



At the Court at Buckingham Palace

THE 8th DAY OF JULY 2026

PRESENT,

THE KING'S MOST EXCELLENT MAJESTY
IN COUNCIL

The following report from the Committee of Council for the Affairs of Jersey and Guernsey was today read at the Board:

“In accordance with the Royal Assent to Legislation and Petitions (Bailiwick of Jersey) Order 2022 the Committee have considered a letter from the Deputy Greffier of the States of Jersey transmitting an Act passed on 26th February 2026 entitled the Assisted Dying (Jersey) Law 2026:

The Committee have considered the Act and have agreed to report that it may be advisable for Your Majesty to approve and ratify it.”

His Majesty, having taken the report into consideration, was pleased, by and with the advice of His Privy Council, to approve and ratify the Act (a copy of which is annexed to this Order) and to order that it, together with this Order, shall be entered on the Register of the Island of Jersey and observed accordingly. His Majesty's Officers in the Island, and all others whom it may concern, are therefore to take notice of His Majesty's Order and to proceed accordingly.

Richard Tilbrook, CVO



Jersey

ASSISTED DYING (JERSEY) LAW 202-

Contents

Article

PART 1	5
DEFINITIONS AND CRITERIA	5
1 Interpretation	5
2 Criteria for assisted dying	10
PART 2	11
ASSISTED DYING PROCESS AND RELATED MATTERS	11
DIVISION 1 – ASSISTED DYING PROCESS (STEPS 1 TO 8)	11
3 Step 1: first request for assisted dying	11
4 Step 2: first assessment (of all criteria)	12
5 Step 3: independent assessment (of main and residency criteria)	13
6 Step 4: second request for assisted dying	15
7 Step 5: review and decision on request for assisted dying	16
8 Step 6: care planning	17
9 Step 7: final review and carrying out of assisted death.....	19
10 Step 7: carrying out assisted death.....	20
11 Step 7: delaying or stopping assisted death	21
12 Step 7: disposal of approved drugs	22
13 Step 8: review after death	22
DIVISION 2 – MATTERS RELATING TO ASSISTED DYING PROCESS	23
14 Consent to sharing of individual’s information	23
15 Withdrawing request for assisted dying or pausing process.....	23
16 Another person may sign form for certain individuals	23
17 Request to proceed to next step	24
18 Meetings in person or electronically	25
19 Disclosure of professional’s interests for conflict with individual’s interests	26
20 Disclosure of doctor’s interests for conflict in individual’s independent assessment	26
21 Review of professional’s interests for conflict with individual’s interests	26
22 Review of doctor’s interests for conflict in individual’s independent assessment	27
23 Independent advocacy and communication support during assisted dying process..	28
24 Assessment until individual fails to meet criteria.....	28
25 Individual’s life expectancy, suffering and treatment	29
26 Individual’s capacity to decide or request	29

27	Individual's decision or request voluntary, clearly expressed and settled.....	30
28	Individual's decision or request informed	31
29	Specific information relating to individual	32
30	Individual's residency.....	32
31	Relevant opinions of others.....	32
32	Second opinion assessment (of main criteria): request	33
33	Second opinion assessment (of main criteria).....	34
34	Prescribing, preparing and dispensing approved drugs	35
35	Change of practitioners	35

PART 3 **36**

RIGHT TO REFUSE, PROTECTIONS, APPEALS, OFFENCES, COMMITTEE, SERVICE AND REVIEW PANEL **36**

DIVISION 1 – RIGHT TO REFUSE, PROTECTIONS, SAFE ACCESS ZONES, DISCLOSURE OF INFORMATION AND APPEALS **36**

36	Right to refuse to participate.....	36
37	Meaning of participation in assisted dying.....	36
38	Employment and partnership protection (for involvement or non-participation)	37
39	Residential tenancy protection (for involvement or non-participation)	38
40	Certain activities banned in safe access zones	39
41	Disclosure of information about people or approved drugs	39
42	Appeals to Court against decisions.....	39

DIVISION 2 – PROTECTION AND OFFENCES **41**

43	Assisted dying is protected.....	41
44	Offence to unlawfully administer approved drugs.....	41
45	Offence to coerce or maliciously induce decision to have assisted death	41
46	Offence to coerce decision to not have assisted death.....	42
47	Offence to give false or misleading information or forge document.....	42
48	Offence to purport to act as assisted dying practitioner, certifying doctor or care navigator.....	42
49	Offence to purport to be assisted dying practitioner, certifying doctor or care navigator.....	42
50	Offence to purport to be Service or to provide assisted dying	43
51	Offence to promote or advertise assisted dying	43
52	Offence to not tell Service about significant registration matters	43
53	Offence to disclose information about people or approved drugs	44
54	Offence to do banned activity in safe access zone.....	44

DIVISION 3 – COMMITTEE AND ITS FUNCTIONS **44**

55	Committee established and members appointed	44
56	Terms of reference	45
57	Remuneration of members and payment of expenses	46
58	Functions and obligations.....	46
59	Approval of drugs.....	46
60	System that holds individuals' records	46
61	Register of assisted dying practitioners and certifying doctors	47
62	General information, standards for services and retention requirements	47
63	Operational guidance	47

64	General guidance	49
65	Competencies	49
66	Training for professionals involved in assisted dying	50
67	Other training	51
68	Consultation on documents and training	51
69	Publication of documents for public.....	52
70	Publication of documents for relevant persons	52
71	Support for individuals, connected people and professionals	52
72	Investigation of professionals.....	53
73	Disclosure of information	53
74	Collection and analysis of information	53
75	Reports each year	54
76	Other reports	55
77	Requests for, and responses to, Review Panel's reviews	55
78	Review of Law's implementation.....	56
79	Involvement of people with disabilities in Law's implementation.....	56
	DIVISION 4 – SERVICE AND ITS FUNCTIONS	56
80	Service established	56
81	Service has exclusive functions and fees are restricted	56
82	Keeping and giving access to individuals' records.....	57
83	Registration of assisted dying practitioners and certifying doctors	57
84	Renewal of registration of assisted dying practitioners	58
85	Disclosure of interests for registration	59
86	Information on register	59
87	Changes to details on registers.....	60
88	Suspension or cancellation of registration	60
89	Surrender of registration	60
90	Disclosure of information on register or about practice	60
91	Development and publication or provision of documents and training	61
92	Publication of forms.....	61
	DIVISION 5 – REVIEW PANEL AND ITS FUNCTIONS	61
93	Review Panel established	61
94	Terms of reference	61
95	Remuneration of members.....	62
96	Functions and obligations.....	62
97	Report from review of completed assisted death or incomplete assisted dying process	62
98	Report from analysis of reviews of assisted deaths	63
	PART 4	63
	SECONDARY LEGISLATION, FORMS AND FINAL MATTERS	63
99	Regulations	63
100	Orders	66
101	Rules of court.....	66
102	Forms	67
103	Transitional provisions.....	67
104	Amendments to other legislation	67
105	Citation and commencement	67

SCHEDULE 1	68
GENERAL INFORMATION ABOUT ASSISTED DYING PROCESS	68
SCHEDULE 2	69
TRANSITIONAL PROVISIONS	69
1 Assisted dying provided only when Law fully commenced	69
SCHEDULE 3	70
AMENDMENTS TO OTHER LEGISLATION	70
1 Capacity and Self-Determination (Jersey) Law 2016 amended	70
2 Cremation (Jersey) Regulations 1961 amended	70
3 Homicide (Jersey) Law 1986 amended	70
4 Inquests and Post-Mortem Examinations (Jersey) Law 1995 amended.....	71
5 Marriage and Civil Status (Jersey) Law 2001 amended	71
6 Regulation of Care (Jersey) Law 2014 amended	71
7 Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 amended	72



Jersey

ASSISTED DYING (JERSEY) LAW 202-

A **LAW** to provide for the assisted dying of someone who has a terminal illness, who is experiencing (or is expected to experience) unbearable suffering and who chooses to end their life with the help of a medical professional.

*Adopted by the States**26 February 2026**Sanctioned by Order of His Majesty in Council**[date to be inserted]**Registered by the Royal Court**[date to be inserted]**Coming into force**[date to be inserted]*

THE STATES, subject to the sanction of His Most Excellent Majesty in Council, have adopted the following Law –

PART 1

DEFINITIONS AND CRITERIA

1 Interpretation

In this Law –

“administering practitioner” means a doctor or nurse –

- (a) whose main role is to act at step 6 (care planning) and step 7 (final review and carrying out of assisted death), including by –
 - (i) arranging care planning for an individual; and
 - (ii) carrying out the individual’s assisted death;
- (b) who also has a role at step 8 (review after death);
- (c) who is registered with the Service for the role; and
- (d) who was not the individual’s independent assessment doctor (but may have been involved in their assisted dying process in other ways – for example, as their co-ordinating doctor);

“approved drugs” means the medicinal products or controlled drugs approved by the Committee under Article 59;

“assess” means, as an assessing doctor, to assess an individual for whether –

- (a) they meet 1 or more criteria for assisted dying; or

(b) their physical condition is expected to cause their death within 14 days;

“assessing doctor” means –

- (a) a co-ordinating doctor;
- (b) an independent assessment doctor; or
- (c) a second opinion doctor;

“assisted death” means a death that will or did result from assisted dying;

“assisted dying” means ending an individual’s life in accordance with this Law;

“assisted dying practitioner” –

- (a) means 1 of the following professionals who is registered with the Service for the role –

- (i) an assessing doctor;
- (ii) an administering practitioner;
- (iii) a pharmacy professional; or
- (iv) an extended team member; and

- (b) for clarity, does not include a certifying doctor or care navigator;

“assisted dying process” means the following 8 steps relating to assisted dying –

- (a) step 1: first request for assisted dying;
- (b) step 2: first assessment (of all criteria);
- (c) step 3: independent assessment (of main and residency criteria);
- (d) step 4: second request for assisted dying;
- (e) step 5: review and decision on request for assisted dying;
- (f) step 6: care planning;
- (g) step 7: final review and carrying out of assisted death;
- (h) step 8: review after death;

“Care Commission” means the Health and Social Care Commission established by Article 35 of the [Regulation of Care \(Jersey\) Law 2014](#);

“care home” means the place where a care home service, as defined in paragraph 4 of Schedule 1 of the [Regulation of Care \(Jersey\) Law 2014](#), is provided;

“care navigator” means a person –

- (a) whose role is non-clinical and is to –
 - (i) support an individual during the assisted dying process; and
 - (ii) help the co-ordinating doctor to co-ordinate the assisted dying process;
- (b) who is employed by the Service in the role; and
- (c) who has completed the initial training, and any continuing training at the intervals set by the Committee, for the role under this Law;

“care plan” means a care plan (which generally sets out the individual’s preferences for their assisted death) –

- (a) as recorded under Article 8(1)(b)(ii); or
- (b) as amended under this Law;

“certifying doctor” means a doctor –

- (a) whose main role is to act at step 8 (review after death), including by complying with Article 64(1) of the [Marriage and Civil Status \(Jersey\) Law 2001](#) (by certifying an individual's assisted death and giving the certificate to the administering practitioner);
- (b) who also has a role at step 6 (care planning);
- (c) who is registered with the Service for the role; and
- (d) who was not an assisted dying practitioner, or the care navigator, for the individual;

“close relative”, of a person, means –

- (a) their spouse or civil partner;
- (b) another person (whether of the same or a different sex) who is their partner in an enduring family relationship; or
- (c) their child, parent, sister, brother, grandparent, grandchild, aunt, uncle, nephew, niece or first cousin (meaning a cousin with whom they share grandparents), including for a step or half relationship;

“co-ordinating doctor” means a doctor –

- (a) whose main role is to act at step 1 (first request for assisted dying), step 2 (first assessment), step 4 (second request for assisted dying) and step 5 (review and decision on request for assisted dying), including by –
 - (i) co-ordinating an individual's assisted dying process;
 - (ii) first assessing the individual; and
 - (iii) deciding whether to approve or refuse the individual's request for assisted dying; and
- (b) who also has a role at step 3 (independent assessment); and
- (c) who is registered with the Service for the role;

“Committee” means the Assisted Dying Assurance and Delivery Committee established by the Minister under Article 55;

“communication support” means the following support for communication that is arranged under Article 23 –

- (a) independent advocacy, so far as it supports communication; or
- (b) other support for communication, such as support from an interpreter, a speech and language therapist, a connected person or any communication software or technology;

“connected person” means a person who has a personal relationship with an individual (such as a family member, friend, neighbour or colleague);

“criteria for assisted dying” has the meaning given in Article 2;

“doctor” means a person who is professionally registered as a doctor;

“employment” –

- (a) has the meaning given in the [Employment \(Jersey\) Law 2003](#), including as affected by Article 1A of that Law;
- (b) for a natural person to whom Article 1(2)(a) and (c) of that Law apply (where they are supplied by an agent to do work for a principal), includes both –
 - (i) their relationship with the agent; and
 - (ii) their relationship with the principal; and

(c) includes prospective employment;

“end-of-life”, for care or treatment, means palliative care or treatment that is provided to someone who is likely to die within 1 year;

“extended team member” means a person –

(a) who is a health professional;

(b) whose role is to be a member of a team that supports an individual’s assisted dying process; and

(c) who is registered with the Service for the role;

“general guidance” means general guidance approved under Article 64;

“Health and Care Jersey” means the administration of the States (as defined in Article 1 of the [Employment of States of Jersey Employees \(Jersey\) Law 2005](#)) –

(a) that relates to health; and

(b) for which the Minister is assigned responsibility;

“health professional” means –

(a) a doctor;

(b) a nurse;

(c) a pharmacist or pharmacy technician;

(d) a dentist, optometrist or dispensing optician, meaning a person who is professionally registered as that; or

(e) an occupational therapist, physiotherapist, social worker or speech and language therapist, or a person in another registrable occupation under the [Health Care \(Registration\) \(Jersey\) Law 1995](#), in each case meaning a person who is professionally registered as that;

“independent advocate” means an independent advocate appointed under Regulations made under Article 99(1)(a);

“independent advocacy” means the help (such as support and advocacy) given by an independent advocate to an individual, under Regulations made under Article 99(1)(a), in relation to a request for, or the process of, assisted dying;

“independent assessment doctor” means a doctor –

(a) whose main role is to act at step 3 (independent assessment), including by independently assessing an individual;

(b) who is registered with the Service for the role; and

(c) who is not an individual’s co-ordinating doctor or second opinion doctor;

“individual” means an individual who requests, proposes or tries to request or is considering requesting assisted dying;

“individual’s records”, for an individual, means –

(a) their name, address and other personal details;

(b) the forms that are completed and signed (by them or another person) for their assisted dying process, including forms disclosing interests in relation to them; and

(c) everything that is recorded about them, and their assisted dying process, under this Law;

“interests review officer” means –

(a) the Medical Director (or their equivalent) in Health and Care Jersey; or

(b) a person appointed by the Medical Director;

“main criteria” means the following criteria for assisted dying –

(a) the health criteria;

(b) the capacity criterion;

(c) the decision criteria;

“Medical Officer of Health” means the person appointed under Article 10 of the [Loi \(1934\) sur la Santé Publique](#);

“minimum time frame for carrying out an assisted death” has the meaning given in Article 9(1)(d)(i);

“Minister” means the Minister for Health and Social Services;

“nurse” means a person who is professionally registered as a nurse;

“operational guidance” means operational guidance approved under Article 63;

“Order” means an Order made under Article 100;

“pharmacist or pharmacy technician” means a person who is professionally registered as that;

“pharmacy professional” means a pharmacist or pharmacy technician –

(a) whose role is to prepare and dispense approved drugs for an individual’s assisted death; and

(b) who is registered with the Service for the role;

“professionally registered”, for each of the following professions, means both registered for the profession in Jersey, as specified in the relevant sub-paragraph, and registered for the equivalent profession in the United Kingdom –

(a) for a doctor, registered as a medical practitioner under the [Medical Practitioners \(Registration\) \(Jersey\) Law 1960](#);

(b) for a pharmacist or pharmacy technician, registered as that under the [Pharmacists and Pharmacy Technicians \(Registration\) \(Jersey\) Law 2010](#);

(c) for a dentist, registered as that under the [Dentistry \(Jersey\) Law 2015](#);

(d) for an optometrist or a dispensing optician, registered as that under the [Opticians \(Registration\) \(Jersey\) Law 1962](#);

(e) for a nurse, occupational therapist, physiotherapist, social worker or speech and language therapist, or a person in another registrable occupation under the [Health Care \(Registration\) \(Jersey\) Law 1995](#), registered in that occupation under that Law;

“register” means the register described in Article 61 (which records people who perform a role as an assisted dying practitioner or certifying doctor);

“Review Panel” means the Assisted Dying Review Panel established by the Minister under Article 93;

“second opinion doctor” means a doctor –

(a) whose role is to act at step 2 (first assessment) or step 3 (independent assessment) if criteria are unmet after an assessment and the individual’s request for a second opinion is accepted, including by doing a second opinion assessment;

(b) who is registered with the Service for the role; and

- (c) who is not an individual's co-ordinating doctor or independent assessment doctor;

“Service” means the Assisted Dying Service established by the Minister under Article 80;

“States’ employee” has the meaning given in Article 2 of the [Employment of States of Jersey Employees \(Jersey\) Law 2005](#);

“step” means a step in the assisted dying process;

“working day” means a day other than –

- (a) a Saturday, a Sunday, Good Friday or Christmas Day; or
- (b) a public holiday or bank holiday under Article 2 of the [Public Holidays and Bank Holidays \(Jersey\) Law 1951](#).

