Bill relates to choice at the end of life, to allow adults who are terminally ill to request and to be provided with assistance to end their own life, subject to safeguards and protections.
- 3.** Currently it is a criminal offence, by virtue of section 2 of the Suicide Act 1961, to intentionally assist or encourage the suicide or attempted suicide of another person. The Bill, if passed, will set out that, if any person assists a terminally ill adult to end their life in accordance with procedures set out in the Bill, such assistance will not be an offence under section 2. This will ensure that neither the registered medical practitioner, nor any other person who supports the terminally ill person to seek assistance under the Act, faces criminal liability for doing so.
- 4.** The policy objective of the Bill is achieved firstly by amending the Suicide Act 1961 to protect those acting in accordance with the Bill from criminal liability. Secondly, by regulating how assistance must be provided in order to benefit from that protection. Therefore if a person assists another’s suicide otherwise than in accordance with the Bill, such action will remain an offence under section 2 of the Suicide Act 1961.

# 2. The Legislative Consent Memoranda

- 5.** On 9 April 2025, the Cabinet Secretary for Health and Social Care (“the Cabinet Secretary”) laid a legislative consent memorandum<sup>2</sup> (“the LCM”) for the Bill.
- 6.** A supplementary LCM, “Memorandum No. 2”<sup>3</sup> was laid on 4 July 2025. This memorandum related to amendments agreed during Report stage of the Bill in the House of Commons, which took place on 20 June 2025.

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<sup>1</sup> Terminally Ill Adults (End of Life) Bill, as amended in Public Bill Committee

<sup>2</sup> Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill

<sup>3</sup> Supplementary Legislative Consent Memorandum (Memorandum No 2): Terminally Ill Adults (End of Life) Bill

## Our inquiry

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**7.** On 29 April 2025, the Business Committee referred the LCM to us with an initial reporting deadline of 27 June 2025. This was subsequently extended to 10 October 2025. The LCM was also referred to the Legislation, Justice and Constitution Committee.

**8.** We issued a short call for written evidence on the LCM, and we are grateful to those who responded in the time we were able to offer. Those responses informed an oral evidence session with the Cabinet Secretary on 16 July 2025. A copy of our letter and the responses we received are available on the Senedd's website.<sup>4 5</sup>

**9.** Memorandum No. 2 was also referred to us by the Business Committee, with a reporting deadline of 10 October 2025. In the time available, we were not able to consult on Memorandum No. 2, although we did question the Cabinet Secretary on its contents during our evidence session on 16 July.

## Provisions for which consent is sought

**10.** Paragraphs 3 to 6 of the LCM summarise the Bill and its policy objectives. Paragraph 7 of the LCM sets out the Welsh Government's position as to the provisions of the Bill which require the consent of the Senedd.

**11.** The Welsh Government considers that consent is required in respect of clauses 37, 39, 45, 47, 50 and 54 as these clauses "contain provision in relation to Wales that has regard to devolved matters and therefore trigger the requirement for consent."<sup>6</sup> . A summary of those clauses is set out below:

- **Clause 37: Guidance about the operation of the Act** - the Bill requires the Chief Medical Officer (CMO) for Wales to prepare and publish guidance about the operation of the Act. Before making guidance, the CMO must consult with relevant individuals and groups, including people with learning disabilities, and ensure the guidance is practical and accessible.
- **Clause 39: Voluntary Assisted Dying Services: Wales** - the Bill allows the Welsh Ministers to make regulations about how voluntary assisted dying

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<sup>4</sup> [Senedd Cymru – Legislative Consent: Terminally Ill Adults \(End of Life\) Bill](#)

<sup>5</sup> Unless otherwise stated, the views of stakeholders highlighted in this report relate to the contents of the first LCM. Some of these provisions have since been amended during the passage of the Bill through the UK Parliament.

<sup>6</sup> [Legislative Consent Memorandum: Terminally Ill Adults \(End of Life\) Bill, paragraph 7](#)

services work in practice in Wales. These regulations can be tailored to different situations (such as hospitals or care homes), and may include technical or transitional arrangements.

- **Clause 45: Monitoring by Commissioner** - the Bill requires the Voluntary Assisted Dying Commissioner (appointed by the Prime Minister) to monitor the operation of the Act, investigate and report to an appropriate national authority on any matter connected with the operation of the Act which the appropriate national authority refers to the Commissioner, and submit an annual report to each appropriate national authority on the operation of the Act.
- **Clause 47: Provision of information in English and Welsh** - the Bill requires any service, report, declaration or certificate of eligibility provided under the Act to a person seeking assistance to end their own life must be in the person's first language, if that language is English or Welsh and, if neither of those languages is their first language, must be in their preferred language of English or Welsh.
- **Clause 50: Regulations** - clause 39 provides for the Welsh Ministers to make regulations to support how voluntary assisted dying services work in practice. Clause 50 provides that such regulations must be approved by the Senedd before they can take effect.
- **Clause 54: Commencement** - the Bill proposes that the provisions of the Act (except sections 43, and 49 to 55) will come into force in Wales on the day(s) appointed by the Welsh Ministers by regulations. These regulations will have to be approved by the Senedd.

**12.** Paragraph 11 of Memorandum No.2 confirms that, during Report stage in the House of Commons, amendments were agreed which omitted three of those clauses. They were:

- clause 37 (Guidance about operation of the Act);
- clause 47 (Provision of information in English and Welsh);
- clause 54(6) (Commencement).

