



Jersey

# **ASSISTED DYING (JERSEY) LAW 2026**

## **Official Consolidated Version**

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Jersey

## ASSISTED DYING (JERSEY) LAW 2026

### Contents

#### Article

|                                                                                                        |           |
|--------------------------------------------------------------------------------------------------------|-----------|
| <b>PART 1</b>                                                                                          | <b>5</b>  |
| DEFINITIONS AND CRITERIA                                                                               | 5         |
| 1 Interpretation .....                                                                                 | 5         |
| 2 10                                                                                                   |           |
| <b>PART 2</b>                                                                                          | <b>10</b> |
| <b>PART 3</b>                                                                                          | <b>10</b> |
| RIGHT TO REFUSE, PROTECTIONS, APPEALS, OFFENCES, COMMITTEE, SERVICE AND REVIEW PANEL                   | 10        |
| DIVISION 1 – RIGHT TO REFUSE, PROTECTIONS, SAFE ACCESS ZONES, DISCLOSURE OF INFORMATION AND APPEALS    | 10        |
| 36 Right to refuse to participate .....                                                                | 10        |
| 37 Meaning of participation in assisted dying .....                                                    | 11        |
| 38 Employment and partnership protection (for involvement or non-participation) .....                  | 12        |
| 39 Residential tenancy protection (for involvement or non-participation) .....                         | 12        |
| 40 13                                                                                                  |           |
| 41 Disclosure of information about people or approved drugs .....                                      | 13        |
| 42 13                                                                                                  |           |
| DIVISION 2 – PROTECTION AND OFFENCES                                                                   | 14        |
| 43 Assisted dying is protected .....                                                                   | 14        |
| 44 Offence to unlawfully administer approved drugs .....                                               | 14        |
| 45 Offence to coerce or maliciously induce decision to have assisted death .....                       | 14        |
| 46 Offence to coerce decision to not have assisted death .....                                         | 15        |
| 47 Offence to give false or misleading information or forge document .....                             | 15        |
| 48 Offence to purport to act as assisted dying practitioner, certifying doctor or care navigator ..... | 15        |
| 49 Offence to purport to be assisted dying practitioner, certifying doctor or care navigator .....     | 15        |
| 50 Offence to purport to be Service or to provide assisted dying .....                                 | 16        |
| 51 Offence to promote or advertise assisted dying .....                                                | 16        |
| 52 Offence to not tell Service about significant registration matters .....                            | 16        |
| 53 Offence to disclose information about people or approved drugs .....                                | 17        |
| 54 Offence to do banned activity in safe access zone .....                                             | 17        |