2 Criteria for assisted dying

- (1) An individual is eligible for assisted dying if they meet the criteria under this Article (“criteria for assisted dying”).
- (2) The health criteria are that, when the individual is assessed –
 - (a) they have a physical condition that is expected to cause their death within the required period of –
 - (i) 6 months; or
 - (ii) 12 months if the condition is neurodegenerative;
 - (b) they believe that –
 - (i) they cannot bear the suffering that the condition causes them; or
 - (ii) they would not be able to bear the suffering that the condition is expected to cause them; and
 - (c) if treatment could extend their life beyond the required period, or make their suffering from the condition bearable, they believe that they would not be able to bear the suffering that the treatment is expected to cause them.
- (3) The capacity criterion is that, when the individual is assessed, they have capacity to decide to end their life by assisted dying.
- (4) The decision criteria are that, when the individual is assessed –
 - (a) they have decided to end their life by assisted dying; and
 - (b) the decision is –
 - (i) voluntary;
 - (ii) clearly expressed;
 - (iii) settled (by being maintained consistently since their first request for assisted dying); and
 - (iv) informed.
- (5) The age criterion is that the individual is aged 18 years or older when they make a first request for assisted dying.
- (6) The residency criterion is that the individual was ordinarily resident in Jersey for the 12 months immediately before the following –
 - (a) their first request for assisted dying, if they are at step 1;
 - (b) their assessment, if they are at step 2 or 3;

- (c) their second request for assisted dying, if they are at step 4;
 - (d) the signing of the form (which includes the individual's care plan), if they are at step 6; or
 - (e) the carrying out of the individual's assisted death, if they are at step 7.
- (7) In this Article –
- “ordinarily resident in Jersey” includes the meaning given in Articles 2 and 3 of the [Long-Term Care \(Residency Conditions\) \(Jersey\) Regulations 2013](#), as if they applied for the purposes of this Article;
- “physical condition” means 1 or more diseases, illnesses, lesions, injuries, disorders or other conditions that –
- (a) are physical; and
 - (b) for clarity, are not solely mental (such as disorders of anxiety, depression, eating, personality, post-traumatic stress and psychosis).

PART 2

ASSISTED DYING PROCESS AND RELATED MATTERS

DIVISION 1 – ASSISTED DYING PROCESS (STEPS 1 TO 8)

3 Step 1: first request for assisted dying

- (1) An individual may start step 1 by –
 - (a) contacting the Service themselves; or
 - (b) being referred to the Service by someone else.
- (2) An individual completes step 1 (and makes a first request for assisted dying) if the individual and the co-ordinating doctor, while meeting, complete and sign a form recording –
 - (a) the individual's request to proceed to the next step (see Article 17); and
 - (b) that the co-ordinating doctor is satisfied that the individual meets the age and residency criteria.
- (3) Before acting under this Article, the doctor must tell the individual –
 - (a) that they may consent under Article 14 to their information being shared; and
 - (b) the advantages, and any disadvantages, of giving that consent.
- (4) In deciding whether they are satisfied that the individual meets the age and residency criteria, the doctor may, or must (if necessary to decide), seek relevant opinions of others under Article 31.
- (5) If the doctor cannot meet the requirements to complete and sign their part of the form –
 - (a) the doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they refuse the individual's attempt to request assisted dying; and
 - (ii) specifying the reasons for the refusal;

- (b) the doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that their attempt to request assisted dying is refused;
 - (ii) the reasons for the refusal; and
 - (iii) that they cannot have an assisted death unless overridden by an appeal to the Royal Court; and
 - (c) the assisted dying process ends unless overridden by an appeal to the Royal Court under Article 42.
- (6) A co-ordinating doctor need not meet an individual who tries to start a new assisted dying process if –
 - (a) an earlier process was ended for any reason (such as refusal at step 1 or failure to meet criteria) and the doctor reasonably believes that the new process would also end for that reason; or
 - (b) an earlier process was ended by the individual withdrawing their request for assisted dying but the doctor reasonably believes that the earlier process would have ended for another reason anyway.

4 Step 2: first assessment (of all criteria)

- (1) The co-ordinating doctor must do a first assessment of an individual if the individual has completed step 1 (by making a first request for assisted dying).
- (2) For the first assessment, the co-ordinating doctor –
 - (a) must assess the individual at 1 or more meetings;
 - (b) must, while meeting the individual, decide whether they are satisfied that the individual meets the criteria for assisted dying (see Articles 23 to 28), and before or in deciding may, or must (if necessary to decide), seek relevant opinions of others under Article 31; and
 - (c) may, while meeting the individual, decide that they are satisfied that the individual's physical condition is expected to cause their death within 14 days (to override the minimum time frame for carrying out an assisted death), and before or in deciding may seek relevant opinions of others under Article 31.
- (3) If the co-ordinating doctor decides that they are satisfied that the individual meets the criteria for assisted dying –
 - (a) the doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they are satisfied that the individual meets the criteria; and
 - (ii) if applicable, stating that they are satisfied that the individual's physical condition is expected to cause their death within 14 days; and
 - (b) the doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that they meet the criteria;
 - (ii) that they may request to proceed to the next step;
 - (iii) if applicable, that the minimum time frame for carrying out the assisted death may be overridden; and
 - (iv) that they may, at any time before approved drugs are administered to them, do anything described in Article 15(1), such as –

- (A) withdraw their request for assisted dying; or
 - (B) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.
- (4) The individual completes step 2 if –
 - (a) the form of the co-ordinating doctor states, or the forms of the co-ordinating doctor and second opinion doctor taken together state, that they are satisfied that the individual meets the criteria for assisted dying; and
 - (b) the co-ordinating doctor and the individual, while meeting, complete and sign a form recording the individual's request to proceed to the next step (see Article 17).
- (5) If the co-ordinating doctor decides that they are not satisfied that the individual meets the criteria for assisted dying –
 - (a) the doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they are not satisfied that the individual meets the criteria; and
 - (ii) specifying which criteria are met, unmet or unassessed and the reasons for that;
 - (b) the doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that they do not meet the criteria;
 - (ii) which criteria are unmet or unassessed; and
 - (iii) that they cannot have an assisted death unless overridden by a second opinion assessment of the main criteria or by an appeal to the Royal Court; and
 - (c) the assisted dying process ends unless overridden by a second opinion assessment of the main criteria under Article 33 or an appeal to the Royal Court under Article 42.
- (6) The co-ordinating doctor may still make the decision under paragraph (2)(c) at any time after the first assessment (to override the minimum time frame for carrying out an assisted death) if –
 - (a) it is apparent that the individual's condition has deteriorated; and
 - (b) the individual has asked the doctor to decide, or decide again, about the matter.

5 Step 3: independent assessment (of main and residency criteria)

- (1) The independent assessment doctor must do an independent assessment of an individual if the individual has completed step 2 (first assessment).
- (2) For the independent assessment, the independent assessment doctor –
 - (a) must assess the individual –
 - (i) as to the main criteria at 1 or more meetings; and
 - (ii) as to the residency criterion;
 - (b) may review the assessing doctor's form from the first assessment or any second opinion assessment;

- (c) may review the relevant opinions of others (if any) that were obtained under Article 31 by the assessing doctor in the first assessment or any second opinion assessment;
 - (d) may discuss the individual, or anything relating to whether they meet the main criteria –
 - (i) with the assessing doctor in the first assessment or any second opinion assessment; or
 - (ii) with any connected person or professional whose relevant opinion under Article 31 was sought by that assessing doctor, or with any other professional;
 - (e) must, while meeting the individual, independently decide whether they are satisfied that the individual meets the main criteria (see Articles 23 to 28), and before or in deciding may, or must (if necessary to decide), seek relevant opinions of others under Article 31;
 - (f) must decide whether they are satisfied that the individual meets the residency criterion (see Article 30); and
 - (g) may, while meeting the individual, independently decide that they are satisfied that the individual's physical condition is expected to cause their death within 14 days (to override the minimum time frame for carrying out an assisted death), and before or in deciding may seek relevant opinions of others under Article 31.
- (3) If the independent assessment doctor decides that they are satisfied that the individual meets the main criteria and residency criterion –
- (a) the independent assessment doctor must complete and sign, and give to the co-ordinating doctor, a form –
 - (i) stating that they are satisfied that the individual meets the main criteria and residency criterion; and
 - (ii) if applicable, stating that they are satisfied that the individual's physical condition is expected to cause their death within 14 days; and
 - (b) the co-ordinating doctor must, as soon as reasonably practicable after receiving the form and while meeting the individual, tell the individual and give them written confirmation –
 - (i) that they meet the criteria for assisted dying;
 - (ii) that they may request to proceed to the next step; and
 - (iii) if applicable, that the minimum time frame for carrying out the assisted death may be overridden.
- (4) The individual completes step 3 if –
- (a) the form of the independent assessment doctor or a second opinion doctor states, or those forms taken together state, that they are satisfied that the individual meets the main criteria and residency criterion; and
 - (b) the co-ordinating doctor and the individual, while meeting, complete and sign a form recording the individual's request to proceed to the next step (see Article 17).
- (5) If the independent assessment doctor decides that that they are not satisfied that the individual meets the main criteria and residency criterion –

- (a) the independent assessment doctor must complete and sign, and give to the co-ordinating doctor, a form –
 - (i) stating that they are not satisfied that the individual meets the main criteria and residency criterion; and
 - (ii) specifying which criteria are met, unmet or unassessed and the reasons for that;
 - (b) the co-ordinating doctor must, as soon as reasonably practicable after receiving the form and while meeting the individual, tell the individual and give them written confirmation –
 - (i) that they do not meet the criteria for assisted dying;
 - (ii) which criteria are unmet or unassessed; and
 - (iii) that they cannot have an assisted death unless overridden by a second opinion assessment of the main criteria or by an appeal to the Royal Court; and
 - (c) the assisted dying process ends unless overridden by a second opinion assessment of the main criteria under Article 33 or an appeal to the Royal Court under Article 42.
- (6) The independent assessment doctor or, if they are not available, another doctor registered with the Service to assess individuals may still make the decision under paragraph (2)(g) at any time after the independent assessment (to override the minimum time frame for carrying out an assisted death) if –
- (a) it is apparent that the individual's condition has deteriorated; and
 - (b) the individual has asked the doctor to decide, or decide again, about the matter.

6 Step 4: second request for assisted dying

- (1) An individual completes step 4 (and makes a second request for assisted dying) if –
- (a) they have completed step 3 (independent assessment); and
 - (b) they and the co-ordinating doctor complete and sign a form recording –
 - (i) the individual's request to proceed to the next step, while meeting together with a witness (see Article 17); and
 - (ii) that the co-ordinating doctor is satisfied that the individual meets the residency criterion (see Article 30).
- (2) If the doctor cannot meet the requirements to complete and sign their part of the form –
- (a) the doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they refuse the individual's request for assisted dying; and
 - (ii) specifying the reasons for the refusal;
 - (b) the doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that their request for assisted dying is refused;
 - (ii) the reasons for the refusal; and
 - (iii) that they cannot have an assisted death unless overridden by an appeal to the Royal Court; and

- (c) the assisted dying process ends unless overridden by an appeal to the Royal Court under Article 42.

7 Step 5: review and decision on request for assisted dying

- (1) The co-ordinating doctor must review, and decide whether to approve, an individual's request for assisted dying if the individual has completed step 4 (by making a second request for assisted dying).
- (2) The co-ordinating doctor must, while meeting the individual, decide to –
 - (a) approve the request if they are satisfied that the individual has completed steps 1 to 4 in accordance with this Law; and
 - (b) refuse the request otherwise.
- (3) In making the decision, the co-ordinating doctor –
 - (a) must review the individual's records, and do anything else required, to confirm that each step (and form) has been completed in accordance with this Law;
 - (b) if any step has not been completed in accordance with this Law, must try to ensure that it is so completed by requiring all or part of the step to be done again (including by seeking any required relevant opinions of others under Article 31);
 - (c) may seek advice from any person, including advice about this Law; and
 - (d) may also decide to override the minimum time frame for carrying out an assisted death if the following have decided that they are satisfied that the individual's physical condition is expected to cause the individual's death within 14 days –
 - (i) the co-ordinating doctor under Article 4(2)(c) or (6); and
 - (ii) the independent assessment doctor or another doctor under Article 5(2)(g) or (6).
- (4) If the co-ordinating doctor decides to approve the request –
 - (a) the co-ordinating doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they approve the individual's request for assisted dying; and
 - (ii) if applicable, stating that they are overriding the minimum time frame for carrying out an assisted death;
 - (b) where an override under sub-paragraph (a)(ii) is based on an independent assessment doctor's or another doctor's decision under Article 5(6) (after the independent assessment), that other doctor must state their decision in the form and sign the form;
 - (c) the co-ordinating doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that their request for assisted dying is approved;
 - (ii) that they may request to proceed to the next step; and
 - (iii) if applicable, that the minimum time frame for carrying out the assisted death is overridden;

- (d) the individual completes step 5 if the co-ordinating doctor and the individual then, while meeting, complete and sign a form recording the individual's request to proceed to the next step (see Article 17); and
 - (e) for clarity, the co-ordinating doctor's approval of the request does not expire.
- (5) If the co-ordinating doctor decides to refuse the request –
- (a) the doctor must, while meeting the individual, complete and sign a form –
 - (i) stating that they refuse the individual's request; and
 - (ii) specifying the reasons for the refusal;
 - (b) the doctor must, while meeting the individual, tell the individual and give them written confirmation –
 - (i) that their request for assisted dying is refused;
 - (ii) the reasons for the refusal; and
 - (iii) that they cannot have an assisted death unless overridden by an appeal to the Royal Court; and
 - (c) the assisted dying process ends unless overridden by an appeal to the Royal Court under Article 42.