**13.** Paragraph 13 of Memorandum No. 2 seeks the Senedd's consent for a further three Report stage amendments, which make new provision in relation to the same matters as the omitted clauses related to:

- **previously clause 37, new clause 40 (Guidance about operation of the Act)** – this provision confers a power on the Welsh Ministers to issue guidance relating to the operation of the Act in Wales, about matters within devolved competence. The Welsh Ministers must consult prior to exercising the power. It also confers a power on the Secretary of State to issue guidance relating to the operation of the Act, including in relation to matters about which the Welsh Ministers can issue guidance, it therefore creates a concurrent power.
- **previously clause 47, new clause 51 (Provision about the Welsh language)** – this clause requires the Welsh Ministers, when making regulations under clause 42 (previously clause 39) to make provision in regulations for Voluntary Assisted Dying Services in Wales, to include such provision as they consider appropriate to ensure, if a person seeking assistance under the Act indicates they wish to communicate in Welsh, all reasonable steps are taken to ensure communications and reports are in Welsh. It also provides that, after a person indicates they wish to communicate in Welsh, the Commissioner must take all reasonable steps to secure that communications are in Welsh and members of the panel speak Welsh. Finally it provides that when making regulations that provide for the format of the declarations, doctor's reports and the final statement, the Secretary of State's regulations on those matters should make provision for the forms to be in English and Welsh.
- **previously clause 54(6), new clause 58(5) (Commencement)** – this clause provides that the Welsh Ministers may, by regulations commence sections 42(1) & (2) and 51(2) & (3). Clause 42 contains a power to provide, within regulations made by the Welsh Ministers, for Voluntary Assisted Dying Services in Wales. Clause 51 (2) & (3) is the power to include provision relating to the Welsh language in those Regulations, discussed in para 2. above. Commencement regulations under this provision are not subject to any Senedd procedure. Clause 58(4) contains a four year commencement “backstop” i.e. it provides that any provisions of the Bill which have not been brought into force within 4 years of Royal Assent will be commenced.

## **The Welsh Government's position**

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**14.** Paragraph 26 of Memorandum No.2 states that the Welsh Government is “neutral” on the issue of voluntary assisted dying and “by extension the appropriateness of this matter and its inclusion in a UK Bill”.



**15.** Paragraph 12 of Memorandum No.2 states that Welsh Government officials are working “constructively” with UK Government officials and the Bill’s sponsor in order to:

*“ensure that the Welsh Government’s interests are taken into account in the drafting of the Bill, and that the devolution settlement is respected in the Bill process. This has included weekly technical meetings.”*

## Financial implications

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**16.** Paragraphs 22 to 25 of Memorandum No.2 state:

*“22. Financial implications have been identified in the UK Government’s impact assessment which estimated costs for England and Wales, with no specific breakdown for Wales:*

<i>Category</i>	<i>Estimated cost</i>
<i>Initial education campaign to ensure health and social care staff are aware of the changes and what they mean</i>	<i>£550k - £850k</i>
<i>Training</i>	<i>£1.23m - £11.5m Year 1 (half year) £1.53m – £9.71m</i>
<i>Year 10 Staff time to deliver VAD services</i>	<i>£412k - £1.98m Year 1 (half year) £2.62m - £11.5m Year 10</i>
<i>Voluntary Assisted Dying Commissioner and panel approval</i>	<i>£10.9m - £13.6m per year</i>

*23. A very rough estimate of staff time to deliver VAD services calculated by the proportion of the estimated number of assisted deaths in Wales is:*

*£26k – £123k in Year 1 (half year) and*

*£163k – £716k in Year 10*

*24. The Impact Assessment estimated applicants and assisted deaths in Wales as follows:*

- *Estimated number of applicants in Wales in Year 1 (half year 1) is **17 - 80***
- *Estimated number of applicants in Wales in Year 10 is **106 - 462***
- *Estimated number of assisted deaths in Wales in Year 1 (half year) is **10 - 48***
- *Estimated number of assisted deaths in Wales in Year 10 is **63 - 277***

*25. We will continue to consider any potential financial implications as the Bill passes through Parliament.”*

### **The Welsh and UK Governments’ view on consent**

**17.** Paragraph 8 of the LCM and paragraph 17 of Memorandum No.2 state that the UK Government has not confirmed its position as to whether it believes the consent of the Senedd is required for this Bill, as amended, but has acknowledged that some clauses cut across devolved matters.

**18.** The Welsh Government agrees with this assessment and says that it continues to liaise with the UK Government and assess this position as the Bill progresses.

## **3. Provisions in the Bill requiring consent**

### **Provision of voluntary assisted dying services in Wales**

**19.** New clause 42 (previously clause 39) allows the Welsh Ministers to make regulations about how voluntary assisted dying services work in practice in Wales. These regulations can be tailored to different situations (such as hospitals or care homes), and may include technical or transitional arrangements. Regulations made under this power will be subject to the affirmative procedure.

## Evidence from stakeholders

**20.** Most respondents to our consultation adopted a neutral position on the principle of assisted dying and on the Bill itself. However, the Royal College of Psychiatrists Wales said “it cannot support the Bill in its current form”.<sup>7</sup>

**21.** Despite their in-principle neutral position about assisted dying, there were some significant concerns from respondents about the implementation of assisted dying in Wales. The Older People’s Commissioner said it was difficult to comment without seeing the detail of the regulations.

**22.** A number of stakeholders highlighted concerns about the possible inconsistency in approach between Wales and England in terms of how services operate and if assisted dying were to be implemented at different times in the two countries. This could, they said, lead to uncertainty for patients about the services available to them as well as operational challenges for professionals, particularly in respect of patients in border areas who may receive health and care from services on the other side of the border.

**23.** A key theme was the need to understand the workforce implications if the Bill passes, as this will mean the provision of additional services and increased responsibilities for relevant professionals. According to BASW Cymru:

*“... with a workforce already operating at capacity levels, issues around resources, training and timely availability will be significant.”<sup>8</sup>*

**24.** Respondents also told us that there will be a need to develop standards and ensure appropriate training for all professionals involved in the provision of assisted dying services.

**25.** The Bill provides for clinicians to opt out of participating in the provision of voluntary assisted dying services. The likely level of opt out in England and Wales is unclear, and may have an impact on service delivery. The Royal College of GPs Cymru Wales said:

*“There should be a right to refuse to participate in the process on any ground and statutory protection making it unlawful to discriminate against, or cause detriment to, any doctor on the*

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<sup>7</sup> TIA04 Royal College of Psychiatrists Wales

<sup>8</sup> TIA02 BASW Cymru

*basis of their decision to, or not to, participate in the assisted dying process.”<sup>9</sup>*

**26.** Respondents noted that, as currently drafted, the Bill did not afford social workers the same rights of legal protection and conscientious objection as health professionals. The Bill was amended on 20 June 2025 to strengthen employment protections for relevant professionals.