|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| DIVISION 3 – COMMITTEE AND ITS FUNCTIONS                                                     | 17 |
| 55 Committee established and members appointed.....                                          | 17 |
| 56 Terms of reference .....                                                                  | 18 |
| 57 Remuneration of members and payment of expenses.....                                      | 19 |
| 58 Functions and obligations.....                                                            | 19 |
| 59 Approval of drugs .....                                                                   | 19 |
| 60 System that holds individuals’ records.....                                               | 19 |
| 61 Register of assisted dying practitioners and certifying doctors .....                     | 20 |
| 62 General information, standards for services and retention requirements.....               | 20 |
| 63 Operational guidance .....                                                                | 20 |
| 64 General guidance.....                                                                     | 22 |
| 65 Competencies .....                                                                        | 22 |
| 66 Training for professionals involved in assisted dying .....                               | 23 |
| 67 Other training .....                                                                      | 24 |
| 68 Consultation on documents and training.....                                               | 24 |
| 69 Publication of documents for public .....                                                 | 25 |
| 70 Publication of documents for relevant persons .....                                       | 25 |
| 71 Support for individuals, connected people and professionals.....                          | 25 |
| 72 Investigation of professionals.....                                                       | 26 |
| 73 Disclosure of information .....                                                           | 26 |
| 74 Collection and analysis of information .....                                              | 26 |
| 75 Reports each year .....                                                                   | 27 |
| 76 Other reports .....                                                                       | 28 |
| 77 Requests for, and responses to, Review Panel’s reviews.....                               | 28 |
| 78 Review of Law’s implementation .....                                                      | 29 |
| 79 Involvement of people with disabilities in Law’s implementation .....                     | 29 |
| DIVISION 4 – SERVICE AND ITS FUNCTIONS                                                       | 29 |
| 80 Service established .....                                                                 | 29 |
| 81 Service has exclusive functions and fees are restricted .....                             | 29 |
| 82 Keeping and giving access to individuals’ records.....                                    | 30 |
| 83 Registration of assisted dying practitioners and certifying doctors.....                  | 30 |
| 84 Renewal of registration of assisted dying practitioners.....                              | 31 |
| 85 Disclosure of interests for registration .....                                            | 32 |
| 86 Information on register .....                                                             | 32 |
| 87 Changes to details on registers .....                                                     | 33 |
| 88 Suspension or cancellation of registration .....                                          | 33 |
| 89 Surrender of registration .....                                                           | 33 |
| 90 Disclosure of information on register or about practice.....                              | 33 |
| 91 Development and publication or provision of documents and training.....                   | 34 |
| 92 Publication of forms .....                                                                | 34 |
| DIVISION 5 – REVIEW PANEL AND ITS FUNCTIONS                                                  | 34 |
| 93 Review Panel established .....                                                            | 34 |
| 94 Terms of reference .....                                                                  | 34 |
| 95 Remuneration of members .....                                                             | 35 |
| 96 Functions and obligations.....                                                            | 35 |
| 97 Report from review of completed assisted death or incomplete assisted dying process ..... | 35 |
| 98 Report from analysis of reviews of assisted deaths .....                                  | 36 |

|                                                              |           |
|--------------------------------------------------------------|-----------|
| <b>PART 4</b>                                                | <b>36</b> |
| SECONDARY LEGISLATION, FORMS AND FINAL MATTERS               | 36        |
| 99 Regulations .....                                         | 36        |
| 100 Orders .....                                             | 39        |
| 101 Rules of court.....                                      | 39        |
| 102 Forms .....                                              | 40        |
| 103 Transitional provisions.....                             | 40        |
| 104 Amendments to other legislation.....                     | 40        |
| 105 Citation and commencement.....                           | 40        |
| <b>SCHEDULE 1</b>                                            | <b>41</b> |
| GENERAL INFORMATION ABOUT ASSISTED DYING PROCESS             | 41        |
| <b>SCHEDULE 2</b>                                            | <b>42</b> |
| TRANSITIONAL PROVISIONS                                      | 42        |
| 1 Assisted dying provided only when Law fully commenced..... | 42        |
| <b>SCHEDULE 3</b>                                            | <b>43</b> |
| <b>ENDNOTES</b>                                              | <b>44</b> |
| Table of Legislation History.....                            | 44        |
| Table of Endnote References .....                            | 44        |



Jersey

## ASSISTED DYING (JERSEY) LAW 2026

**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.

Commencement [[see endnotes](#)]

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### 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

*[Not in force]*

## PART 2

*[Not in force]*

## 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) –
  - (a) 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;
  - (b) 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 –
  - (a) 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**

*[Not in force]*

**41 Disclosure of information about people or approved drugs**

- (1) A person must not disclose any information –
  - (a) *[not in force]*
  - (b) *[not in force]*
  - (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) *[Not in force]*

**42**

*[Not in force]*

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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 2026.
- (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.

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## **SCHEDULE 3<sup>1</sup>**

## ENDNOTES

### Table of Legislation History

| Legislation                      | Year and No               | Commencement                                                                                                                                                                                                                            | Projet No                 |
|----------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Assisted Dying (Jersey) Law 2026 | <a href="#">L.35/2026</a> | 17 July 2026 – Articles 1, 36 to 39, 41(1)(c) and (2), 43 to 105, Schedules 1 and 2, Schedule 3, paragraphs 3, 6 and 7<br><br>Not in force – Article 2, Part 2, Articles 40, 41(a) and (b) and 42, Schedule 3, paragraphs 1, 2, 4 and 5 | <a href="#">P.65/2025</a> |

### Table of Endnote References

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<sup>1</sup> Schedule 3                      *spent, omitted*