8 Step 6: care planning

- (1) An individual completes step 6 if –
- (a) they have completed step 5 (review and decision on request for assisted dying); and
 - (b) they and the administering practitioner, while meeting, complete and sign a form recording –
 - (i) the practitioner's statement that they have told the individual the information required by paragraphs (2) and (3);
 - (ii) the individual's care plan as required by paragraph (4);
 - (iii) any option described in paragraph (2)(g) that the individual has chosen;
 - (iv) that the administering practitioner is satisfied that the individual meets the residency criterion (see Article 30);
 - (v) the individual's request to proceed to the next step (see Article 17); and
 - (vi) the arrangements for a certifying doctor to attend the individual within the period required by Article 64(2)(a) of the [Marriage and Civil Status \(Jersey\) Law 2001](#), and while the individual had their condition, and to view the individual's body after death (so that the doctor will qualify under that provision).
- (2) The required information is information about the following, as it relates to and is appropriate for the individual –
- (a) general information about the approved drugs;
 - (b) the option of who administers approved drugs to the individual, whether the individual themselves or a practitioner;
 - (c) the options for how the approved drugs are administered, such as swallowing or injection;
 - (d) any risks of each option about –

- (i) who administers the approved drugs; or
 - (ii) how the approved drugs are administered;
- (e) the options for the place for the assisted death;
- (f) the involvement of family members or friends in the carrying out of the assisted death and any risks for those people;
- (g) the individual's choice to do any of the following, and the implications of each choice –
 - (i) to (at step 6) consent to the continued carrying out of the assisted death (at step 7);
 - (ii) to (at step 6) make their final request for assisted dying and waive the requirement for future capacity;
 - (iii) to decide in advance to refuse treatment (such as resuscitation).
- (3) The required information is also –
 - (a) that the individual is expected to die if approved drugs are administered to them; and
 - (b) that the individual may, at any time before approved drugs are administered to them, do anything described in Article 15(1), such as –
 - (i) withdraw their request for assisted dying; or
 - (ii) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.
- (4) The individual's care plan must record their preferences for their assisted death, including –
 - (a) when, and in which place, it will be done;
 - (b) who will administer approved drugs to them, whether the individual themselves or a practitioner; and
 - (c) how the approved drugs will be administered, such as swallowing or injection.
- (5) At step 6, an individual may also, by telling the administering practitioner, propose to make their final request for assisted dying and waive the requirement for future capacity (in case they later lose capacity).
- (6) If paragraph (5) applies, the administering practitioner must, while meeting the individual –
 - (a) decide –
 - (i) whether the practitioner is satisfied that the individual has capacity to make a final request for assisted dying, including to waive the requirement for future capacity (see Article 26); and
 - (ii) if so, whether the practitioner reasonably believes that the final request, including to waive the requirement for future capacity, is voluntary (see Article 27); and
 - (b) complete and sign a form –
 - (i) recording the details of their decision-making under sub-paragraph (a);
 - (ii) stating that they have decided on the matters under sub-paragraph (a);
 - (iii) specifying their decisions; and
 - (iv) if any decision is negative, specifying the reasons for the decision.

- (7) The individual (at step 6) makes their final request for assisted dying and waives the requirement for future capacity only if the administering practitioner signs the form under paragraph (6)(b) specifying positive decisions on each matter under paragraph (6)(a).
- (8) If a person who purports to have a special interest appeals against any matter relating to the individual under Article 42(3), the form must not be completed and signed under paragraph (1)(b) until the appeal has been finally determined or withdrawn.
- (9) The individual and the administering practitioner may, at any time before the approved drugs are administered –
 - (a) amend the care plan recorded as part of the form described by paragraph (1)(b)(ii); and
 - (b) sign the amended form.

9 Step 7: final review and carrying out of assisted death

- (1) The administering practitioner may carry out an individual's assisted death (by administration of approved drugs) if –
 - (a) the individual has completed step 6 (care planning);
 - (b) the certifying doctor has attended the individual as arranged under Article 8(1)(b)(vi);
 - (c) the individual is in Jersey at the place approved by the practitioner for the assisted death;
 - (d) in respect of time –
 - (i) the minimum time frame for carrying out an assisted death is met, meaning that it is at least the 14th day after the day on which the individual completed step 1, and at least 2 working days have passed after the day on which the co-ordinating doctor signed the form approving the request for assisted dying (at step 5); or
 - (ii) the co-ordinating doctor has decided to override that minimum time frame;
 - (e) the administering practitioner is satisfied that the individual meets the residency criterion (see Article 30);
 - (f) the administering practitioner is together in person with a witness who –
 - (i) is a doctor, a nurse or an assisted dying practitioner; and
 - (ii) watches the preparation for, and the carrying out of, the approved drugs' administration; and
 - (g) the administering practitioner has signed the form under paragraph (2)(d) (about the individual's final request and capacity) stating their decision that it is appropriate to carry out the assisted death;
 - (h) there is no other practical reason for not carrying out the assisted death (for example, the individual is vomiting or has asked for a delay);
 - (i) where a person who purports to have a special interest has appealed against any matter relating to the individual under Article 42(3), the appeal has been finally determined or withdrawn;
 - (j) the approved drugs are administered as soon as reasonably practicable after the administering practitioner signs the form under paragraph (2)(d); and

- (k) where paragraph (2)(c)(i)(B) applies, the individual does not show any refusal of, or resistance to, the approved drugs' administration.
- (2) The practitioner must, while meeting the individual –
 - (a) decide whether they are satisfied that the individual has capacity to make a final request for assisted dying (see Article 26);
 - (b) if they are satisfied that the individual has that capacity and if the individual has made the final request at step 7, decide whether they reasonably believe that the final request is voluntary (see Article 27);
 - (c) decide that –
 - (i) it is appropriate to carry out the assisted death if –
 - (A) the practitioner is satisfied that the individual has that capacity and reasonably believes that the final request is voluntary; or
 - (B) the practitioner is not satisfied that the individual has that capacity but the individual has (at step 6) made their final request for assisted dying and waived the requirement for future capacity; or
 - (ii) it is not appropriate to carry out the assisted death, otherwise; and
 - (d) complete and sign a form recording the details of their decision-making under sub-paragraphs (a) to (c) and stating the matters required by paragraph (3).
- (3) In the form, the practitioner must state –
 - (a) whether they are satisfied that the individual has completed step 6 (care planning);
 - (b) that they have decided under paragraph (2) –
 - (i) that it is appropriate to carry out the assisted death, having properly considered the individual's care plan; or
 - (ii) that it is not appropriate to carry out the assisted death, giving the reasons why and specifying either that they have decided to delay the assisted death or that the assisted dying process has ended unless overridden by an appeal (see Article 11).
- (4) The practitioner must not approve a place for an individual's assisted death unless –
 - (a) they are satisfied that the assisted death can be safely carried out there, having considered –
 - (i) any risks there that may make it unsuitable; and
 - (ii) the views of others who live there; and
 - (b) for a care home whose service is not provided by Health and Care Jersey, the provider or manager has agreed that the assisted death may be carried out there.
- (5) In this Article, "provider or manager" means the provider or manager, under the [Regulation of Care \(Jersey\) Law 2014](#), of the care home service provided at a care home.

10 Step 7: carrying out assisted death

- (1) In carrying out an individual's assisted death, the administering practitioner –

- (a) must do so in compliance with the individual's care plan, so far as reasonably practicable;
 - (b) must, if the individual administers the approved drugs themselves –
 - (i) give the approved drugs to the individual;
 - (ii) tell the individual and their helper (if any) how the approved drugs are taken; and
 - (iii) stay with and watch the individual while they take the approved drugs;
 - (c) must stay with or near the individual until they die; and
 - (d) may do 1 or more of the following if compliance with the care plan (so far as reasonably practicable) does not result in the individual's death and paragraph (2) applies –
 - (i) arrange for the prescriber to change which approved drugs are prescribed for the assisted death under Article 34(2);
 - (ii) administer the approved drugs themselves;
 - (iii) administer the approved drugs in a different way, such as swallowing or injection;
 - (iv) administer more approved drugs.
- (2) This paragraph applies if –
- (a) the individual has (at step 6) given consent to the continued carrying out of the assisted death (at step 7);
 - (b) the administering practitioner reasonably believes that the individual has capacity and the individual consents to the practitioner's proposed action; or
 - (c) the administering practitioner reasonably believes that the individual does not have capacity and the individual has (at step 6) made their final request for assisted dying and waived the requirement for future capacity.
- (3) If the individual administers the approved drugs themselves, their family member or friend may help them to do so (for example, by helping them to raise the drugs to their mouth).
- (4) A person need not act to preserve the individual's life once the approved drugs have been administered if the individual has not requested that.

11 Step 7: delaying or stopping assisted death

- (1) The administering practitioner must decide to delay the assisted death if there is a practical reason for not carrying out the assisted death (see Article 9(1)(h)).
- (2) The administering practitioner may decide to delay the assisted death if –
 - (a) they have decided (under Article 9(2)(c)) that it is not appropriate to carry out the assisted death; and
 - (b) in their opinion, the individual's capacity might be changing over time (because of their condition or its treatment, for example).
- (3) If the assisted death is delayed, the practitioner must –
 - (a) so far as practicable, tell the individual that their assisted death is being delayed and the reasons why;
 - (b) decide on a new time for the assisted death, in consultation with the individual so far as practicable; and

- (c) amend and sign the individual's care plan to record the new time for the assisted death.
- (4) If the administering practitioner has decided that it is not appropriate to carry out the assisted death, and the assisted death is not delayed –
 - (a) the assisted dying process ends unless overridden by an appeal to the Royal Court under Article 42;
 - (b) the practitioner must, so far as practicable, tell the individual that they cannot have an assisted death (unless overridden by such an appeal) and the reasons why; and
 - (c) the practitioner must tell the co-ordinating doctor that the individual's assisted dying process has ended (unless the practitioner is that doctor).

12 Step 7: disposal of approved drugs

- (1) The administering practitioner must dispose of any remaining approved drugs that were dispensed for an individual as soon as reasonably practicable after the individual's –
 - (a) assisted death is carried out; or
 - (b) assisted death is delayed or assisted dying process ends.
- (2) The disposal must comply with any relevant legislation.

13 Step 8: review after death

- (1) As soon as reasonably practicable after an assisted death –
 - (a) the administering practitioner must complete and sign a form specifying details about the assisted death; and
 - (b) the witness at step 7 must sign the form confirming that the form has been accurately completed.
- (2) Within 2 working days after the day of the assisted death, the administering practitioner must –
 - (a) send a copy of the signed form to the Review Panel; and
 - (b) tell the certifying doctor about the assisted death and give them a copy of –
 - (i) the signed form; and
 - (ii) the form that the practitioner signed at step 7 (after their review).
- (3) The certifying doctor must –
 - (a) view the individual's body after their death, for the purposes of Article 64(2)(a) of the [Marriage and Civil Status \(Jersey\) Law 2001](#); and
 - (b) comply with Article 64(1) of that Law by certifying the fact and cause of the individual's assisted death and giving the certificate to the administering practitioner.
- (4) The administering practitioner must comply with Article 62(1) of that Law by giving certain information and the certificate to the relevant registrar within 5 days after the individual's death.

DIVISION 2 – MATTERS RELATING TO ASSISTED DYING PROCESS**14 Consent to sharing of individual's information**

- (1) A person may share information about an individual with another person in accordance with the individual's consent given and recorded in a form signed by the individual.
- (2) An assisted dying practitioner must make a record in an individual's records of each time that they ask them to give consent under paragraph (1).

15 Withdrawing request for assisted dying or pausing process

- (1) An individual may, at any time before approved drugs are administered to them –
 - (a) withdraw their request for assisted dying;
 - (b) decide not to request to proceed to the next step of the assisted dying process; or
 - (c) pause the assisted dying process and ask that a suitably qualified health professional examine them and determine their options for care and treatment, including options that are end-of-life or otherwise palliative.
- (2) The individual starts their withdrawal by –
 - (a) telling any assisted dying practitioner involved in their assisted dying process that they propose to withdraw their request; or
 - (b) telling the co-ordinating doctor at step 4 that they propose not to proceed to the next step.
- (3) A practitioner under paragraph (2)(a) (other than the co-ordinating doctor) must, as soon as reasonably practicable, tell the co-ordinating doctor about the proposed withdrawal.
- (4) In any case, the co-ordinating doctor must, as soon as reasonably practicable, discuss the proposal with the individual and confirm whether they want to withdraw.
- (5) If the individual confirms that they want to withdraw, the assisted dying process ends and the co-ordinating doctor must –
 - (a) complete and sign a form recording that the individual has withdrawn their request for assisted dying;
 - (b) give written notice to the individual confirming that their request has been withdrawn and that their assisted dying process has ended; and
 - (c) tell any connected person or assisted dying practitioner involved in the assisted dying process about the withdrawal.

16 Another person may sign form for certain individuals

- (1) An individual who is physically unable to sign a form under this Law may have a person sign it on their behalf.
- (2) The person –
 - (a) must be aged 18 years or older;
 - (b) must not be –

- (i) an assisted dying practitioner involved in the individual's assisted dying process; or
 - (ii) the witness to the form recording the individual's request to proceed from step 4 (second request for assisted dying) to the next step; and
- (c) must be in person together with the individual when –
 - (i) the person is instructed by the individual to sign the form; and
 - (ii) the person signs the form.

17 Request to proceed to next step

- (1) This Article applies if an individual at any of steps 1 to 6 requests to proceed to the next step.
- (2) The co-ordinating doctor or administering practitioner must, while meeting the individual, decide whether the doctor or practitioner reasonably believes the following –
 - (a) at step 1, 2, 3 or 5 (see Article 27), that the individual's request is –
 - (i) voluntary; and
 - (ii) clearly expressed;
 - (b) at step 4 (see Articles 23 and 26 to 28) –
 - (i) that the individual has capacity to request assisted dying; and
 - (ii) that the individual's request is –
 - (A) voluntary;
 - (B) clearly expressed;
 - (C) settled (by being maintained consistently since their first request for assisted dying); and
 - (D) informed; or
 - (c) at step 6 (see Articles 23, 26 and 27) –
 - (i) that the individual has capacity to request assisted dying; and
 - (ii) that the individual's request is –
 - (A) voluntary; and
 - (B) clearly expressed.
- (3) The doctor or practitioner's reasonable belief –
 - (a) must be based on their meetings with the individual; and
 - (b) may also be based on relevant opinions of others, which the doctor or practitioner may, or must (if necessary to form the belief), seek under Article 31.
- (4) But if the individual has (at step 6) made their final request for assisted dying and waived the requirement for future capacity, the doctor is taken to have made a positive decision under paragraph (2)(c) (so that its requirements effectively do not apply).
- (5) If the doctor's or practitioner's decision under paragraph (2) is positive, they and the individual may, at a meeting, complete and sign a form recording the individual's request to proceed to the next step.
- (6) Otherwise, the doctor or practitioner must comply with paragraph (8).

- (7) At step 4, the form recording the individual's request to proceed to the next step may be completed and signed only together with a witness who –
 - (a) is aged 18 years or older;
 - (b) is not the individual's close relative or an assisted dying practitioner involved in the individual's assisted dying process;
 - (c) is unlikely to benefit financially or in any significant way from the individual's death (for example, under the individual's will) and does not believe otherwise;
 - (d) states in the form that they know the individual well enough to believe that the individual's request appears to satisfy paragraph (2)(b)(ii) (but without requiring the witness to consider Articles 26 to 28); and
 - (e) also signs the form.
- (8) If this paragraph applies, the doctor or practitioner must –
 - (a) at a meeting, tell the individual and confirm to the individual in writing –
 - (i) which relevant matters in paragraph (2) they have decided they do not reasonably believe; and
 - (ii) the reasons for their decision;
 - (b) if the individual asks them to reconsider and they think it is reasonable that reconsideration may change their decision, reconsider the decision and take into account any further relevant information given by the individual; and
 - (c) either –
 - (i) if their decision under paragraph (2) becomes positive, complete and sign a form under paragraph (5) recording the individual's request to proceed to the next step; or
 - (ii) otherwise, while meeting the individual, complete and sign a form stating, and tell the individual and give the individual written confirmation that, the individual cannot proceed to the next step.

18 Meetings in person or electronically

- (1) This Article applies to a meeting held under this Law between –
 - (a) an individual and 1 or more assisted dying practitioners; or
 - (b) 2 or more assisted dying practitioners in relation to an individual.
- (2) Each person must be in Jersey unless an Order requires or allows the person to be in another place.
- (3) The meeting must be held in person (between people at the same place), not electronically, unless the exception applies.
- (4) The exception is that –
 - (a) the meeting is held without a witness; and
 - (b) either –
 - (i) the meeting is part of the assessing doctor's first assessment, independent assessment or second opinion assessment and during the assessment at least 1 other meeting with the individual is held in person; or
 - (ii) an Order requires or allows the meeting to be held electronically.

19 Disclosure of professional's interests for conflict with individual's interests

- (1) This Article requires certain persons to –
 - (a) complete and sign a form disclosing their interests (if any) that might, or might be seen to, conflict with a specific individual's interests in their assisted dying process; and
 - (b) give the form to the individual's co-ordinating doctor (unless they are that doctor).
- (2) The persons specified in paragraph (3) must sign such a form if –
 - (a) they become, or are to become, involved in the individual's assisted dying process; or
 - (b) at any time before the individual's process ends, they become aware of a relevant change in their interests, in their relationship with the individual or in what they know about the individual.
- (3) The persons are –
 - (a) an assisted dying practitioner;
 - (b) a professional whose relevant opinion is sought under Article 31;
 - (c) an independent advocate;
 - (d) a person who provides communication support but is not a connected person;
 - (e) a care navigator; and
 - (f) a certifying doctor.
- (4) If the person's form discloses 1 or more interests, the co-ordinating doctor must give it to an interests review officer (even if it is that doctor's form).