**27.** There was general agreement that the regulation-making power rested appropriately with Welsh Ministers. Further, there was broad agreement that those regulations must be approved by the Senedd. ADSS Cymru said:

*“Given the complexity and sensitivity of these services, we support affirmative procedures for any regulations made under Clause 39 or Clause 54.”<sup>10</sup>*

### **Evidence from the Cabinet Secretary**

**28.** We asked the Cabinet Secretary to set out the Welsh Government’s position on the Bill. We also asked whether the Bill, as currently drafted, would give the Welsh Ministers powers over when or whether the law was enacted in Wales.

**29.** He told us that the Welsh Government’s position had been, and continues to be “one of neutrality”. In relation to powers to enact the legislation, he said that a distinction had to be drawn between enacting the legislation and the implementation of the legislation:

*“In terms of the enactment of it, the commencement of it, that is a power in the hands of the Secretary of State, because the Bill, as you will know, operates effectively by way of amendment to the Suicide Act 1961, which is entirely reserved. So, the commencement is in the hands of the Secretary of State.*

*But in relation to the provision of voluntary assisted dying services in Wales or not, clause 42 of the Bill, as it's currently drafted, provides that those services could only be introduced in devolved areas following regulations laid by the Welsh Ministers in the Senedd and subject to an affirmative Senedd vote.”<sup>11</sup>*

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<sup>9</sup> TIA03 Royal College of GPs Cymru Wales

<sup>10</sup> TIA07 ADSS Cymru

<sup>11</sup> RoP, 16 July 2025, paragraph 10

**30.** He clarified that the regulation-making powers were discretionary:

*"In order for those regulations to be laid, which would be necessary in order for, for example, the NHS to provide this service in Wales, then a Welsh Government [...] would need to make a policy decision to be open to introducing the service, then to lay the regulations, and for the Senedd to approve those. That's in relation to services provided in the public sector, if you like, by the NHS, because that's within devolved competence."*<sup>12</sup>

**31.** The Cabinet Secretary said he believed this was proportionate, as it would require the agreement of the Senedd to introduce the regulations and, without that agreement, the NHS in Wales would not be able to provide assisted dying services.

**32.** He went on to say that, given the timing of the legislation and the Senedd elections in 2026, it would effectively be for a government in the next Senedd to take forward this legislation.

**33.** He further clarified that, as the Bill operates by way of amendment to the Suicide Act 1961, there would be options in England and Wales for services to be provided other than in the public sector:

*"In those areas, the Welsh Government already has regulatory powers in relation to some independent healthcare provision. The precise mix of regulatory powers for non-public provision in Wales would depend upon who is providing it and what they are providing. But we are confident that the Bill provides appropriate regulatory powers, whether it's provided in the public sector or in the independent sector."*<sup>13</sup>

**34.** Finally, the Cabinet Secretary confirmed that, by virtue of the Welsh Ministers regulation making power in clause 42, the Welsh Ministers will control implementation of the Bill in Wales, even if implementation proceeds separately in relation to England. Further, such Welsh Ministers regulations will be subject to the approval of the Senedd.<sup>14</sup>

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<sup>12</sup> RoP, 16 July 2025, paragraph 12

<sup>13</sup> RoP, 16 July 2025, paragraph 13

<sup>14</sup> RoP, 16 July 2025, paragraph 14

**35.** We asked the Cabinet Secretary about the implications for the NHS in Wales, if assisted dying became law in England, and Wales did not follow suit. He told us:

*“... in the scenario that you describe, where—and it may be a matter of timing, as opposed to a matter of principle, obviously—there is a service that is operating in England, but it is not or is not yet operating in Wales, the sorts of things that we'd be thinking about in that context, I guess, are: people crossing the border for services, distances to services, equality of experience. I think it depends on why a decision either hasn't been taken, or hasn't yet been taken, to implement the service. There are quite familiar cross-border questions that I think we'd be thinking of—or the Government in the new Senedd would need to be thinking of.”<sup>15</sup>*

**36.** With regard to the constitutional position if the Senedd were to oppose the motion for this LCM, the Cabinet Secretary said that position was well established, and that “the Sewel convention operates in relation to this legislation as for any legislation. So, I'd expect the same principles to be relevant to this LCM.”<sup>16</sup>

**37.** Responding to questions about cross-border implications, and the possibility of Welsh residents accessing assisted dying in England, the Cabinet Secretary said:

*“I don't think that's known yet, is the truth of it. Because the model hasn't been established on either side of the border, and the Bill isn't yet settled.”<sup>17</sup>*

**38.** We asked the Cabinet Secretary whether any work was being undertaken to understand whether there were likely to be differences between Wales and England in the way assisted dying was delivered. He told us that he anticipated some preliminary work starting in the autumn, and went on to say:

*“... the most likely scenario is that a Government of the new Senedd would need to make a decision about whether, in principle, it's looking to introduce these services, and then that would kick off a wide range of consultation, operational planning, workforce planning, policy development.”<sup>18</sup>*

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<sup>15</sup> RoP, 16 July 2025, paragraph 40

<sup>16</sup> RoP, 16 July 2025, paragraph 45

<sup>17</sup> RoP, 16 July 2025, paragraph 49

<sup>18</sup> RoP, 16 July 2025, paragraph 58

**39.** The Cabinet Secretary said a preliminary assessment of staff training needs had been made:

*“We think—and this is a quite a rough-and-ready calculation at this point; obviously, this will become refined as and when, if the legislation goes forward—that just under 50,000 NHS and social care professionals would be eligible for what's being described as tier 1 training in Wales, which is the general awareness training for GPs, for nurses, for pharmacists. Then we've got tier 2 training, which is the more in-depth training for specialists, and it builds on that.”<sup>19</sup>*

**40.** He said that the estimated training costs for Wales were anything from £80,000 to £750,000 but this was a very “broad brush” figure.

