

Statement from Archbishop Sherrington on the Terminally Ill Adults Bill in the House of Lords

As the Terminally Ill Adults (End of Life) Bill is being considered at length in the House of Lords, we reiterate our firm opposition to the bill in principle and in practice. Despite being described by proponents as the safest of its kind, the bill remains unworkable. It puts the safety of our healthcare institutions, professionals, and patients at risk.

Threats to care homes and hospices

The Bill threatens the future of care homes and hospices that would not otherwise provide assisted suicide, as doing so would violate their core mission and ethical principles. The House of Commons rejected an amendment which would allow employers to prevent their employees from facilitating assisted suicide. Cardinal Nichols and I previously noted that “a right to assisted suicide given to individuals is highly likely to become a duty on care homes and hospices to facilitate it.” As a result, there is a real danger that some care homes and hospices may be forced to significantly limit or even fully withdraw their services.

Inadequate conscience clause

The bill undermines the duty of care of healthcare professionals by permitting them to help patients to end their lives, fundamentally changing the relationship between the medical professional and the patient. Furthermore, as the Catholic Medical Association (CMA) has stated, the bill's conscience clause is not adequate, despite assurances from the bill's proponents. Many doctors will effectively be unable to opt out of cooperating with the procedure, because of the duty to direct patients to information and to where they can have a preliminary discussion.

Putting vulnerable patients at risk

This bill puts the lives of vulnerable patients at risk due to inadequate safeguards against coercion. Evidence from other jurisdictions indicates that patients often feel pressured to choose assisted suicide because they feel as though they are a burden on those caring for them. In addition, countries such as Canada demonstrate that wherever assisted suicide is initially introduced for a limited group, the criteria quickly expand to include the non-terminally ill, and soon those without mental capacity. Moreover, introducing assisted suicide does not reduce the overall number of suicides.

Priority must be given to the provision of palliative care which, though excellent where provided, is patchy in terms of its provision around the country. The legalisation of assisted suicide will inevitably further undermine the resourcing of palliative care. Where such provision is absent, individuals will inevitably feel pressured to end their lives.

A call to prayer and action

We continue to call for prayer and action. I urge you to contact members of the House of Lords and in particular share your personal or professional experience on this important matter.



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