20 Disclosure of doctor's interests for conflict in individual's independent assessment

- (1) This Article requires certain doctors to complete and sign a form disclosing their interests (if any) that might, or might be seen to, conflict with their independence in assessing an individual.
- (2) A doctor must sign such a form if –
 - (a) they are to do an independent assessment or a second opinion assessment in relation to an independent assessment; or
 - (b) at any time before the individual's process ends, they become aware of a relevant change in their relationship with the co-ordinating doctor before their completion of the assessment.
- (3) The doctors are –
 - (a) an independent assessment doctor; and
 - (b) a second opinion doctor in relation to an independent assessment.
- (4) If the doctor's form discloses 1 or more interests, they must give it to an interests review officer.

21 Review of professional's interests for conflict with individual's interests

- (1) An interests review officer must –

- (a) review each form that they receive from a person under Article 19 in relation to an individual; and
 - (b) decide whether the person's involvement in the individual's process is a problem.
- (2) The person's involvement is a problem only if –
 - (a) they are the individual's close relative;
 - (b) they are not, or believe that they are not, unlikely to benefit financially or in any significant way from the individual's death (for example, under the individual's will); or
 - (c) the disclosed interests might, or might be seen to, conflict with the individual's interests in their assisted dying process to such an extent that, in the officer's opinion, the person should not be involved in the process.
- (3) If the officer decides that the person's involvement in the individual's assisted dying process is a problem –
 - (a) the person must not be involved in the process; and
 - (b) where the person has already been involved in the process –
 - (i) a step that was completed only because of their involvement is treated as not completed;
 - (ii) the officer must tell the co-ordinating doctor about the effect of clause (i) (whether they are the original or a replacement co-ordinating doctor); and
 - (iii) the co-ordinating doctor must try to ensure that the step is completed by requiring all or part of the step to be done again.

22 Review of doctor's interests for conflict in individual's independent assessment

- (1) An interests review officer must –
 - (a) review each form that they receive from a doctor under Article 20 in relation to an individual's independent assessment; and
 - (b) decide whether the doctor's relationship with the individual's co-ordinating doctor is a problem.
- (2) The doctor's relationship is a problem only if, before or while doing the assessment –
 - (a) they are the co-ordinating doctor's close relative;
 - (b) they have a personal relationship (such as being a friend or neighbour), or a work or financial relationship, with the co-ordinating doctor that might, or might be seen to, conflict with their independence in assessing the individual to such an extent that, in the officer's opinion, the doctor should not do the assessment.
- (3) If the officer decides that the doctor's relationship with the individual's co-ordinating doctor is a problem –
 - (a) the doctor must not do the assessment; and
 - (b) where the doctor has already done the assessment –
 - (i) a step that was completed only because of the assessment is treated as not completed;

- (ii) the officer must tell the co-ordinating doctor about the effect of clause (i); and
- (iii) the co-ordinating doctor must try to ensure that the step is completed by requiring all or part of the step to be done again.

23 Independent advocacy and communication support during assisted dying process

- (1) The following must comply with this Article –
 - (a) an assessing doctor at step 2 or 3 in deciding whether they are satisfied that an individual meets any criteria for assisted dying, including in any second opinion assessment;
 - (b) an assessing doctor or administering practitioner at step 4 or 6 in deciding whether they reasonably believe that an individual has capacity to request assisted dying (to request to proceed to the next step);
 - (c) an administering practitioner at step 6 in deciding whether they are satisfied that an individual has capacity to make the final request for assisted dying, including to waive the requirement for future capacity; or
 - (d) an administering practitioner at step 7 in deciding whether they are satisfied that an individual has capacity to make the final request for assisted dying.
- (2) Before deciding, the doctor or practitioner must –
 - (a) decide on the extent to which the individual requires independent advocacy or communication support to properly receive and understand, and convey, information about their request for (or decision to end their life by) assisted dying; and
 - (b) try to arrange for the required independent advocacy or communication support to be provided.
- (3) In making the decision and arrangements about independent advocacy or communication support, the doctor or practitioner must have regard to –
 - (a) the operational guidance about independent advocacy, communication support and support for interpretation of languages; and
 - (b) the availability of the independent advocacy or communication support.
- (4) In making the decision about independent advocacy or communication support, the doctor or practitioner may seek relevant opinions of others under Article 31.
- (5) If a person provides independent advocacy or communication support during any process that results in someone else completing and signing a form, the person must –
 - (a) describe the independent advocacy or communication support that they provided in the form; and
 - (b) also sign the form.

24 Assessment until individual fails to meet criteria

If an assessing doctor is deciding whether they are satisfied that an individual meets 2 or more of the criteria for assisted dying, and they decide that 1 of the criteria is unmet, they may stop the assessment so that the other criteria are unassessed.

25 Individual's life expectancy, suffering and treatment

- (1) An assessing doctor must comply with paragraph (2) –
 - (a) at step 2, 3 or 5 in predicting, for the health criteria –
 - (i) whether an individual's physical condition is expected to cause their death within a certain period; or
 - (ii) the degree of suffering that a physical condition or its treatment is expected to cause an individual; or
 - (b) at step 2 or 3 (or at any later time allowed by Article 4(6) or 5(6)) in predicting, for the minimum time frame for carrying out an assisted death, whether an individual's physical condition is expected to cause their death within a certain period.
- (2) The doctor –
 - (a) must predict the matter reasonably and based on their medical knowledge and on their assessment of the individual; but
 - (b) may base their prediction on a relevant opinion that they obtained under Article 31, as allowed by Article 31(3).
- (3) An assessing doctor, in deciding whether they are satisfied of Article 2(2)(b) or (c) (in relation to the individual's suffering under the health criteria) –
 - (a) must satisfy themselves only that the individual believes what they claim; and
 - (b) if they believe that the individual would be able to bear suffering, must ignore their own belief.

26 Individual's capacity to decide or request

- (1) An assessing doctor or administering practitioner must comply with this Article –
 - (a) at step 2 or 3, to decide that they are satisfied (under Article 4 or 5) that an individual has capacity to decide to end their life by assisted dying, for the individual to meet the capacity criterion;
 - (b) at step 4 or 6 to form a reasonable belief (under Article 17) that an individual has capacity to request assisted dying, for the individual to request to proceed to the next step;
 - (c) at step 6 to decide that they are satisfied (under Article 8(6)(a)) that an individual has capacity to make a final request for assisted dying, including to waive the requirement for future capacity; or
 - (d) at step 7 to decide that they are satisfied (under Article 9(2)(a)) that an individual has capacity to make a final request for assisted dying.
- (2) The doctor or practitioner must be satisfied that the individual has capacity to do the following, even if the individual needs (or would need) communication support to do so –
 - (a) receive the information given to them under this Law about their decision or request;
 - (b) understand the information and the matters relevant to their decision or request (including the effect of their decision or request);
 - (c) retain the information for long enough to make their decision or request;
 - (d) use or weigh the information and matters in making their decision or request; and

- (e) convey their decision or request (by any means).
- (3) The doctor or practitioner must assume that the person has that capacity unless there is evidence that they do not, whether based on –
 - (a) meetings with, or assessments or examinations of, the individual; or
 - (b) relevant opinions of others obtained under Article 31.

27 Individual's decision or request voluntary, clearly expressed and settled

- (1) This Article applies in relation to an individual's –
 - (a) decision to end their life by assisted dying, for the individual to meet the decision criteria; or
 - (b) request for assisted dying, for the individual to request to proceed to the next step or make a final request for assisted dying (including to waive the requirement for future capacity, if at step 6).
- (2) An assessing doctor must comply with paragraph (3) –
 - (a) at step 1, 4, 5 or 6 to form a reasonable belief (under Article 17) that the individual's request is voluntary; or
 - (b) at step 2 or 3 –
 - (i) to decide that they are satisfied (under Article 4 or 5) that the individual's decision is voluntary; and
 - (ii) to form a reasonable belief (under Article 17) that the individual's request is voluntary.
- (3) The doctor –
 - (a) must talk to the individual about –
 - (i) why they wish to end their life by assisted dying; and
 - (ii) whether anyone has asked, coerced or pressured them, or they have felt coerced or pressured, to request assisted dying; and
 - (b) may seek relevant opinions of others under Article 31.
- (4) An assessing doctor must comply with paragraph (5) –
 - (a) at step 1, 5 or 6 to form a reasonable belief (under Article 17) that the individual's request is clearly expressed;
 - (b) at step 2 or 3 –
 - (i) to decide that they are satisfied (under Article 4 or 5) that the individual's decision is clearly expressed and settled; and
 - (ii) to form a reasonable belief (under Article 17) that the individual's request is clearly expressed; or
 - (c) at step 4 to form a reasonable belief (under Article 17) that the individual's request is clearly expressed and settled.
- (5) The doctor –
 - (a) must talk to the individual about –
 - (i) why they wish to end their life by assisted dying;
 - (ii) how long they have had that wish; and
 - (iii) whether their wish is consistent or changing; and
 - (b) may seek relevant opinions of others under Article 31.

- (6) An administering practitioner must comply with paragraph (7) –
- (a) at step 6 to form a reasonable belief (under Article 8(6)(a)) that the individual's final request, including to waive the requirement for future capacity, is voluntary; or
 - (b) at step 7 to form a reasonable belief (under Article 9(2)(b)) that the individual's final request is voluntary.
- (7) The practitioner –
- (a) must talk to the individual about whether anyone has asked, coerced or pressured them, or they have felt coerced or pressured, to request assisted dying; and
 - (b) may seek relevant opinions of others under Article 31.

28 Individual's decision or request informed

- (1) An assessing doctor must comply with this Article –
- (a) at step 2 or 3 to decide that they are satisfied (under Article 4 or 5) that an individual's decision to end their life by assisted dying (when made or maintained) is informed, for the individual to meet the decision criteria; or
 - (b) at step 4 to form a reasonable belief (under Article 17) that an individual's request for assisted dying is informed, for the individual to request to proceed to the next step.
- (2) The assessing doctor must do something allowed by the table to ensure that the individual has been told the specific information that is described in Article 29 –

Assessing doctor	Tell individual personally	Arrange a suitably qualified person to tell individual and to confirm they have done so	Confirm that another assessing doctor or suitably qualified person has told individual
Co-ordinating	Allowed	Allowed	
Independent	Allowed	Allowed	
Second opinion	Allowed	Allowed	Allowed

- (3) The assessing doctor must do something allowed by the table to ensure that the individual has been told the general information that is described in Article 62(a)(i) and published by the Service –

Assessing doctor	Tell individual personally	Confirm that another assessing doctor has told individual
Co-ordinating	Allowed	
Independent		Allowed
Second opinion		Allowed

- (4) The assessing doctor must be satisfied that the individual understood the specific information and the general information.

29 Specific information relating to individual

- (1) This Article sets out the specific information that an individual must be told for the purposes of Article 28(2).
- (2) The specific information is information about the following, as it relates to and is appropriate for the individual –
 - (a) the physical condition that is expected to cause their death;
 - (b) the expected course of the condition;
 - (c) the options for care and treatment that are available to them, and the likely outcomes, including options –
 - (i) that are end-of-life or otherwise palliative; or
 - (ii) that the person may have previously discounted or discontinued;
 - (d) the assessing doctor's belief that the individual would be able to bear the suffering that the condition or its treatment is expected to cause them but only if the individual believes that they would not be able to bear the suffering and the assessing doctor disagrees;
 - (e) the matters described in Article 8(2), other than Article 8(2)(a).
- (3) The specific information is also –
 - (a) the matters described in Article 8(3);
 - (b) that the individual must request to proceed before taking each step toward assisted dying;
 - (c) that the individual should talk to their family members or friends about their request for assisted dying, unless the assessing doctor believes that it is not reasonable to do so after discussing the individual's circumstances with them; and
 - (d) that the individual should decide whether they want any other practitioners or carers to be informed of their request for assisted dying.

30 Individual's residency

- (1) This Article applies to an assessing doctor or administering practitioner if –
 - (a) they are deciding whether they are satisfied that an individual meets the residency criterion at a step other than step 1; and
 - (b) there is no evidence that the individual does not meet the residency criterion.
- (2) The doctor or practitioner may merely have the individual confirm that they continue to meet the residency criterion.

31 Relevant opinions of others

- (1) This Article applies to an assessing doctor or administering practitioner acting under any of the following provisions (which state that they may or must seek relevant opinions of others before, or in, deciding about a matter) –
 - (a) Article 3(4) (step 1, first request for assisted dying);
 - (b) Article 4(2)(b) or (c) or 33(2)(e) (step 2, first assessment or second opinion assessment);

- (c) Article 5(2)(e) or (g) or 33(2)(e) (step 3, independent assessment or second opinion assessment);
 - (d) Article 17(3)(b) (steps 1 to 6, request to proceed to next step);
 - (e) Article 23(4) (steps 2 to 4, 6 or 7, independent advocacy and communication support during assisted dying process);
 - (f) Article 26(3) (steps 2 to 4, 6 or 7, individual's capacity to decide or request);
 - (g) Article 27(3)(b), (5)(b) or (7)(b) (steps 1 to 7, individual's decision or request voluntary, clearly expressed and settled).
- (2) The relevant opinions are –
- (a) connected people's personal opinions that the doctor or practitioner thinks will help them to decide, or form their belief, about the matter; and
 - (b) professionals' professional opinions (even for professionals who are not assisted dying practitioners or extended team members) that –
 - (i) the doctor or practitioner thinks are based on the required experience or expertise and will allow them to decide, or form their belief, about the matter; and
 - (ii) are, or are not, based on the professionals' own examination of the individual.
- (3) If a professional opinion is sought, the doctor or practitioner –
- (a) must have regard to it; and
 - (b) may (but need not) agree with it and base any part of their decision or belief on it.
- (4) Before seeking a professional opinion, the doctor or practitioner must –
- (a) tell the professional that the opinion relates to a request for assisted dying; and
 - (b) suggest that the professional consider the law that applies in the location in which they give the opinion.

32 Second opinion assessment (of main criteria): request

- (1) An individual may request a second opinion assessment if the assessing doctor's form from the first or independent assessment ("original assessment") specifies that any of the main criteria are unmet.
- (2) The co-ordinating doctor must have the request reviewed by a doctor ("review doctor") who –
 - (a) is registered with the Service; and
 - (b) has not been involved in the individual's assisted dying process.
- (3) The review doctor –
 - (a) must review the assessing doctor's form from the original assessment;
 - (b) may review the relevant opinions of others (if any) that were obtained under Article 31 by the assessing doctor in the original assessment;
 - (c) may, as required to decide on the request –
 - (i) discuss with the assessing doctor their reasons for not being satisfied of the unmet main criteria;

- (ii) discuss with the individual their reasons for believing that they meet the unmet main criteria; and
 - (iii) discuss the request with any connected person or professional whose relevant opinion was obtained under Article 31 by the assessing doctor, or with any other professional; and
- (d) must –
 - (i) accept the request if they consider it reasonable to think that the results of the original and second opinion assessments may differ; or
 - (ii) refuse the request otherwise.
- (4) If the review doctor refuses the request –
 - (a) they must tell the co-ordinating doctor –
 - (i) that they have refused the request; and
 - (ii) the reasons for the refusal; and
 - (b) the co-ordinating doctor must, as soon as reasonably practicable after that and while meeting the individual, tell the individual and give them written confirmation –
 - (i) that their request for a second opinion assessment is refused, and the reasons for the refusal; and
 - (ii) that they still do not meet the criteria and cannot have an assisted death unless overridden by an appeal to the Royal Court.

33 Second opinion assessment (of main criteria)

- (1) A second opinion doctor (who might be the review doctor) must do a second opinion assessment of an individual if the review doctor accepts the individual's request for a second opinion assessment under Article 32.
- (2) For the second opinion assessment, the second opinion doctor –
 - (a) must review the assessing doctor's form from the original assessment;
 - (b) must review the relevant opinions of others referred to in Article 32(3)(b);
 - (c) may discuss anything referred to in Article 32(3)(c);
 - (d) may themselves assess the individual at 1 or more meetings;
 - (e) must, while meeting the individual, decide whether they are satisfied that the individual meets the unmet main criteria and the unassessed main criteria, if any (the "remaining main criteria", and see Articles 23 and 25 to 28), and before or in deciding may seek relevant opinions of others under Article 31;
 - (f) must, while meeting the individual, complete and sign a form –
 - (i) stating that they are satisfied that the individual meets the remaining main criteria; or
 - (ii) stating that they are not satisfied that the individual meets the remaining main criteria, and specifying which criteria are met, unmet or unassessed and the reasons for that; and
 - (g) must give the form to the co-ordinating doctor.
- (3) But the second opinion doctor must not state that they are satisfied that the individual meets any remaining main criteria unless it is based on their own assessment under paragraph (2)(d).