**41.** In relation to the potential impact on staffing, the Cabinet Secretary said that the number of people estimated to be making applications under the legislation was quite small for Wales:

*“So, from the impact assessment, it suggests the number of applicants in year 1 at between 17 and 66, and the number of assisted deaths in year 1 at between 10 and 40, but, obviously, that increases over time. So, the level of demand on the service, as currently envisaged, is also small.”<sup>20</sup>*

**42.** In relation to the opt-out provisions, we asked the Cabinet Secretary if he felt the Bill offered sufficient protection for all relevant professionals who might wish to opt out. In response, he said that the Bill was broadly drafted and extended beyond healthcare professionals, to any person. Therefore, anybody who chose not to participate was protected from either criminal or civil liability. He went on to say:

*“So, effectively, the legislation is saying that, for any individual (...) engaging in a service, being part of its provision, it is entirely voluntary. And there is an explicit provision, which I welcome, that any employee who exercises the right not to be involved should not be subject to discrimination or disadvantage in the*

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<sup>19</sup> RoP, 16 July 2025, paragraph 60

<sup>20</sup> RoP, 16 July 2025, paragraph 83

*employment space, in the usual way. So, I'm confident that the Bill is well drafted in relation to that.”<sup>21</sup>*

**43.** We asked the Cabinet Secretary for clarification of the role of non-NHS providers, such as independent, voluntary, or charitable sector organisations, in delivering assisted dying services in Wales (regardless of whether the Welsh Government brings forward regulations for NHS provision). He confirmed that, because the Bill operated by changing the Suicide Act, it did allow for there to be non-public provision in Wales, without Welsh Government regulation. He went on to say:

*“the Welsh Government and the Senedd already has powers to regulate some independent healthcare provision in Wales. So, there'll be a suite of powers that could be available—it depends on what the service is and who's providing it, which, obviously, at this point, we don't know. But there's a body of regulatory powers there, which lie in our hands. But there are also powers in this legislation that are in the hands of the Secretary of State, because that's a reserved space, which provide what we think are an appropriate range of powers to regulate provision.*

*So, whether it's regulation from Wales or whether it's regulation from Parliament will depend on who the provider is and the mix of things they are providing. But we are confident that the range of scenarios will be covered by appropriate regulatory powers.”<sup>22</sup>*

**44.** The Cabinet Secretary confirmed that, in the event of voluntary assisted dying services not being provided by the NHS in Wales, it would be possible for a private provider to provide those services. He agreed that this could result in a situation in Wales where those who could afford to pay for assisted dying could access the service, but emphasised that this was a hypothetical scenario and there were lots of choices that any government would need to make in terms of how such a service was developed and delivered.<sup>23</sup>

**45.** We asked the Cabinet Secretary about access to support and services for neurodivergent people. He told us:

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<sup>21</sup> RoP, 16 July 2025, paragraph 68

<sup>22</sup> RoP, 16 July 2025, paragraph 97

<sup>23</sup> RoP, 16 July 2025, paragraphs 107 and 109



*“So, the Bill already mandates that medical practitioners who would be involved in delivering voluntary assisted dying services have to undergo specific training, and that includes safeguards for autistic individuals. So, there’s provision in terms of the staff training dimension already.”<sup>24</sup>*

## **Impact on palliative and end-of-life care**

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### **Evidence from stakeholders**

**46.** Stakeholders were agreed that, irrespective of any legislative changes regarding assisted dying, palliative care in Wales was in urgent need of improvement. Marie Curie said:

*“Whether the law on assisted dying changes or not, urgent action is needed to transform end of life care and ensure that everyone can access the right care, in the right place, at the right time, in their last phase of their life.”<sup>25</sup>*

**47.** Marie Curie also made the point that, while the issue of palliative and end of life care has featured heavily in discussion around the Bill, assisted dying and palliative/end of life care are not fundamentally linked.

**48.** The Older People’s Commissioner for Wales raised concerns that the Bill did not address the wider social and policy context. She said:

*“Should the Bill pass, no-one should feel they need to access assisted dying due to a lack of adequate palliative care or that this is the best option because of a lack of good quality palliative care.”<sup>26</sup>*

**49.** Stakeholders described assisted dying as a separate, standalone service which would need adequate resourcing. Crucially, they argued, the implementation of assisted dying must not negatively impact on funding for palliative care.

**50.** Professor Mark Taubert, Palliative Care Consultant, Clinical Director, Velindre University NHS Trust and Cardiff University School of Medicine told us:

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<sup>24</sup> RoP, 16 July 2025, paragraph 133

<sup>25</sup> TIA05 Marie Curie

<sup>26</sup> TIA01 Older People’s Commissioner for Wales

*“Evidence from around the world that the introduction of assisted dying adversely affects the provision of palliative care services. Palliative care funding has been proportionally lower in areas with assisted dying.”<sup>27</sup>*

**51.** Hospice UK highlighted the financial pressures experienced by palliative care providers in Wales and the need to safeguard hospice and palliative care services before any implementation of assisted dying:

*“It would be unconscionable for funding for an assisted death to be fully met by the state, while other core and specialist palliative care services remained paid for by an ad hoc and increasingly inadequate combination of charitable gifts, hospice shops and statutory funding. Less than a third of Welsh hospice funding comes from Government.”<sup>28</sup>*

**52.** The Royal College of Psychiatrists Wales highlighted that psychological care was a fundamental part of good palliative care, but that access to this support in UK hospices needed to be improved:

*“Until the provision of such care is improved, it is difficult to see how a person could be determined to be making a choice between options on AD/AS [assisted dying/assisted suicide].”<sup>29</sup>*

### **Evidence from the Cabinet Secretary**

**53.** We asked the Cabinet Secretary what commitments he could give about protecting and strengthening palliative care.

**54.** He said that more than £16 million a year was being invested in delivering equitable access to palliative and end-of-life care, or increasing the equity of access. He also said there was work ongoing with hospices, the national palliative and end-of-life care programme board, and the joint commissioning committee, to address a number of challenges facing hospices in particular and, alongside this, work was underway to develop a specification and a commissioning framework for hospices specifically, which related to both adult and children's hospices. This work was due to be completed by April 2026.

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<sup>27</sup> TIA08 Professor Mark Taubert, Clinical Director & Consultant Palliative Medicine: Velindre University NHS Trust and Cardiff University School of Medicine

<sup>28</sup> TIA06 Hospice UK

<sup>29</sup> TIA04 Royal College of Psychiatrists Wales

**55.** In response to the evidence from the Royal College of Psychiatrists about access to psychological care as part of palliative care, the Cabinet Secretary told us:

*"(...) I absolutely agree that access to psychological care as part of that broader palliative care, end-of-life range of care options, quite separate from the Bill, really, but clearly relevant as well, is crucially important. The quality statement for palliative and end-of-life care has a lot to say about expectations in relation to delivering it, but I absolutely agree it's critical."*<sup>30</sup>

**56.** We also asked the Cabinet Secretary about concerns expressed by the third sector that funding for a new assisted dying service would take away funding from palliative care. In response, he told us:

*"To be clear, I would make no case whatsoever for diversion of funding from palliative care into voluntary assisted dying services. I think it's a separate and new service, if it were to be provided, and I think it would be the wrong thing to do to make the transfer that you've talked about. I would find it very difficult to see a Government wanting to do that, candidly—although I understand the concern."*<sup>31</sup>

## **Our view**

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**57.** As a Committee, we take a neutral position on the matter of voluntary assisted dying for terminally ill adults. Our consideration of the Terminally Ill Adults (End of Life) Bill has been focused purely on the provisions of that Bill which are the subject of the two legislative consent memoranda laid before the Senedd.

**58.** In considering those memoranda, we are conscious that, given the Bill is subject to change as it moves through the various amending stages in the UK legislature, so much is still unknown about its final, settled form as well as its practical implementation. As such, our discussions and considerations of any future scenarios for its implementation have been entirely hypothetical in nature.

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<sup>30</sup> RoP, 16 July 2025, paragraph 131

<sup>31</sup> RoP, 16 July 2025, paragraph 143

**59.** Further, the timing of the Bill and its proximity to the forthcoming Senedd elections in 2026 mean that the implementation, or otherwise, of this policy in Wales will be a matter for a future Welsh Government.

**60.** Under the Bill as currently drafted, the provision of assisted dying services in Wales by the NHS could only be introduced following the approval of regulations brought forward by the Welsh Government. We believe it is appropriate for a future Welsh Government to have discretion in bringing forward any such regulations, including the proposed date of commencement, and we believe the requirement for Senedd approval of such regulations is both appropriate and proportionate.

**61.** Further, given the significance of the policy, we would expect any responsible future Welsh Government, in deciding to bring forward regulations in this area, to do so in draft form to allow a full public consultation on their contents, and thorough examination by the relevant Senedd committees.

**62.** We note that, in providing discretion for the Welsh Ministers to bring forward regulations about assisted dying, and in requiring Senedd approval of those regulations, there is the potential for the availability of assisted dying services to be different in England and Wales. Whilst we recognise this is a feature of the devolution settlement, we wish to highlight the significant implications of an asymmetrical cross-border approach, including uncertainty and inequity for patients, and operational challenges for health professionals. These matters, amongst others, will need to be the subject of much in-depth consideration by any future Welsh Government in deciding its approach to assisted dying.

**63.** As regards the potential for the provision of assisted dying services by the private sector in Wales, we note the Cabinet Secretary's position that appropriate regulatory powers are available to the Welsh Ministers, whether those services were to be delivered in the public or private sector. As above, we wish to highlight the implications for patients in Wales, were assisted dying services to be available via the NHS in England but solely in the private sector in Wales.

**64.** More specifically in relation to the legislative consent memoranda and the Welsh Government's position as to which provisions in the Bill require the Senedd's consent, we note that the Welsh Government has taken a narrow approach to consent. Had a broader approach been taken, the majority of clauses in the Bill could have been considered to have required consent on the basis that the services the Bill contemplates will largely be delivered in a healthcare setting by health and social care professionals. As such, they could reasonably be

interpreted as having regard to the extensively devolved matter of health. We note that the Cabinet Secretary has previously declined a request<sup>32</sup> by the Legislation, Justice and Constitution Committee to provide details of the Welsh Government's assessment of consent on the grounds that to do so would waive legal professional privilege. However, we believe that, on such a significant subject matter, the Welsh Government should provide some public explanation for its decisions about the provisions of the Bill that would be the subject of a consent request.

**Conclusion 1.** As a Committee, we take a neutral position on the matter of voluntary assisted dying for terminally ill adults. As such, we do not offer any view as to whether the Senedd should support the LCM or Memorandum No. 2. This is a matter of conscience for individual Members.

**Conclusion 2.** Should regulations be brought forward in the future to implement assisted dying services in Wales, we would expect any responsible future Welsh Government to do so in draft form for wide-ranging public consultation, and to make sufficient time available to all relevant Senedd committees to conduct a full and thorough examination of the detail of those regulations. Further, we would expect those regulations to be in detailed form, setting out clearly their policy intentions, and accompanied by detailed costings.

**Recommendation 1.** In his response to this report, the Cabinet Secretary should set out why he has taken a narrow approach when deciding which provisions of the Bill should be the subject of a legislative consent request, when the matter of 'health' is extensively devolved. A broader interpretation, which accounted for the services in the Bill to be delivered largely in a healthcare setting by health and social care professionals, could have led to the majority of the clauses in the Bill being considered to require consent and thus being subject to scrutiny by this Senedd.

**65.** There will be clear implications for the Welsh NHS should the Bill be passed and implemented in Wales, not least for the workforce, both in terms of capacity and training. Understanding the impact of the Bill on the workforce, including how services will be provided and the increased responsibilities that go along with that, will be crucial. We note the Cabinet Secretary's expectation that preliminary work will begin in the autumn to consider how assisted dying services might be delivered in Wales, including consideration of additional training needs and some "broad-brush" costings, and we ask that he updates us periodically on progress

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<sup>32</sup> Letter, 30 June 2025

with that work. We recognise that any detailed work and decision-making will be a matter for a future Welsh Government.