- (4) The co-ordinating doctor must, as soon as reasonably practicable after receiving the form and while meeting the individual, tell the individual and give them written confirmation –
 - (a) that they meet the criteria for assisted dying and may request to proceed to the next step; or
 - (b) the following –
 - (i) that they still do not meet the criteria for assisted dying;
 - (ii) which criteria are unmet or unassessed; and
 - (iii) that they cannot have an assisted death unless overridden by an appeal to the Royal Court.

34 Prescribing, preparing and dispensing approved drugs

- (1) Approved drugs may, for the purposes of an individual's assisted death –
 - (a) be prescribed only by a prescriber;
 - (b) be prepared and dispensed only by a pharmacy professional at the pharmaceutical department of a hospital provided by Health and Care Jersey; and
 - (c) be dispensed only to the prescriber or to another person who could be a prescriber but did not prescribe the drugs.
- (2) In deciding on which approved drugs to prescribe for the individual's assisted death, the prescriber may –
 - (a) examine the individual at 1 or more meetings;
 - (b) consider the individual's records and other medical records; or
 - (c) consult a pharmacy professional.
- (3) When the approved drugs are dispensed by the pharmacy professional, that pharmacy professional and the prescriber must complete and sign a form specifying the names of the drugs.
- (4) In this Article, "prescriber" means 1 of the following people who is a doctor or is registered as any type of independent prescriber under the [Health Care \(Registration\) \(Jersey\) Law 1995](#) –
 - (a) the individual's administering practitioner; or
 - (b) another assisted dying practitioner who is acting for the individual's administering practitioner.

35 Change of practitioners

- (1) An assisted dying practitioner or a certifying doctor who is involved in an individual's assisted dying process may be replaced by another practitioner or doctor at any time.
- (2) The practitioner or doctor who is being replaced must tell the individual about the change as soon as reasonably practicable.

PART 3

RIGHT TO REFUSE, PROTECTIONS, APPEALS, OFFENCES, COMMITTEE, SERVICE AND REVIEW PANEL

DIVISION 1 – RIGHT TO REFUSE, PROTECTIONS, SAFE ACCESS ZONES, DISCLOSURE OF INFORMATION AND APPEALS

36 Right to refuse to participate

- (1) A person acting in a specified capacity may, on any grounds, refuse the specified participation in assisted dying, as follows –

Person's capacity	Participation in assisted dying (that may be refused)
Anything not covered in another row	Any participation
Assisted dying practitioner (other than administering practitioner)	–
Certifying doctor	–
Care navigator	–
Administering practitioner	Administering approved drugs (themselves) to an individual
Witness at step 7	Witnessing the administering practitioner (themselves) administering approved drugs to an individual

- (2) The right to refuse overrides any obligation under another Article of this Law or under a contract (of employment or otherwise).
- (3) If a health professional refuses to participate as described in Article 37(1)(a)(i) (by not giving information that a person asks for), they must tell the person –
- that they are exercising the right to refuse under this Law;
 - that the Service might be able to help the person; and
 - how the person may find the Service's contact details.
- (4) As examples of the effect of the table in paragraph (1) –
- under its first operative row, a person who is not acting in a capacity specified in another row may refuse any participation in assisted dying;
 - under its third operative row, the right to refuse participation in assisted dying does not apply to anything done by a person who is acting in the capacity of a certifying doctor.

37 Meaning of participation in assisted dying

- (1) Some activities that are participation in assisted dying (and so may be refused under Article 36(1)) are –
- giving information about assisted dying to anyone if –

- (i) they have asked for it; or
 - (ii) they are being given information about how their condition might be treated;
 - (b) acting in the role of an assisted dying practitioner, a certifying doctor or a care navigator (if not already in that role);
 - (c) giving relevant opinions, including examining an individual for the purposes of a professional opinion, under Article 31;
 - (d) providing independent advocacy or communication support;
 - (e) preparing, or being there during the preparation of, any equipment used to administer approved drugs to an individual;
 - (f) administering, or being there during the administration of, approved drugs to an individual; and
 - (g) providing a care home whose service is not provided by Health and Care Jersey as the place for an assisted death, despite paragraph (2).
- (2) Some activities that are not participation in assisted dying (and so are not covered by the right to refuse in Article 36(1)) are –
- (a) providing an individual with a service that would be provided to a person who had not requested, or died from, assisted dying (whether or not the service is clinical or somehow relates to assisted dying), such as –
 - (i) providing them with an adult day care service, a care home service or a home care service (as described in Schedule 1 of the [Regulation of Care \(Jersey\) Law 2014](#));
 - (ii) giving them physiotherapy;
 - (iii) driving them somewhere;
 - (iv) reserving an appointment time for them;
 - (v) giving any existing information (including medical information) about them to someone;
 - (vi) cleaning a room after their death; or
 - (vii) dealing with their body after their death;
 - (b) providing an individual with a clinical service that is not directly related to assisted dying, such as providing medical or nursing care for cancer; and
 - (c) providing management, supervisory, administrative or other services relating to the general provision of assisted dying, such as –
 - (i) acting as a responsible officer (under the [Medical Practitioners \(Registration\) \(Responsible Officers\) \(Jersey\) Order 2014](#)) for an assisted dying practitioner;
 - (ii) acting in the role of a member of the Committee or the Review Panel;
 - (iii) managing or supervising, or financially planning for, the Service;
 - (iv) collecting or analysing statistical information about the Service; or
 - (v) cleaning the Service's offices.

38 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 an assisted dying process, or in other activities, under this Law (whether as a professional, an individual or otherwise); or
 - (b) refusal to participate in assisted dying under Article 36.
- (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 partner must ensure that there is no partnership detriment to another partner as a result of the other partner's actual or potential –
 - (a) involvement in an assisted dying process, or in other activities, under this Law (whether as a professional, an individual or otherwise); or
 - (b) refusal to participate in assisted dying under Article 36.
- (4) There is a partnership detriment to a partner if –
 - (a) they are not invited to become a partner in the partnership;
 - (b) they are offered less favourable terms or conditions in being invited to become a partner in the partnership;
 - (c) their access to a benefit arising from being a partner in the partnership is denied or limited;
 - (d) they are expelled from the partnership; or
 - (e) they are otherwise treated less favourably, or subjected to any other detriment, in the partnership.
- (5) In this Article, “partnership” –
 - (a) means a partnership described in Article 12(4) of the [Discrimination \(Jersey\) Law 2013](#); and
 - (b) includes prospective partnership.

39 Residential tenancy protection (for involvement or non-participation)

- (1) A landlord must ensure that there is no residential tenancy detriment to their tenant as a result of the tenant's actual or potential –
 - (a) involvement in an assisted dying process, or in other activities, under this Law (whether as a professional, an individual or otherwise); or
 - (b) refusal to participate in assisted dying under Article 36.
- (2) There is residential tenancy detriment to a tenant if –
 - (a) the landlord decides not to grant them a residential tenancy or to end their residential tenancy; or
 - (b) the landlord or the relevant agreement prevents them from having an assisted death in the place they occupy under the residential tenancy.
- (3) In this Article, “residential tenancy” –
 - (a) has the meaning given in Article 1 of the [Residential Tenancy \(Jersey\) Law 2011](#); and
 - (b) includes a prospective residential tenancy.

40 Certain activities banned in safe access zones

A person must not do anything specified by Regulations in a safe access zone defined by Regulations during the period specified by Regulations.

41 Disclosure of information about people or approved drugs

- (1) A person must not disclose any information –
 - (a) that allows a person to be identified as –
 - (i) the individual in an assisted dying process; or
 - (ii) someone involved in a particular individual's assisted dying process;
 - (b) about the carrying out of an individual's assisted death; or
 - (c) that allows approved drugs to be identified.
- (2) But the person may disclose the information –
 - (a) if it is already available to the public;
 - (b) with the written consent of each person to whom the information relates or the executor or administrator of their estate, or under Article 14 (consent to sharing of individual's information);
 - (c) if required to protect someone's safety or well-being by ensuring that this Law is complied with;
 - (d) in accordance with another enactment or a court order;
 - (e) so that a function or an obligation can be performed under this Law;
 - (f) for the purposes of the enforcement of an enactment or the investigation or prosecution of an offence (in Jersey or elsewhere);
 - (g) for the purposes of the investigation of, or disciplinary proceedings about –
 - (i) a health professional's practice by their employer or a body that regulates their profession (in Jersey or elsewhere); or
 - (ii) a care navigator's performance by their employer; or
 - (h) if the information identifies the approved drugs and the administering practitioner tells the individual the information, at the individual's request, at step 6 or 7.
- (3) The ban on disclosure in paragraph (1)(a)(i) and (b) do not apply to the individual or a connected person of the individual.

42 Appeals to Court against decisions

- (1) A person may appeal against a decision made under this Law only –
 - (a) if they are a person specified in paragraph (2) or (3) appealing against a decision specified in that paragraph;
 - (b) on the following grounds –
 - (i) in respect of the health criteria, that the decision was irrational or was not made in accordance with this Law; or
 - (ii) in respect of anything else, that the decision was unreasonable or was not made in accordance with this Law;
 - (c) to the Inferior Number of the Royal Court; and

- (d) within 28 days after the later of –
 - (i) the day on which the decision is made and recorded in the relevant form;
 - (ii) the day on which the individual is given written notice of the decision.
- (2) An individual may appeal against a negative decision on any of the following matters –
 - (a) whether the individual meets 1 or more of the criteria for assisted dying;
 - (b) whether a doctor or practitioner reasonably believes relevant matters under Article 17(2) for the individual's request to proceed to the next step;
 - (c) whether the individual's request for assisted dying is approved under Article 7 (at step 5) but only so far as the decision relates to a matter covered by sub-paragraph (a) or (b);
 - (d) whether the individual's final request for assisted dying, including to waive the requirement for future capacity, meets the requirements in Article 8(6)(a) (at step 6, relating to the individual's capacity and whether the request is voluntary);
 - (e) whether the individual's final request for assisted dying meets the requirements in Article 9(2)(a) and (b) (at step 7, relating to the individual's capacity and whether the request is voluntary);
 - (f) whether it is appropriate to carry out the individual's assisted death, as decided under Article 9(2)(c) (at step 7).
- (3) A person with a special interest may appeal against a positive decision on any of the following matters –
 - (a) whether the individual's request for assisted dying is approved under Article 7 (at step 5) but only so far as the decision relates to a matter covered by paragraph (2)(a) or (b) of this Article;
 - (b) whether the co-ordinating doctor reasonably believes the matters under Article 17(2)(a) for the individual's request to proceed from step 5 to 6.
- (4) The Royal Court must determine the appeal as quickly as reasonably practicable and, in doing so, may –
 - (a) affirm the decision; or
 - (b) cancel the decision and –
 - (i) decide the matter itself; or
 - (ii) require the decision-maker or another person to reconsider the matter and make a new decision.
- (5) There is no further right of appeal.
- (6) An appeal is treated as being withdrawn if the individual to whom it relates dies.
- (7) In this Article, "person with a special interest" means a person who the Court is satisfied has a special interest in a particular individual's care and treatment (such as certain connected people or professionals involved in the individual's assisted dying process).

DIVISION 2 – PROTECTION AND OFFENCES**43 Assisted dying is protected**

- (1) Assisted dying, or an assisted death, is not suicide for the purposes of a law or contract.
- (2) Paragraph (3) applies to a person who –
 - (a) performs a function in respect of an individual;
 - (b) is authorised by this Law to perform the function; and
 - (c) performs the function –
 - (i) in good faith;
 - (ii) in a way that they reasonably believe is in accordance with this Law; and
 - (iii) reasonably believing that the individual has requested assisted dying.
- (3) The person –
 - (a) does not commit an offence by performing the function; and
 - (b) if they also perform the function with reasonable care and skill, cannot be held liable in civil court or disciplinary proceedings because they performed the function.
- (4) This Article overrides any other law.

44 Offence to unlawfully administer approved drugs

- (1) A person commits an offence if –
 - (a) they administer, or assist in administering, approved drugs to another person; and
 - (b) they do so –
 - (i) intending to end the other person's life; and
 - (ii) knowing that, or being reckless as to whether, it is not in accordance with this Law.
- (2) The person is liable to imprisonment for life.

45 Offence to coerce or maliciously induce decision to have assisted death

- (1) A person commits an offence if they coerce, or maliciously induce, another person to –
 - (a) request assisted dying;
 - (b) decide to end their life by assisted dying or request assisted dying, including to request to proceed to the next step of the assisted dying process; or
 - (c) not withdraw their request for assisted dying.
- (2) The person is liable to imprisonment for 14 years.

46 Offence to coerce decision to not have assisted death

- (1) A person commits an offence if they coerce another person –
 - (a) not to request assisted dying;
 - (b) to decide –
 - (i) not to end their life by assisted dying; or
 - (ii) not to request assisted dying, including not to request to proceed to the next step of the assisted dying process; or
 - (c) to withdraw their request for assisted dying.
- (2) The person is liable to a fine.

47 Offence to give false or misleading information or forge document

- (1) A person commits an offence if –
 - (a) they complete or give a form or other document purportedly under this Law; and
 - (b) they –
 - (i) intentionally or recklessly state or specify something material that is false or misleading in the form or document; or
 - (ii) forge the form or document with intent to deceive.
- (2) The person is liable to imprisonment for 5 years.

48 Offence to purport to act as assisted dying practitioner, certifying doctor or care navigator

- (1) A person commits an offence if –
 - (a) they intentionally purport to act as an assisted dying practitioner, in a particular role, or as a certifying doctor;
 - (b) they are not registered with the Service for the role or their registration for the role is suspended; and
 - (c) they know that, or are reckless as to whether, sub-paragraph (b) applies.
- (2) A person commits an offence if –
 - (a) they intentionally purport to act as a care navigator;
 - (b) they are not employed by the Service in that role or have not completed the initial training, and any continuing training at the intervals set by the Committee, for the role under this Law; and
 - (c) they know that, or are reckless as to whether, sub-paragraph (b) applies.
- (3) In either case, the person is liable to imprisonment for 14 years.

49 Offence to purport to be assisted dying practitioner, certifying doctor or care navigator

- (1) A person (“person X”) commits an offence if –
 - (a) they intentionally –

- (i) purport to be an assisted dying practitioner, as a general role or in a particular role, or a certifying doctor; or
 - (ii) cause or allow another person to purport that they (person X) are in such a role;
 - (b) they –
 - (i) are not registered with the Service for the role; or
 - (ii) have had their registration for the role suspended; and
 - (c) they know that, or are reckless as to whether, sub-paragraph (b) applies.
- (2) A person (“person Y”) commits an offence if –
- (a) they intentionally –
 - (i) purport to be a care navigator; or
 - (ii) cause or allow another person to purport that they (person Y) are in such a role;
 - (b) they –
 - (i) are not employed by the Service in the role; or
 - (ii) have not completed the initial training, and any continuing training at the intervals set by the Committee, for the role under this Law; and
 - (c) they know that, or are reckless as to whether, sub-paragraph (b) applies.
- (3) In either case, the person is liable to imprisonment for 7 years.

50 Offence to purport to be Service or to provide assisted dying

- (1) A person commits an offence if –
- (a) they intentionally –
 - (i) purport that something is the Service; or
 - (ii) cause or allow another person to purport that something is the Service; and
 - (b) they know that it is not the Service.
- (2) A person commits an offence if they provide, or purport to provide, assisted dying in breach of Article 81(2).
- (3) In either case, the person is liable to imprisonment for 7 years.

51 Offence to promote or advertise assisted dying

- (1) A person commits an offence if they promote or advertise assisted dying or the Service –
- (a) by intentionally giving information in breach of Article 81(3)(a) or (4); or
 - (b) with an intention that breaches Article 81(3)(b).
- (2) The person is liable to imprisonment for 14 years.

52 Offence to not tell Service about significant registration matters

- (1) An assisted dying practitioner or a certifying doctor commits an offence if they do not tell the Service something as required by Article 87(1) and (3).