**Recommendation 2.** The Cabinet Secretary should update the Committee periodically on progress with work to prepare for the workforce implications of implementing the Bill in Wales. This should include, amongst other matters, consideration of increased responsibilities for staff, additional training needs, sufficiency of the Welsh-speaking workforce (see also recommendation 4), and initial costings.

**66.** As regards the provision for healthcare staff to opt-out of delivering assisted dying services, we note that the Cabinet Secretary is confident that the Bill makes sufficient provision in this area, although the likely level of opt-out is unclear at present. We further note his assurance that the Bill, as amended, extends beyond healthcare professionals and gives sufficient protection against discrimination or disadvantage in the workplace to any employee who exercises the right not to be involved in the provision of assisted dying services. In terms of non-NHS providers, we note that the Cabinet Secretary is confident that appropriate regulatory powers are already in place for the Welsh Ministers.

### **Palliative and end-of-life care**

**67.** We have real concerns about the longer term effects of the Bill on the provision of palliative and end-of-life care in Wales, particularly in relation to funding. No-one should feel obliged to access assisted dying services due to a lack of adequate palliative and end-of-life care. Yet, we are aware of international evidence that the introduction of voluntary assisted dying has adversely affected the provision of palliative care services and, in these areas, funding for palliative care has been impacted negatively.

**68.** We note the Cabinet Secretary's evidence that investment has been made into delivering equitable access to palliative and end of life care, and that work is ongoing to address a number of the challenges facing hospices, which is due to be completed by April 2026. Despite this, we are concerned about the pressures facing the sector.

**Conclusion 3.** We remain concerned about the potential longer-term impact of the Bill on the provision of palliative and end-of-life care in Wales. If the provisions of this Bill are to be implemented in Wales, there must be a clear and definitive distinction made between assisted dying and palliative/end-of-life care. Crucially,

any future implementation of assisted dying services by the NHS in Wales must not impact negatively on funding for palliative and end-of-life care.

## Guidance about the operation of the Act

**69.** New Clause 40 (previously Clause 37) of the Bill provides that the Welsh Ministers may issue guidance relating to the operation of the Act in Wales about matters within devolved competence.

**70.** Prior to making guidance, the Welsh Ministers must consult the Chief Medical Officer for Wales, the Secretary of State, persons with learning difficulties, other persons who have protected characteristics, persons appearing to represent providers of health or care services including providers of palliative or end of life care and such other persons as the Welsh Ministers consider appropriate.”

## Evidence from stakeholders

**71.** There was broad support for this provision from stakeholders. They emphasised the need to consult with relevant individuals and groups, using a range of engagement methods which may need to be specifically tailored for different groups. The importance of the guidance being practical and accessible was also highlighted. BASW Cymru stated:

*“Ensuring the guidance is practical and accessible enables vulnerable populations to make informed decisions, protects against coercion, and supports effective implementation by stakeholders, such as social workers.”<sup>33</sup>*

**72.** The Older People’s Commissioner for Wales suggested this clause should include a specific reference to the CMO consulting with older people.

*“Such consultation needs to be meaningful, allow sufficient time, and make a genuine effort to reach different groups of older people through a range of engagement methods, rather than relying on predominantly online methods. Older people sometimes assume that messages intended for the general public do not apply to them, so communications need to be specific and tailored to older people.”<sup>34</sup>*

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<sup>33</sup> TIA02 BASW Cymru

<sup>34</sup> TIA01 Older People’s Commissioner for Wales



**73.** Hospice UK stated the CMO “must” consult with charitable hospices and palliative care services. ADSS Cymru said that the development of guidance should be explicitly framed as a multi-agency responsibility involving Directors of Social Services, safeguarding leads, and representatives from third sector palliative and advocacy services:

*“The inclusion of social care expertise will ensure that guidance is appropriately holistic and grounded in real-world experience of working with people at end of life.”<sup>35</sup>*

**74.** The Royal College of Psychiatrists Wales said the CMO should have a duty to consult with the Royal College, given the roles that psychiatrists would have under the Bill in assessing mental capacity and sitting on assisted dying review panels. It also suggested that this clause could be strengthened by a requirement for the guidance to be laid before and approved by the Senedd, and for the guidance to be reviewed (in line with the Bill’s other monitoring/review provisions).<sup>36</sup>

### **Evidence from the Cabinet Secretary**

**75.** The Cabinet Secretary said there were a number of provisions in the Bill relating to guidance, and the most broadly based provisions were in the hands of Welsh Ministers. These provisions required Ministers to consult with a wide range of people, including the CMO, and also included people representing people with learning disabilities, protected characteristics, palliative care, hospice provision, as well as a broad provision that covered “anybody else who Ministers feel is appropriate”, which he believed to be:

*“... a good way of proceeding. It’s a broad expectation; it’s specific on the sorts of groups of people that are most likely to have a strong interest or an informed view.”<sup>37</sup>*

**76.** We asked the Cabinet Secretary for his views on the evidence we had received from stakeholders suggesting there would be benefit in specifying further groups of people or organisations to be consulted with on the face of the Bill. He told us:

*“If you look at the impact assessment, the equalities impact assessment that the UK Government has undertaken, I think, in almost all of the protected characteristics, they identify*

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<sup>35</sup> TIA07 ADSS Cymru

<sup>36</sup> TIA04 Royal College of Psychiatrists Wales

<sup>37</sup> RoP, 16 July 2025, paragraph 121



*particular risks, or particular interests, if you like. So, they talk about the interests of women as caregivers, they talk about the interests of LGBT groups as having particular exposure to mental health. So, there are characteristics of each protected characteristic that seem to me to mean that you would have to have a broadly based approach.*

*So, identifying one group of those and saying, 'Well, this group needs particular consultation', I don't feel is the right approach. So, I think that the balance is well struck in the clause as it's drafted now."<sup>38</sup>*

**77.** He also confirmed that, as the service developed, he would anticipate the need to review the guidance regularly.

## **Our view**

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**78.** We support the principle of requiring guidance to be prepared and published about the operation of the Act. Further, we support the requirement on the Welsh Ministers to consult widely in the preparation of this guidance. This consultation must be meaningful. It must adopt a range of engagement methods, specifically tailored for different groups, and must be both practical and accessible to all persons, and not rely solely on online methods.

**79.** We recognise the views of stakeholders who called for the Bill to make specific provision for consultation with further, named groups of people or organisations (including older people, directors of social services or palliative care services) before guidance is made. We believe that the Bill, and its accompanying documents, create a wide-ranging expectation that the making of guidance will involve consultation with any person or organisation likely to have a strong or informed view on its provisions. As such, we do not believe it is necessary to add to the list of persons on the face of the Bill to be consulted about the guidance.

## **Monitoring by the Voluntary Assisted Dying Commissioner**

**80.** New Clause 49 (previously Clause 45) requires the Voluntary Assisted Dying Commissioner (appointed by the Prime Minister) to monitor the operation of the Act, investigate and report to an appropriate national authority on any matter connected with the operation of the Act which the appropriate national

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<sup>38</sup> RoP, 16 July 2025, paragraph 122

authority<sup>39</sup> refers to the Commissioner, and submit an annual report to each appropriate national authority on the operation of the Act.

### **Evidence from stakeholders**

**81.** There was general agreement amongst stakeholders with these provisions. Some respondents, including the Older People's Commissioner for Wales and BASW Cymru, emphasised the need for independence on the part of the Commissioner. There were also some suggestions for strengthening the arrangements.

**82.** The Older People's Commissioner for Wales said the Commissioner should not be limited to producing an annual report, but should be able to publish additional reports, e.g. thematic reports and reports on areas of concern. She also said there should be provision for others, such as whistleblowers and concerned individuals, to raise matters with the Commissioner, and the Commissioner should be able to initiate their own investigations.<sup>40</sup>

**83.** BASW Cymru said the Commissioner should consult with the CMO when producing the annual report, and should ensure reports covered the legal, medical and social issues identified by the multidisciplinary panel<sup>41</sup>. It called for the Commissioner's annual report and the Welsh Government's response to be published and presented to the Senedd to strengthen oversight and scrutiny.<sup>42</sup>

**84.** This was supported by the Royal College of GPs Cymru Wales, who believed it was logical for Welsh Ministers to refer any matter connected to the operation of the Act to the Voluntary Assisted Dying Commissioner for investigation:

*"However, we also regard it as beneficial that UK Government Ministers could also make such referrals even if the relevant case occurs in Wales. We strongly support the requirement for Welsh Ministers to publish a response to the Annual Report of the Voluntary Assisted Dying Commissioner."*<sup>43</sup>

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<sup>39</sup> 'Appropriate national authority' means either the Welsh Ministers or the Secretary of State

<sup>40</sup> TIA01 Older People's Commissioner for Wales

<sup>41</sup> Multidisciplinary assisted dying review panels would determine, among other things, that a person was terminally ill and had capacity to make the decision to end their own life

<sup>42</sup> TIA02 BASW Cymru

<sup>43</sup> TIA03 Royal College of GPs Cymru Wales

## Evidence from the Cabinet Secretary

**85.** We asked the Cabinet Secretary about the proposals for a Voluntary Assisted Dying Commissioner and whether he thought this would ensure sufficient independence, oversight and scrutiny of assisted dying in Wales. He said he believed it would, adding:

*“There is a requirement, as you will know, for the commissioner to submit an annual report to the Welsh Ministers, which should be laid in the Senedd. So, [...] that latter element has been strengthened in the progress of the Bill to where it is now, which is a good thing to see, and the mechanism has moved from the chief medical officer to the commissioner, which I think is also probably the right place for it to be.*

*So, I think where it is now has improved in the passage of the journey of the Bill, and I think it's pretty robust.”<sup>44</sup>*

## Our view

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**86.** We support the principle in the Bill of establishing an officer with responsibility for monitoring the operation of the Act, investigating and reporting on matters referred by a national authority, and producing an annual report on the operation of the Act. We agree with stakeholders that any such officer should operate independently of government, to ensure impartiality, build public trust, and safeguard vulnerable individuals.

**87.** We welcome the changes to the Bill that will require the Welsh Ministers to lay the Commissioner’s annual report before the Senedd, along with their response to it. We believe this will strengthen oversight and increase transparency.

**88.** We are keen to ensure that the Bill enables the Commissioner to undertake investigations into matters other than those which have been referred by a national authority and to produce additional reports, including reports on areas of concern and own-initiative investigations. We would welcome the views of the Cabinet Secretary on this point, including his view on whether the Bill provides such powers for the Commissioner.

**Recommendation 3.** In his response to this report, the Cabinet Secretary should set out his views on whether the Voluntary Assisted Dying Commissioner should

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<sup>44</sup> RoP, 16 July 2025, paragraph 149

be able to undertake investigations into matters other than those which have been referred by a national authority and produce additional reports, including reports on areas of concerns and own-initiative investigations. He should also set out whether, in the Welsh Government's opinion, the Bill as currently drafted enables this.

**89.** Separately, the role of Voluntary Assisted Dying Commissioner is a joint role for both England and Wales. We have some concerns that this arrangement might mean the post-holder being less familiar with the operation and impact of the Act in Wales, and a risk of inequity as a result. We note the Cabinet Secretary's evidence that he was generally satisfied with the provisions in the Bill relating to the Commissioner's oversight role for Wales, but we believe he should set out what consideration he has given to the creation of a Commissioner for Wales.

**Recommendation 4.** In his response to this report, the Cabinet Secretary should set out what consideration has been given by the Welsh Government to the creation of a Voluntary Assisted Dying Commissioner for Wales and, if ruled out, the reasons for this.