- (2) The person is liable to a fine of level 3 on the standard scale.

53 Offence to disclose information about people or approved drugs

- (1) A person commits an offence if –
 - (a) they intentionally or recklessly disclose information in breach of Article 41(1); and
 - (b) the disclosure is not allowed or excepted by Article 41(2) or (3).
- (2) The person is liable to a fine of level 3 on the standard scale.

54 Offence to do banned activity in safe access zone

- (1) A person commits an offence if they do something in a safe access zone, as specified by Regulations, in breach of Article 40.
- (2) The person is liable to a fine of level 3 on the standard scale.

DIVISION 3 – COMMITTEE AND ITS FUNCTIONS

55 Committee established and members appointed

- (1) The Minister must establish and maintain an Assisted Dying Assurance and Delivery Committee by appointing, and having the chair appoint, the required members.
- (2) There must be no fewer than 7, and no more than 15, members of the committee.
- (3) Of those members –
 - (a) 1 must be appointed by the Minister as the chair; and
 - (b) each of the rest must be appointed –
 - (i) by the Minister as a regular member; or
 - (ii) by the chair as a professional lead member.
- (4) The Minister may appoint a person as the chair only if the Minister –
 - (a) first consults the Jersey Appointments Commission and considers its recommendations;
 - (b) is satisfied that the person is independent and –
 - (i) is not a paid employee of, and does not have a governance or management role for, a service that provides end-of-life or other palliative care in Jersey; and
 - (ii) is not directly affiliated with a group that campaigns for or against assisted dying in Jersey or its equivalent elsewhere; and
 - (c) is satisfied that the person has significant experience in supervising and assuring the provision of health and care services to patients.
- (5) The Minister may appoint a person as a regular member only if –
 - (a) the Minister is satisfied that the person is 1 or more of the following –
 - (i) a representative of a service that provides end-of-life or other palliative care in Jersey and is not a service of Health and Care Jersey;

- (ii) a person who has significant experience in supervising and assuring the provision of health and care services to patients and who is not an employee of Health and Care Jersey;
 - (iii) a person who is a representative of patients and who has experienced end-of-life or other palliative care in Jersey themselves or as provided to a family member or friend;
 - (iv) an expert in medical ethics;
 - (v) a person who has experience that the Minister considers to be relevant to supervising the Service and assuring its provision of assisted dying; and
- (b) where the chair has been appointed, the Minister first consults the chair; and
- (c) where the Minister considers it appropriate, the Minister first consults the Jersey Appointments Commission and considers its recommendations.
- (6) The chair may appoint a person as a professional lead member only if the chair is satisfied that the person is a senior professional in Health and Care Jersey who has responsibility for other professionals and expertise in governance or professional practice and standards, such as the following (or their equivalents) –
 - (a) the Chief Officer;
 - (b) the Chief Nurse;
 - (c) the Medical Director.
- (7) In this Article, “Jersey Appointments Commission” means the Commission established by Article 17 of the [Employment of States of Jersey Employees \(Jersey\) Law 2005](#).

56 Terms of reference

- (1) The Minister –
 - (a) must arrange for the Committee to develop, and may arrange for the Committee to amend, the Committee’s terms of reference that set out its procedures for performing its functions and obligations, such as –
 - (i) its schedule for meetings;
 - (ii) whether it must hold any meetings in public;
 - (iii) how it votes and makes decisions; and
 - (iv) how it resolves a conflict of interest; and
 - (b) may approve the terms of reference, giving effect to them.
- (2) Before approving the terms of reference, the Minister must consult the following bodies or people (or their equivalents) –
 - (a) the Committee;
 - (b) the Care Commission;
 - (c) the Chief Officer of Health and Care Jersey;
 - (d) the chair of the Advisory Board of Health and Care Jersey (if there is such a Board); and
 - (e) anyone else who the Minister thinks it is appropriate to consult.

57 Remuneration of members and payment of expenses

- (1) The chair and the regular members of the Committee must be –
 - (a) paid the remuneration (if any) that is set by, or calculated in accordance with, a decision of the Minister; and
 - (b) repaid for the reasonable expenses that they claim.
- (2) The annual income of the States of Jersey must be used to –
 - (a) make those payments; and
 - (b) pay the expenses for the administration of the Committee.

58 Functions and obligations

- (1) The Committee's –
 - (a) main function is to supervise the Service's establishment and to continue to supervise the Service's provision of services, and includes any related function that is directed by the Minister; and
 - (b) other functions and obligations are as set out in this Law.
- (2) The Committee must follow the procedures in its terms of reference when performing its functions and obligations.
- (3) The Committee must –
 - (a) ensure that the Service operates in compliance with this Law and the [Regulation of Care \(Jersey\) Law 2014](#); and
 - (b) ensure that the Service has regard to the operational guidance in its operation.

59 Approval of drugs

- (1) The Committee must approve any of the following (including any combination of them) for the purpose of causing the assisted death of individuals –
 - (a) a medicinal product, as defined in Article 2 of the [Medicines \(Jersey\) Law 1995](#);
 - (b) a controlled drug that is subject to an Order's provisions that are described by Article 12(3) of the [Misuse of Drugs \(Jersey\) Law 1978](#).
- (2) Before approving the products or drugs, the Committee must consult the persons who it thinks it is appropriate to consult, including persons who have functions relating to, and knowledge of, medicinal products and controlled drugs.

60 System that holds individuals' records

The Committee must arrange for the development and maintenance of a system that –

- (a) holds individuals' records and other information for the period, and in the way, specified in the requirements described in Article 62(a)(iii); and
- (b) may or may not be electronic, either wholly or partly.

61 Register of assisted dying practitioners and certifying doctors

- (1) The Committee must arrange for the development and maintenance of a register that –
 - (a) records each person who is in the role of a type of assisted dying practitioner or of a certifying doctor; and
 - (b) may or may not be electronic, either wholly or partly.
- (2) The Committee must ensure that the Service registers information, and deals with the register, appropriately.

62 General information, standards for services and retention requirements

The Committee –

- (a) must arrange for the Service or another supplier to develop or amend the following information –
 - (i) general information about the assisted dying process, including the information set out in Schedule 1;
 - (ii) standards for services in relation to assisted dying, and procedures for investigating and resolving complaints about the services that they or others have received; and
 - (iii) requirements for retaining individuals' records and other information held by the Service (including the period for which, and the way in which, the information must be retained);
- (b) must require the Service or other supplier to consult the persons required by Article 68 in developing or amending the information;
- (c) may approve the information;
- (d) must –
 - (i) decide that the approved information should be made available to the public under Article 69; or
 - (ii) decide that the approved information should be made available only to relevant persons under Article 70, and decide the further matters under that Article; and
- (e) must arrange for the Service or another supplier to publish, or make available, the approved information in that way.

63 Operational guidance

- (1) The Committee –
 - (a) may arrange for the Service or another supplier to develop or amend operational guidance on a matter, meaning guidance about how a professional is to comply with a requirement, or carry out a practical matter, under this Law in relation to assisted dying;
 - (b) must require the Service or other supplier to consult the persons required by Article 68 in developing or amending the operational guidance;
 - (c) may approve the operational guidance;
 - (d) may –

- (i) decide that the operational guidance should be made available to the public under Article 69; or
 - (ii) decide that the operational guidance should be made available only to relevant persons under Article 70, and decide the further matters under that Article; and
- (e) may arrange for the Service or another supplier to publish, or make available, the approved operational guidance in that way.
- (2) There must be operational guidance about –
 - (a) the right to refuse to participate in assisted dying;
 - (b) having appropriate conversations with patients about assisted dying;
 - (c) holding, indexing and giving access to individuals' records;
 - (d) the registration of assisted dying practitioners;
 - (e) the places of assisted deaths;
 - (f) independent advocacy, communication support and support for interpretation of languages;
 - (g) assessing individuals for assisted dying;
 - (h) how to identify –
 - (i) risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - (ii) whether someone has been coerced or pressured to do something;
 - (i) care planning for individuals;
 - (j) prescribing and dispensing approved drugs;
 - (k) administering approved drugs, including detailed protocols for how to deal with a medical complication;
 - (l) donating organs;
 - (m) disclosing interests and deciding whether they conflict; and
 - (n) disclosing information about health professionals to a body that regulates their profession or to an enforcement authority (in Jersey or elsewhere).
- (3) There may be operational guidance about another matter only if the Minister agrees to that.
- (4) A person's compliance with, or breach of, operational guidance –
 - (a) does not in itself mean that they have complied with, or breached, a requirement under this Law; but
 - (b) may be used as evidence in –
 - (i) the prosecution of an offence (in Jersey or elsewhere);
 - (ii) disciplinary proceedings about a health professional's practice by their employer or a body that regulates their profession (in Jersey or elsewhere); or
 - (iii) disciplinary proceedings about a care navigator's performance by their employer.

64 General guidance

- (1) The Committee –
 - (a) may arrange for the Service or another supplier to develop or amend general guidance on a matter, meaning guidance about how someone who is not, or is not acting as, a professional is to carry out a practical matter under this Law in relation to assisted dying;
 - (b) must require the Service or other supplier to consult the persons required by Article 68 in developing or amending the general guidance;
 - (c) may approve the general guidance;
 - (d) may –
 - (i) decide that the general guidance should be made available to the public under Article 69; or
 - (ii) decide that the general guidance should be made available only to relevant persons under Article 70, and decide the further matters under that Article; and
 - (e) may arrange for the Service or another supplier to publish, or make available, the approved general guidance in that way.
- (2) There must be general guidance –
 - (a) about how to identify –
 - (i) risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - (ii) whether someone has been coerced or pressured to do something; and
 - (b) for families and carers of an individual.

65 Competencies

- (1) The Committee –
 - (a) may arrange for the Service or another supplier to develop or amend the competencies that are required to perform the role of an assisted dying practitioner or a certifying doctor;
 - (b) must require the Service or other supplier to consult the persons required by Article 68 in developing or amending the competencies;
 - (c) may approve the competencies;
 - (d) may –
 - (i) decide that the approved competencies should be made available to the public under Article 69; or
 - (ii) decide that the approved competencies should be made available only to relevant persons under Article 70, and decide the further matters under that Article; and
 - (e) may arrange for the Service or another supplier to publish, or make available, the approved competencies in that way.
- (2) The competencies must specify requirements relating to –
 - (a) capabilities, including –

- (i) professional skills (such as practical, communication and clinical skills);
 - (ii) professional knowledge; and
 - (iii) professional values and behaviours (such as those relating to professional and ethical responsibilities and safeguarding vulnerable patients);
- (b) training (other than training developed under this Law) and professional qualifications; and
- (c) being professionally registered (such as the duration of registration).
- (3) There must be competencies for –
 - (a) an assessing doctor;
 - (b) an administering practitioner;
 - (c) a pharmacy professional;
 - (d) an extended team member; and
 - (e) a certifying doctor.
- (4) But there may be separate competencies for other roles, including a role within a wider role covered by paragraph (3), as the Committee thinks appropriate.

66 Training for professionals involved in assisted dying

- (1) The Committee –
 - (a) must arrange for the Service or another supplier to develop or change the following training that must be completed by an assisted dying practitioner, a certifying doctor or a care navigator –
 - (i) the initial training required before registration with the Service;
 - (ii) the continuing training required, at the intervals set by the Committee, to remain registered with the Service;
 - (b) must require the Service or other supplier to consult the persons required by Article 68 in developing or changing the training;
 - (c) may approve the training; and
 - (d) must arrange for the Service or another supplier to provide the approved training.
- (2) There must be training that covers –
 - (a) the aspects of the assisted dying process that are relevant for each role, including training about –
 - (i) the requirements of this Law;
 - (ii) operational guidance;
 - (iii) risk; and
 - (iv) the safety and well-being of the professional performing the role;
 - (b) the technical knowledge required to perform each role, such as –
 - (i) the administration of approved drugs by an administering practitioner, including how to deal with a medical complication; or
 - (ii) the certification of an individual's assisted death by a certifying doctor;
 - (c) how to identify –

- (i) risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - (ii) whether someone has been coerced or pressured to do something.
- (3) The Committee must set the intervals at which the continuing training must be completed for each role.

67 Other training

- (1) The Committee –
 - (a) must arrange for the Service or another supplier to develop or change training on –
 - (i) how to identify –
 - (A) risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - (B) whether someone has been coerced or pressured to do something; and
 - (ii) having appropriate conversations with patients about assisted dying;
 - (b) may arrange for the Service or another supplier to develop or change training on other matters relating to assisted dying;
 - (c) must require the Service or other supplier to consult the persons required by Article 68 in developing or changing the training;
 - (d) may approve the training; and
 - (e) must arrange for the Service or another supplier to provide the approved training.
- (2) The training described in paragraph (1)(a)(i) is to be provided, on an ongoing basis, to agencies and services for which the training is relevant (such as Jersey Domestic Abuse Support).
- (3) The other training under this Article is intended for –
 - (a) assisted dying practitioners, certifying doctors and care navigators; and
 - (b) anyone else who provides health or care services in Jersey and wants to complete the training.

68 Consultation on documents and training

- (1) This Article specifies who the Service or other supplier must consult –
 - (a) in developing or amending information, guidance or competencies; or
 - (b) in developing or changing training.
- (2) They are –
 - (a) the persons (if any) that the Committee or the Minister requires it to consult; and
 - (b) anyone else that the Service or other supplier thinks it is appropriate to consult.

- (3) In deciding on the persons who should be consulted, the Committee, the Minister, the Service or the other supplier must take into account each person's functions and knowledge of health professionals' practice.

69 Publication of documents for public

- (1) This Article applies if the Committee decides that approved information, guidance or competencies should be made available to the public.
- (2) The approved information, guidance or competencies are to be published –
 - (a) electronically, including on a website maintained by or for the Committee; and
 - (b) in a style and format that is accessible, meaning that the individual or group for which they are intended is able to read or receive them and understand them (and which may include alternative formats, such as large print or braille).

70 Publication of documents for relevant persons

- (1) This Article applies if the Committee decides that approved information, guidance or competencies ("documents") should be made available only to relevant persons.
- (2) The Committee must decide –
 - (a) who are the relevant persons to whom the documents are to be made available;
 - (b) the extent of the documents to be made available; and
 - (c) the way in which the documents are to be made available.
- (3) The documents may be made available in full or part to all or some relevant persons (for example, practitioners may have access to all, but others have access to only some, parts of the competencies).
- (4) The documents may be made available in any form that the Committee thinks is appropriate (for example, by provision of a paper copy or a link to a website).
- (5) In deciding matters under this Article, the Committee must –
 - (a) consider whether any person could misuse the documents (for example, by using information about assessments to manipulate the assisted dying process); and
 - (b) consult the Minister.

71 Support for individuals, connected people and professionals

- (1) The Committee must arrange for the Service or another supplier to develop and provide support (such as counselling) for –
 - (a) individuals and their connected people; and
 - (b) assisted dying practitioners, certifying doctors and care navigators.
- (2) The purpose of the support is to help the person deal with any negative effects of their involvement in the assisted dying process.

72 Investigation of professionals

The Committee may, in accordance with Regulations made under this Law –

- (a) investigate the practice of an assisted dying practitioner or a certifying doctor, or the performance of a care navigator, so far as it relates to assisted dying; and
- (b) after investigating –
 - (i) recommend the suspension or cancellation, or the ending of the suspension, of the person's registration for a role under Article 88; or
 - (ii) take other action in relation to the person.

73 Disclosure of information

- (1) The Committee must not disclose information about the practice of an assisted dying practitioner or a certifying doctor, or the performance of a care navigator, that it receives from the Service, from its own investigations or otherwise.
- (2) But the Committee may disclose the information in any of the circumstances described in Article 41(2)(a) to (g).
- (3) The Committee must have regard to the operational guidance referred to in Article 63(2)(n) (about disclosing information about health professionals to a body that regulates their profession or an enforcement authority) for any relevant disclosure of information.

74 Collection and analysis of information

- (1) The Committee must collect and analyse information about assisted dying, including information about –
 - (a) each individual who requests assisted dying and the outcome of their assisted dying process;
 - (b) the Service's compliance with this Law and how it has regard to the operational guidance approved under this Law;
 - (c) the Service's compliance with its standards for services in relation to assisted dying; and
 - (d) the Service's investigation and resolution of complaints about the services that people have received.
- (2) The Committee must collect and analyse the information for the purpose of –
 - (a) identifying any trends or issues with assisted dying (such as whether requests for assisted dying by individuals with similar conditions indicates a problem with treatment or care for the condition);
 - (b) reporting under Articles 75 and 76; and
 - (c) assuring the proper provision of services relating to assisted dying.
- (3) The Committee must, before the Service is established, consult the Medical Officer of Health about how it should collect and analyse information under this Article.

75 Reports each year

- (1) The Committee must report the following information to the Minister and the Care Commission for each year –
- (a) the number of individuals who made a first request for assisted dying (by completing step 1);
 - (b) the number of individuals whose requests for assisted dying were approved (at step 5);
 - (c) the number of individuals who (at step 6) made their final request for assisted dying and waived the requirement for future capacity;
 - (d) the number of individuals who withdrew their request for assisted dying under Article 15, and the step in the assisted dying process at which each request was withdrawn;
 - (e) the number of individuals who died from an assisted death, separately by –
 - (i) whether approved drugs were administered by themselves or by the administering practitioner; and
 - (ii) how the approved drugs were administered, such as swallowing or injection;
 - (f) the number of assessments done for each individual and in total, whether at step 2 (first assessment) or step 3 (independent assessment), including –
 - (i) second opinion assessments done under Article 33; and
 - (ii) relevant opinions of professionals, whether or not involving examination, given under Article 31;
 - (g) for each individual to whom approved drugs were administered –
 - (i) the period between the approval of their request for assisted dying and their assisted death;
 - (ii) the medical complications (if any) during or after the administration of the drugs;
 - (iii) whether (at step 7) the practitioner was not satisfied that the individual had capacity to make a final request for assisted dying but the individual had (at step 6) made their final request for assisted dying and waived the requirement for future capacity; and
 - (iv) if clause (iii) applies, whether the individual showed any refusal of, or resistance to, the approved drugs' administration (meaning that their assisted death was not carried out);
 - (h) for each individual and in total, the number of appeals made to the Royal Court under Article 42 and the grounds for and outcomes of the appeals;
 - (i) personal details about all individuals who made a first request for assisted dying, all individuals whose requests for assisted dying were approved, all individuals who withdrew their request for assisted dying and all individuals who died from an assisted death, such as the following –
 - (i) age;
 - (ii) gender;
 - (iii) physical condition expected to cause their death;
 - (iv) use of end-of-life or other palliative care when they made the first request for assisted dying;

- (v) main language and any additional languages used;
 - (vi) use of independent advocacy and communication support;
 - (vii) a protected characteristic under the [Discrimination \(Jersey\) Law 2013](#);
 - (j) any other information about assisted dying that the Committee decides on.
- (2) The Committee must, before the Service is established, consult the Medical Officer of Health about –
 - (a) which personal details of individuals should be reported under paragraph (1)(i), and particularly under paragraph (1)(i)(vii); and
 - (b) which additional information should be reported under paragraph (1)(j).
- (3) The Committee must give each report to the Minister and the Care Commission no later than 31 March in the year after the year to which the report relates.
- (4) The Minister must, as soon as reasonably practicable after receiving a report –
 - (a) consult the Medical Officer of Health about which information should be excluded under sub-paragraph (b);
 - (b) prepare a version of the report (the “public report”) that excludes –
 - (i) any information described in Article 41(1)(a) or (c) (allowing identification of people or approved drugs); and
 - (ii) any information described in Article 41(1)(b) (about the carrying out of an individual’s assisted death) that is of a private nature, such as information about any medical complications during or after the administration of the drugs;
 - (c) present the public report to the States Assembly; and
 - (d) publish the public report –
 - (i) electronically, including on a website maintained by or for the Minister; and
 - (ii) in a style and format that is accessible, meaning that the individual or group for which it is intended is able to read or receive it and understand it (and which may include alternative formats, such as large print or braille).

76 Other reports

The Committee –

- (a) must report to the Minister on any matter relating to assisted dying, as requested by the Minister; and
- (b) may report to the Minister on any matter relating to assisted dying, as it thinks appropriate.

77 Requests for, and responses to, Review Panel’s reviews

- (1) The Committee may request that the Review Panel review (under Article 97(1)(b)) an individual’s assisted dying process that ended before their assisted death for the purpose of ensuring that the Service operates in compliance with this Law and having regard to operational guidance approved under this Law.
- (2) The Committee –

- (a) must consider the decisions, findings and recommendations (if any) in a report that it receives from the Review Panel under Article 97 or 98;
- (b) may accept and act on a recommendation, or reject a recommendation and do anything else that it thinks best; and
- (c) must send to the Care Commission a copy of the report, details of the action it proposes to take (if any) and its reasons for taking or not taking action.

78 Review of Law's implementation

The Committee must, within 3 years after the rest of this Law comes into force under Article 105(3), carry out and publish a review of how this Law is operating.

79 Involvement of people with disabilities in Law's implementation

- (1) The Committee must consult appropriate representatives –
 - (a) in carrying out its main function under Article 58(1); and
 - (b) in carrying out and publishing the review under Article 78.
- (2) In this Article, “appropriate representatives” means persons that the Committee considers to be representative of people with disabilities who are resident in Jersey.

DIVISION 4 – SERVICE AND ITS FUNCTIONS

80 Service established

- (1) The Minister must make every effort to establish and maintain an Assisted Dying Service, regardless of their or others' views about assisted dying.
- (2) The provider of the Service must be –
 - (a) Health and Care Jersey, acting for the Minister; or
 - (b) if required by Regulations, another provider.
- (3) If the Minister cannot establish and maintain the Service, they must present a report to the States Assembly stating –
 - (a) why they think the Service cannot currently be established and maintained;
 - (b) what they have done, and still intend to do, to try to establish and maintain the Service; and
 - (c) what they recommend is decided by the States Assembly to help the Minister to try to establish and maintain the Service.
- (4) Before presenting the report, the Minister must consult the persons that the Minister thinks are representative of those affected by the establishment or absence of the Service.

81 Service has exclusive functions and fees are restricted

- (1) The Service must provide assisted dying by arranging for the assisted dying process to be carried out for individuals, including by arranging the provision of the following, as required by the Committee –

- (a) the services of assisted dying practitioners, certifying doctors and care navigators;
 - (b) support (such as counselling) relating to assisted dying for individuals and their connected people and for assisted dying practitioners, certifying doctors and care navigators; and
 - (c) independent advocacy, communication support and support for interpretation of languages.
- (2) No other person may provide, or purport to provide, assisted dying.
- (3) A person who, in any way (including in writing or by broadcast), promotes or advertises assisted dying or the Service –
- (a) may do so only by giving information –
 - (i) about the availability of assisted dying and related services;
 - (ii) about where more information on assisted dying can be found;
 - (iii) about their role in assisted dying; or
 - (iv) that supports awareness and understanding of assisted dying; and
 - (b) must not do so with the intention of persuading or encouraging anyone to have an assisted death.
- (4) But a person must not give the information described in paragraph (3)(a) in writing at the place at which a doctor carries out general practice unless the recipient is together in person with a health professional.
- (5) The Service must not charge an individual for any part of the assisted dying process except as allowed by Regulations (if any).

82 Keeping and giving access to individuals' records

- (1) The Service must keep an individual's records.
- (2) The Service must give access to, or copies of, an individual's records to –
- (a) the relevant persons, and to the extent and in the way, that the Committee decides upon under Article 70, which applies as if the records were documents to which that Article applies;
 - (b) the Review Panel, for the purposes of a review under Article 97; and
 - (c) the Care Commission, for the purposes of an inspection, or its decision whether to inspect, under the [Regulation of Care \(Jersey\) Law 2014](#).

83 Registration of assisted dying practitioners and certifying doctors

- (1) A person may apply in writing to the Service to register them as –
- (a) 1 or more of the following types of assisted dying practitioner –
 - (i) a co-ordinating doctor;
 - (ii) an assessing doctor who is not a co-ordinating doctor;
 - (iii) an administering practitioner;
 - (iv) a pharmacy professional;
 - (v) an extended team member; or
 - (b) a certifying doctor.

- (2) The application –
 - (a) must contain, or be accompanied by, the information required by the Committee or under this Law;
 - (b) must contain the person's statement that they believe that the information is true and complete;
 - (c) must be made in the form (if any) approved by the Committee; and
 - (d) must be signed by the person.
- (3) The Service must register a person for a role if it is satisfied that –
 - (a) it has the information required to register the person;
 - (b) the person has the competencies required for the role;
 - (c) the person has completed the initial training for the role under this Law;
 - (d) the person has complied with Article 85 and is not, in an interests review officer's opinion, someone who should not perform the role; and
 - (e) if applicable, the person has a responsible officer (under the [Medical Practitioners \(Registration\) \(Responsible Officers\) \(Jersey\) Order 2014](#)).

84 Renewal of registration of assisted dying practitioners

- (1) An assisted dying practitioner may apply in writing to the Service to renew their registration by applying no earlier than 9 months, and no later than 15 months, after their most recent registration date.
- (2) The application –
 - (a) must contain, or be accompanied by, the information required by the Committee or under this Law;
 - (b) must contain the person's statement that they believe that the information is true and complete;
 - (c) must be made in the form (if any) approved by the Committee; and
 - (d) must be signed by the person.
- (3) The Service must renew a person's registration if it is satisfied that –
 - (a) it has the information required to renew the registration;
 - (b) the person still has the competencies required for the role;
 - (c) the person has completed the continuing training for the role under this Law at the intervals set by the Committee;
 - (d) the person has complied with Article 85 and is not, in an interests review officer's opinion, someone who should not perform the role; and
 - (e) the person still has a responsible officer (under the [Medical Practitioners \(Registration\) \(Responsible Officers\) \(Jersey\) Order 2014](#)).
- (4) The Service must record the date on which the registration is renewed as the day that is 12 months after the person's most recent registration date.
- (5) If a practitioner's registration is not renewed by the day that is 14 months after their most recent registration date, the Service must give them a written notice warning them about the periods in paragraphs (1) and (6).
- (6) If an assisted dying practitioner does not renew the registration for their role, their registration ends 18 months after their most recent registration date.

- (7) A person's "most recent registration date" is the day on which –
 - (a) they were first registered for their role, if it has never been renewed; or
 - (b) their registration was most recently renewed.

85 Disclosure of interests for registration

- (1) This Article requires certain people to –
 - (a) complete and sign a form disclosing their interests (if any) that might, or might be seen to, conflict with any individuals' interests in the assisted dying process; and
 - (b) give the form to the Service.
- (2) The people are anyone who –
 - (a) is applying to be registered for a role;
 - (b) is an assisted dying practitioner applying to renew their registration for a role; or
 - (c) is registered for a role and becomes aware that there has been a relevant change in their interests.
- (3) If the person's form discloses 1 or more interests –
 - (a) the Service must give it to an interests review officer; and
 - (b) the officer must review the form and decide whether the disclosed interests might, or might be seen to, conflict with any individuals' interests in their assisted dying process to such an extent that, in the officer's opinion, the person should not perform the role.

86 Information on register

- (1) The Service must record the following information on the register for each person registered for a role –
 - (a) their name;
 - (b) their role;
 - (c) the name of the body that regulates their profession, and the number (if any) given to them as professionally registered, in –
 - (i) Jersey; and
 - (ii) the United Kingdom;
 - (d) whether their contract of employment with the Service is a contract of direct employment or a contract for service;
 - (e) the interests (if any) that they disclosed in their most recent form under Article 85;
 - (f) the date on which they were first registered for the role;
 - (g) for an assisted dying practitioner who has renewed their registration, the 1 or more dates on which it was renewed;
 - (h) the dates on which they completed their initial training, and any continuing training, for the role under this Law;
 - (i) the date by which they must complete their next continuing training under this Law; and

- (j) the date on which their registration for the role ended and the reason it ended, if applicable.
- (2) The Service must record information on the register as soon as reasonably practicable after receiving it, as required by the Committee or under this Law.

87 Changes to details on registers

- (1) An assisted dying practitioner or a certifying doctor must tell the Service –
 - (a) as soon as reasonably practicable after it happens –
 - (i) that they are suspended from being professionally registered (in Jersey or the United Kingdom);
 - (ii) that they are no longer professionally registered (in Jersey or the United Kingdom); or
 - (iii) that their professional registration (in Jersey or the United Kingdom) has had conditions or restrictions imposed on it; or
 - (b) within 7 days after becoming aware of it, that something has happened that may affect their professional registration (in Jersey or the United Kingdom) or their registration with the Service.
- (2) An assisted dying practitioner or a certifying doctor must tell the Service, as soon as reasonably practicable after it happens, that any other information recorded on the register for them has changed.
- (3) The person must tell the Service something under paragraph (1) or (2) by –
 - (a) giving written notice of it to the Service; or
 - (b) including it in an application to renew their registration.

88 Suspension or cancellation of registration

- (1) The Service must –
 - (a) suspend a person's registration for a role if they are suspended (even if on an interim basis) from being professionally registered (in Jersey or the United Kingdom); or
 - (b) end the suspension of the person's registration for the role if their suspension from being professionally registered ends.
- (2) The Service must cancel a person's registration for a role if they are no longer professionally registered (in Jersey or the United Kingdom).
- (3) The Service may suspend or cancel, or end the suspension of, a person's registration for a role as recommended by the Committee under Article 72.

89 Surrender of registration

The Service must remove a person's registration for a role as soon as reasonably practicable after they apply in writing to the Service for that removal.

90 Disclosure of information on register or about practice

- (1) The Service must ensure that the following information is not disclosed –

- (a) information on the register (to protect the privacy of the people registered on it);
 - (b) information it holds about the practice of an assisted dying practitioner or a certifying doctor or the performance of a care navigator.
- (2) But the Service may disclose the information –
 - (a) to the Committee; or
 - (b) to anyone else in any of the circumstances described in Article 41(2)(a) to (g).

91 Development and publication or provision of documents and training

- (1) The Service must, if and as required by the Committee –
 - (a) develop or amend information, guidance or competencies (“documents”);
 - (b) consult persons in developing or amending the documents;
 - (c) have the documents approved by the Committee; and
 - (d) publish, or make available, the documents.
- (2) The Service must, if and as required by the Committee –
 - (a) develop or change training;
 - (b) consult persons in developing or changing the training;
 - (c) have the training approved by the Committee; and
 - (d) provide the training.

92 Publication of forms

The Service must publish the forms to which Article 102 applies, as required by the Committee.

DIVISION 5 – REVIEW PANEL AND ITS FUNCTIONS

93 Review Panel established

- (1) The Minister must establish and maintain an Assisted Dying Review Panel by appointing the number of members that are required by Order and in the way required by Order.
- (2) The Minister may appoint a person as a member only if the person –
 - (a) has the knowledge and expertise in certain areas, as specified by Order; and
 - (b) is recommended by the Committee.
- (3) The Committee may recommend a person as a member, whether or not they are a States’ employee or another employee, as long as the Committee is satisfied that the person’s interests do not conflict with any individuals’ interests in the assisted dying process.

94 Terms of reference

- (1) The Minister –

- (a) must arrange for the Committee to develop, and may arrange for the Committee to amend, the Review Panel's terms of reference that set out its procedures for performing its functions and obligations, such as –
 - (i) its schedule for meetings;
 - (ii) how it votes and makes decisions; and
 - (iii) how it resolves a conflict of interest; and
 - (b) may approve the terms of reference, giving effect to them.
- (2) Before approving the terms of reference, the Minister must consult the following bodies or people (or their equivalents) –
 - (a) the Care Commission; and
 - (b) anyone else who the Minister thinks it is appropriate to consult.

95 Remuneration of members

- (1) The members of the Review Panel, other than members who are States' employees, must be –
 - (a) paid the remuneration (if any) that is set by, or calculated in accordance with, a decision of the Minister; and
 - (b) repaid for the reasonable expenses that they claim.
- (2) The annual income of the States of Jersey must be used to –
 - (a) make those payments; and
 - (b) pay the expenses for the administration of the Review Panel.

96 Functions and obligations

- (1) The Review Panel's functions and obligations are as set out in this Division.
- (2) The Review Panel must follow the procedures in its terms of reference when performing its functions and obligations.