## **Provision about the Welsh Language**

**90.** New Clause 51 (previously Clause 47) makes provision for the Welsh language in relation to persons seeking assistance under the Act in Wales. It requires regulations made by the Welsh Ministers in relation to Voluntary Assisted Dying Services (under clause 43) to include such provision as the Welsh Ministers consider appropriate for the purpose of ensuring that, where a person indicates they wish to communicate in Welsh, all reasonable steps are taken to secure any communications sent are in Welsh and any reports regarding the first or second assessment by a registered medical practitioner are in Welsh. It requires the Commissioner takes all reasonable steps to secure that communications from the Commissioner and the Assisted Dying Review Panel are in Welsh, that members of the panel speak Welsh and that a certificate of eligibility issued by the panel is in Welsh. It also requires regulations specifying the form of a first or second declaration (made by a person seeking assistance) and reports made in relation to the first or second assessment or a final statement (made by a registered medical practitioner) provide for the forms to be in Welsh as well as English.

## Evidence from stakeholders

**91.** There was agreement amongst stakeholders that the Senedd should have primary authority over Welsh language issues, and that any regulations containing provision about the Welsh language should be approved by the Senedd.<sup>45</sup>

**92.** Some stakeholders questioned whether there are sufficient numbers of Welsh-speaking staff qualified and willing to undertake roles in the provision of assisted dying services. Royal College of Psychiatrists Wales told us:

*“There are not enough psychiatrists to do what the Bill requires ... This is particularly pertinent when it comes to the significant shortage of Welsh-speaking psychiatrists and the need to ensure that the right of individuals in Wales to discuss the decision to end their life through the medium of Welsh can be upheld.”<sup>46</sup>*

**93.** The Older People’s Commissioner for Wales stated that ensuring sufficient Welsh language and interpretation skills are developed ahead of any implementation of the Bill “will be essential” and that “assurance will need to be given that this can be achieved.”<sup>47</sup>

**94.** She also said that while much of the process of seeking assistance under the Act would be via conversation and discussion with relevant professionals,

*“any information available to individuals relating to the Act must be available through non-digital means. There must be no circumstance where information can only be obtained online.”<sup>48</sup>*

**95.** Hospice UK called for Welsh language provision to be of a high quality, not just in terms of language level but also in terms of clinical and legal understanding. It also cautioned that Welsh language provision needs to be ensured at every stage of the assisted dying process:

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<sup>45</sup> This provision was removed from the Bill by amendment. The version of the Bill brought from the House of Commons to the House of Lords provides that voluntary assisted dying regulations made by the Welsh Ministers, which will include provision for the Welsh language, are subject to approval by the Senedd.

<sup>46</sup> TIA04 Royal College of Psychiatrists Wales

<sup>47</sup> TIA01 Older People’s Commissioner for Wales

<sup>48</sup> TIA01 Older People’s Commissioner for Wales

*"It should not be limited to where it is requested as this fails to adequately safeguard against coercion."*<sup>49</sup>

**96.** The Older People's Commissioner raised concerns about people whose first language was not Welsh or English, and the extent to which they would be able to access appropriate information and support and make an informed choice:

*"It is vital that anyone seeking this route has a full understanding of their options and implications of their decisions before consenting to it. Not to provide for this would set up barriers to access for certain sections of the population and therefore create inequalities."*<sup>50</sup>

**97.** ADSS Cymru urged that future guidance and service frameworks should address wider communication needs, including Easy Read, BSL, and culturally sensitive materials for people from ethnic minority backgrounds.<sup>51</sup>

### **Evidence from the Cabinet Secretary**

**98.** The Cabinet Secretary said that the Bill had been strengthened to provide that, where a person requires them, reasonable steps are taken to provide those services in Welsh:

*"So, that is on the face of the Bill, and that is appropriate, I think."*<sup>52</sup>

**99.** He went on to say that ensuring the availability of staff who could provide services through the medium of Welsh and staff who had not used the opt-out would be challenging but "not impossible."<sup>53</sup>

**100.** He said that no modelling had yet been done to ensure there was a sufficiency of staff that could work through the medium of Welsh, but there would be a need to do this if the Bill progresses:

*"I think, in this area, it's specifically important that people feel that they can have access to advice and communicate with people in the language that they want, for obvious reasons. The whole situation concerns vulnerable people making the most*

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<sup>49</sup> TIA06 Hospice UK

<sup>50</sup> TIA01 Older People's Commissioner for Wales

<sup>51</sup> TIA07 ADSS Cymru

<sup>52</sup> RoP, 16 July 2025, paragraph 156

<sup>53</sup> RoP, 16 July 2025, paragraph 156

*significant decision. So, the need for provision through the medium of Welsh—not the demand, but the need for provision through the medium of Welsh—is completely crucial.”<sup>54</sup>*

**101.** When asked about provision for people whose first language was not Welsh or English, the Cabinet Secretary said:

*“The Bill itself has a requirement that doctors undertaking the assessments make the necessary adjustments for someone who wants access to the service in terms of language, literacy and also using people who can provide simultaneous translation services and so on. Those requirements are in the Act already, but as always, implementing that on the ground can pose challenges.”<sup>55</sup>*

## **Our view**

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**102.** Being able to communicate in the language of their choice is absolutely vital at such a vulnerable time in a person’s life. As such, we welcome the strengthening of the Bill to provide that, where a person requires them, reasonable steps must be taken to provide assisted dying services in the Welsh language. We also note the Cabinet Secretary’s evidence that the Bill includes a requirement for necessary adjustments to be made for people whose first language is not Welsh or English.

**103.** We were concerned, however, by evidence from stakeholders and the Cabinet Secretary that having sufficient Welsh-speaking staff to meet this requirement will be a challenge. Whilst the implementation of the Act will likely be a matter for a future Welsh Government, given the time needed to train new healthcare professionals, we believe it is important for the current Welsh Government to begin work to model the likely future numbers of healthcare staff needed to deliver assisted dying services through the medium of Welsh.

**Recommendation 5.** In his response to this report, the Cabinet Secretary should set out how the Welsh Government plans to increase the number of Welsh-speaking staff able to deliver voluntary assisted dying services through the medium of Welsh.

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<sup>54</sup> RoP, 16 July 2025, paragraph 158

<sup>55</sup> RoP, 16 July 2025, paragraph 164

**Recommendation 6.** In his response to this report, the Cabinet Secretary should set out how the Welsh Government plans to ensure adequate provision of voluntary assisted dying services to people whose first language is not Welsh or English.