97 Report from review of completed assisted death or incomplete assisted dying process

- (1) The Review Panel must review –
 - (a) each individual's assisted death that is carried out;
 - (b) an individual's assisted dying process that ended before their assisted death, if requested by the Committee.
- (2) In reviewing an individual's assisted death or assisted dying process, the Review Panel –
 - (a) must review all of the individual's records;
 - (b) may request and, if provided, review relevant information from any person; and
 - (c) must decide whether the individual's assisted dying process complied with this Law and had regard to operational guidance approved under this Law.
- (3) After its review, the Review Panel must report to the Committee –
 - (a) its decisions and findings from the review; and

- (b) its recommendations (if any) to deal with its findings, and its reasons for the recommendations.
- (4) A review must otherwise comply with the procedures and time frames (if any) provided by Order.

98 Report from analysis of reviews of assisted deaths

- (1) The Review Panel must, when reasonably practicable, analyse the reports from 2 or more of its reviews to decide whether to recommend –
 - (a) any general changes or improvements in the assisted dying process; or
 - (b) any potential investigation into, or proceedings about, a professional's practice or performance.
- (2) After its analysis, the Review Panel must report to the Committee –
 - (a) its decisions and findings from the analysis; and
 - (b) its recommendations (if any) to deal with its findings, and its reasons for the recommendations.

PART 4

SECONDARY LEGISLATION, FORMS AND FINAL MATTERS

99 Regulations

- (1) The States may by Regulations –
 - (a) provide for the appointment of independent advocates to help individuals in relation to a request for, or the process of, assisted dying, and provide for –
 - (i) how an independent advocate can help an individual (for example, by providing support and advocacy for the individual to understand options for, or aspects of, end-of-life or other palliative care or assisted dying or to convey the individual's views and wishes about them);
 - (ii) which individuals qualify for help from an independent advocate;
 - (iii) how an advocate is independent (for example, by being independent of all others who have a personal or professional relationship with the individual);
 - (iv) who appoints an independent advocate and how they are appointed;
 - (v) the training that must be completed by an independent advocate;
 - (vi) the professional qualifications that an independent advocate must have;
 - (vii) the payment of remuneration to, and for the expenses of, an independent advocate;
 - (b) specify an activity that must not be done in a safe access zone (see Article 40), such as doing anything intentionally or recklessly –
 - (i) to obstruct someone's involvement in the assisted dying process; or
 - (ii) to harass someone for their involvement in, or contact with someone involved in, the assisted dying process;
 - (c) define a safe access zone at, and near, a place at which –

- (i) any part of the assisted dying process is carried out;
 - (ii) the Service operates; or
 - (iii) an assisted dying practitioner, a certifying doctor or a care navigator is employed;
- (d) specify the period during which activities must not be done in a safe access zone, whether a limited period or always;
- (e) define the safe access zone as –
 - (i) particular boundaries around a particular place; or
 - (ii) a class of zones with certain features (for example, the area within 100 metres of the boundary of any private property at which an individual's assisted death is to be carried out);
- (f) amend Part 2 or Article 1, or insert or delete a provision of this Law, to cover matters similar to the matters covered in Part 2, but only if the amendments do not affect whether an individual is eligible for assisted dying and are required to give effect to a recommendation that is –
 - (i) made by the Review Panel under Article 98(1)(a); and
 - (ii) accepted by the Committee under Article 77(2)(b);
- (g) amend Article 41, 73 or 90, or insert or delete a provision of this Law, to change the information that a person is banned from disclosing and any exceptions to the ban;
- (h) amend Article 49, 50 or 51, or insert or delete a provision of this Law, to change an offence, or create a new offence, in relation to –
 - (i) purporting that something or someone is an assisted dying practitioner, a certifying doctor, a care navigator or the Service; or
 - (ii) promoting or advertising assisted dying or the Service;
- (i) amend Part 3, Division 3, or insert or delete a provision of this Law, to change the functions or obligations that the Committee must perform in relation to assisted dying (including to remove all functions and obligations if the Service cannot be established or maintained);
- (j) provide for how the Committee may, for the purposes of Article 72 –
 - (i) investigate a person's practice or performance; and
 - (ii) after investigating, recommend the suspension or cancellation, or the ending of the suspension, of the person's registration for a role, or take other action in relation to the person;
- (k) require the Service to be provided by another provider, for the purposes of Article 80(2)(b);
- (l) provide for the transfer, from the existing provider to the new provider, of employees, equipment, facilities, individuals' records, responsibility for individuals or anything else related to the Service;
- (m) amend any of the following provisions, or insert or delete a provision of this Law, to cover matters similar to the matters covered in those provisions, but only if the amendments do not affect whether an individual is eligible for assisted dying and are required because of changing the provider of the Service –
 - (i) Article 1 (interpretation);

- (ii) Articles 19 to 22 (disclosure of interests in relation to individuals or independent assessments);
 - (iii) Article 34 (prescribing, preparing and dispensing approved drugs);
 - (iv) Article 41 (disclosure of information about people or approved drugs);
 - (v) Part 3, Division 3, 4 or 5 (Committee, Service or Review Panel and their functions);
 - (n) amend another enactment as a consequence of changing the provider of the Service;
 - (o) amend Part 3, Division 5, or insert or delete a provision of this Law, to change the functions or obligations that the Review Panel must perform in relation to assisted dying (including to remove all functions and obligations if the Service cannot be established or maintained);
 - (p) require an individual to pay a fee for all or part of the assisted dying process;
 - (q) create an offence for a breach of this Law, or of Regulations or an Order made under this Law, with a penalty no greater than a fine of level 3 on the standard scale;
 - (r) create a civil remedy, for an employee or a partner who experiences detriment under Article 38, that can be awarded by a tribunal or a court, including matters such as –
 - (i) a right to compensation or continued employment or partnership (as under Article 77 of the [Employment \(Jersey\) Law 2003](#), for example);
 - (ii) provision for appeals; or
 - (s) provide for matters that are consequential on, or for the transition that occurs on, this Law coming into force or the Regulations coming into force.
- (2) The Minister must, before lodging a proposition containing draft Regulations to be made –
- (a) under paragraph (1)(b) to (e) –
 - (i) be satisfied that the specified activities and periods, and defined zones, are only as broad as is required to preserve the safety of people involved in, or the integrity of, the Service, the Committee, the Panel or the assisted dying process, while preserving the people’s privacy as far as reasonably practicable; and
 - (ii) consult the persons that the Minister thinks it is appropriate to consult;
 - (b) under paragraph (1)(k) –
 - (i) be satisfied that the new provider can provide the Service effectively, efficiently and in accordance with this Law;
 - (ii) be satisfied that, under the terms on which the new provider will provide the Service, the Minister will remain accountable for the Minister’s obligation about maintaining the Service; and
 - (iii) consult the persons that the Minister thinks are representative of those affected by the change of providers; or
 - (c) under paragraph (1)(p), be satisfied that charging the fee is consistent with any charging for other health and care services provided by Health and Care Jersey.

100 Orders

- (1) The Minister may by Order –
 - (a) specify a place, other than in Jersey, at which a person must or may be for a specified meeting held under this Law, for the purposes of Article 18(2);
 - (b) require or allow a specified meeting held under this Law to be held electronically, instead of in person (between people at the same place), for the purposes of Article 18(4)(b);
 - (c) amend Article 55, or insert or delete a provision of this Law, to change anything relating to the appointment or membership of the Committee, such as –
 - (i) the minimum and maximum number of members;
 - (ii) who appoints members and how they are appointed, including any requirements for consultation; or
 - (iii) the requirements that a person must meet to be appointed;
 - (d) amend Article 86, or insert or delete a provision of this Law, to change the information that must be recorded on the register;
 - (e) specify the minimum and maximum number of members of the Review Panel, and provide for how its members must be appointed, for the purposes of Article 93(1);
 - (f) specify the knowledge and expertise in certain areas that a person must have to be appointed as a member of the Review Panel, for the purposes of Article 93(2)(a);
 - (g) provide for the procedures and time frames for the Review Panel's review of an assisted death or assisted dying process, for the purposes of Article 97(4);
 - (h) amend Schedule 1 to change the information that must be included in the general information about the assisted dying process, for the purposes of Article 62(a)(i);
 - (i) specify information that must be contained in, or accompany, a form or an application under this Law; or
 - (j) provide for the transition that occurs when the Order comes into force.
- (2) Before making an Order under paragraph (1)(d), the Minister must consult the Committee and whoever the Minister thinks it is appropriate to consult.

101 Rules of court

The power to make rules of court under Article 13 of the [Royal Court \(Jersey\) Law 1948](#) includes a power to –

- (a) regulate and specify the procedure for an appeal to the Royal Court under Article 42 (against a decision made under this Law);
- (b) provide for those appeals that relate to the age and residency criteria, or relate to another matter specified by the rules, to be determined on the basis of only filed documents (and not an oral hearing); or
- (c) provide for notices to be given so that a person can comply with Article 8(8) or 9(1)(i) (delay in assisted dying process during appeal by person with special interest).

102 Forms

- (1) This Article applies to a form that an individual, an assessing doctor or any other person must or may complete and sign under this Law.
- (2) The form must contain the information that –
 - (a) is required by this Law or by Order; or
 - (b) is required by the Committee, after consulting the Minister and anyone that the Committee thinks it is appropriate to consult.
- (3) The form must be in the format, and on paper or electronic, as decided by the Committee.

103 Transitional provisions

Schedule 2 provides for the transition that occurs when this Law comes into force.

104 Amendments to other legislation

Schedule 3 makes amendments to other legislation that are related to this Law or are consequential on this Law coming into force.

105 Citation and commencement

- (1) This Law may be cited as the Assisted Dying (Jersey) Law 202-.
- (2) The following come into force 7 days after the Law is registered –
 - (a) Article 1 (interpretation);
 - (b) Articles 36 to 39 (right to refuse and protections);
 - (c) Articles 41(1)(c) and (2) and 53 (disclosing information identifying approved drugs);
 - (d) Part 3, Divisions 2 to 5, and Schedule 1 (protection and offences, Committee, Service, Review Panel and their functions);
 - (e) Articles 99 to 102 (Regulations, Orders, rules of court and forms);
 - (f) Article 103 and Schedule 2 (transitional provisions);
 - (g) Article 104 and Schedule 3, paragraphs 3, 6 and 7 (amendments to [Homicide \(Jersey\) Law 1986](#), [Regulation of Care \(Jersey\) Law 2014](#) and related Regulations);
 - (h) this Article.
- (3) The rest of the Law comes into force on a day to be specified by the States by Act.

SCHEDULE 1

(Article 62(a)(i))

GENERAL INFORMATION ABOUT ASSISTED DYING PROCESS

The general information about the assisted dying process must include information about –

- (a) the criteria for assisted dying;
- (b) each step of the assisted dying process;
- (c) the Service, including its contact details;
- (d) the right to appeal certain decisions under this Law;
- (e) how an individual, their connected person, an assisted dying practitioner, a certifying doctor or a care navigator can obtain support (such as counselling) relating to assisted dying;
- (f) how someone may complain about the services that they or others have received; and
- (g) matters that an individual may want to consider before their assisted death (such as life insurance or other personal administrative or financial matters).

SCHEDULE 2

(Article 103)

TRANSITIONAL PROVISIONS

1 Assisted dying provided only when Law fully commenced

Assisted dying must not be provided until all of this Law has come into force, despite Article 81(1) or another provision of this Law.

SCHEDULE 3

(Article 104)

AMENDMENTS TO OTHER LEGISLATION

1 Capacity and Self-Determination (Jersey) Law 2016 amended

- (1) This paragraph amends the Capacity and Self-Determination (Jersey) Law 2016.
- (2) After Article 11(4) there is inserted –
 - (4A) An LPA cannot confer authority for any decision or matter that affects an individual's assisted dying process under the Assisted Dying (Jersey) Law 202-.
- (3) After Article 24(9) there is inserted –
 - (10) The Court cannot exercise a power under this Article to affect an individual's assisted dying process under the Assisted Dying (Jersey) Law 202-.

2 Cremation (Jersey) Regulations 1961 amended

- (1) This paragraph amends the Cremation (Jersey) Regulations 1961.
- (2) In Regulation 6(a), after “cause of death” there is inserted “(attending practitioner)”.
- (3) In Regulation 6(a), after “5 years” there is inserted “(confirming practitioner)”.
- (4) In Regulation 6(a), there is deleted “, being neither a relative of the deceased nor a relative or partner of the practitioner who signed the first-mentioned certificate”.
- (5) After Regulation 6(c) the following is inserted, and the existing text is numbered as paragraph (1) –
 - (2) The confirming practitioner must not be –
 - (a) a relative of the deceased; or
 - (b) a relative or partner of the attending practitioner.
 - (3) If the deceased is an individual who had an assisted death under the Assisted Dying (Jersey) Law 202-, the attending practitioner must not be –
 - (a) a relative or partner of the individual's administering practitioner under that Law; or
 - (b) a relative or partner of the individual's certifying doctor under that Law.
- (6) In Regulation 8, at the end, the following is inserted, and the existing text is numbered as paragraph (1) –
 - (2) But an assisted death under the Assisted Dying (Jersey) Law 202- does not count as a death that has, or might have, resulted from poison.

3 Homicide (Jersey) Law 1986 amended

- (1) This paragraph amends the Homicide (Jersey) Law 1986.
- (2) For Article 6(3)(b) there is substituted –
 - (b) an offence under Article 6A in which a person dies by suicide.
- (3) After Article 6 there is inserted –

6A Suicide

- (1) Suicide is not an offence.
- (2) But a person commits an offence if they do an act that can, and is intended to, encourage or assist another person's suicide or attempted suicide.
- (3) The person commits the offence whether or not –
 - (a) they know or can identify the other person; or
 - (b) the suicide or attempt happens.
- (4) The person is liable to imprisonment for 14 years.

4 [Inquests and Post-Mortem Examinations \(Jersey\) Law 1995](#) amended

- (1) This paragraph amends the [Inquests and Post-Mortem Examinations \(Jersey\) Law 1995](#).
- (2) In Article 2(1)(c), after “registered medical practitioner” there is inserted “but not from an assisted death under the Assisted Dying (Jersey) Law 202-”.

5 [Marriage and Civil Status \(Jersey\) Law 2001](#) amended

- (1) This paragraph amends the [Marriage and Civil Status \(Jersey\) Law 2001](#).
- (2) After Article 65(1) there is inserted –
 - (1A) But an assisted death under the Assisted Dying (Jersey) Law 202- cannot be notified –
 - (a) under paragraph (1)(c) on the basis that it is unnatural; or
 - (b) under paragraph (1)(e).

6 [Regulation of Care \(Jersey\) Law 2014](#) amended

- (1) This paragraph amends the [Regulation of Care \(Jersey\) Law 2014](#).
- (2) In Article 1(1), before the definition “certificate” there is inserted –

“assisted dying” means the services provided by the Assisted Dying Service under the Assisted Dying (Jersey) Law 202-;
- (3) After Article 21 there is inserted –

21AA Cancellation of registration relating to assisted dying service

- (1) This Article applies if the cancellation of 1 or more peoples' registration in relation to the provision of assisted dying –
 - (a) would otherwise prevent the assisted death of an individual whose request for assisted dying has been approved under the Assisted Dying (Jersey) Law 202-; and
 - (b) does not relate to the practice of an assessing doctor involved in the individual's assisted dying process.
- (2) The registration must be treated as if it were not cancelled but only for the purposes of allowing the individual's assisted death to be carried out.
- (4) For Article 22(1) there is substituted –

- (1) In this Article, “essential service” –
 - (a) means a regulated activity that is carried on by a Minister and not by any other person; but
 - (b) excludes the provision of assisted dying.
- (5) In Schedule 1, Part 2 (Regulated activities: provision of care services), after paragraph 5 there is inserted –

5A Assisted dying

The provision of assisted dying is a regulated activity.

7 Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 amended

- (1) This paragraph amends the [Regulation of Care \(Standards and Requirements\) \(Jersey\) Regulations 2018](#).
- (2) After Regulation 27 there is inserted –

PART 4A

ASSISTED DYING

27A Requirement in respect of provision of assisted dying

- (1) This Regulation applies if the regulated activity is the provision of assisted dying, and for the purposes of Article 14 of the Law.
- (2) The registered person must carry on the regulated activity in accordance with the Assisted Dying (Jersey) Law 202-.
- (3) In Regulation 80(1A), in the table, row 7, third column, for “Paragraphs 1 to 5” there is substituted “Paragraphs 1 to 5A”.