

29 October 2025 - Terminally Ill Adults (End of Life) Bill - Oral evidence

Terminally Ill Adults (End of Life) Bill Committee

See the full transcript [here](#)

Witnesses:

- Mr Fraser Rickatson, Policy Manager at Care England
- Toby Porter, CEO at Hospice UK
- Dr Suzanne Kite, President at Association for Palliative Medicine
- Professor Sam Ahmedzai, Emeritus Professor of Supportive and Palliative Medicine at The University of Sheffield
- Professor Katherine Sleeman, Laing Galazka Chair in Palliative Care at King's College London

The Committee, chaired by Lord Hope of Craighead, held its fifth evidence session on the *Terminally Ill Adults (End of Life) Bill*. Witnesses included Toby Porter (Hospice UK), Fraser Rickatson (Care England), Dr Suzanne Kite (Association for Palliative Medicine), Professor Sam Ahmedzai (University of Sheffield), and Professor Katherine Sleeman (King's College London).

Each witness introduced themselves. Fraser Rickatson, Policy Manager at Care England, explained that Care England represents about 30% of the independent adult social care sector, covering large providers, single homes, supported living and end-of-life services. **“In the summer, we conducted a survey with our membership and the wider sector to understand the preparedness for this Bill within the sector if it were to be legislated and come to pass. We found a sector that was deeply concerned, deeply unaware and not consulted or involved in any conversations about how this Bill may impact on them.”** He added, **“I am very thankful to be here today... and hope that this is the beginning of a longer-term conversation with the sector.”**

The Lord Bishop of Newcastle asked about institutional opt-outs and staff concerns about assisted dying. After Dr Kite's remarks on moral distress and workforce fears, Fraser Rickatson described the situation in adult social care: **“In the adult social care sector for residential services, there are over 15,000 registered homes... Each one is diverse in how it is operated.”** He highlighted faith-based services and reliance on international recruitment, meaning **“different values or beliefs on end-of-life care.”** He said, **“It is incredibly difficult for some services to be able to implement this Bill.”**

He referred to Care England's survey: **“Some expressed very clearly that this goes against their ethos as a care service, but also goes against what they believe in. We believe that an opt-out option is essential to make sure that these services can still deliver the care.”** He continued, **“That needs to be combined with a referral process with ICBs, local authorities and NHS trusts to ensure that the individual... can still receive the care that they are lawfully able to, but in the services that will be able to accommodate this change in need for them.”**

Later, Lord Markham revisited the opt-out question. He recognised the need to respect staff beliefs but expressed concern that full institutional opt-outs could deny residents the choice to die in their home. In reply, Fraser Rickatson said, **“We need to look at this answer in two different ways. There is willingness and there is also capacity and capability.”** Some care homes, he explained, were faith-based — **“Catholic, Jewish and Muslim homes... In accordance with their religion, they do not believe in this type of care.”** He added that, typically, **“the individual receiving care in that area will not want to consider that option.”**

He justified a formal opt-out mechanism: **“The reason why we want to have an opt-out is, in case of any regulatory function, which we believe could be the CQC’s operation... so that they can say, ‘As a service, due to these beliefs that we hold, we are withdrawing our support, but we have the procedures in place so that if, for whatever reason, anyone wants to do it, there is the programme that we can follow to make sure that they get that care that they need.’”**

When asked whether residents should be informed before entering such homes, Rickatson affirmed, **“Absolutely, yes.”** He cited further findings: **“In the survey as well, there was a massive concern about capacity and capability. There is a distinction between nursing homes and residential homes. A quote here that I would like to highlight from our survey is that a distinction will need to be made between residential nursing homes, given the different clinical capacities.”**

He warned that only **“27% of survey respondents reported 24/7 access to specialist palliative care support on-site,”** underscoring the resource gap. He concluded that **“whatever changes come with this Bill... it needs to come with a fully funded package to support the sector in making sure that this care can be delivered if it is required by law.”**

Later, Baroness Scotland asked about the need for early multidisciplinary assessments and funding. Fraser Rickatson agreed such assessments should include non-clinical care staff: **“I think that that should be expanded as well to those with non-clinical roles. There are a lot of services in the adult social care sector that may not have that clinical capacity, but there should be guidance and funded training for carers and workers to be able to understand the initial warning signs and to go to multiagency for confirmation and support on how to address that.”**

Baroness Finlay then raised concerns about coercion and funding pressures. Fraser Rickatson responded, **“It is really important that we not look at this Bill in isolation, but look at the wider pressures within the health and social care sector. In the adult social care sector specifically we are looking at around a £5 billion funding gap for all services.”** He warned that **“there will be that systematic pressure... where, when this Bill comes to pass and there is funding only for a certain type of care, there could be an endorsement of a certain type of care over anything else.”** He emphasised, **“If this Bill comes to pass and comes through, we need to make sure that there is a whole complete funding package for all sectors, so that the individual’s choice is not in any way influenced.”**

Finally, Baroness Smith asked about access inequalities and palliative care safeguards. Fraser Rickatson stated, **“I am just going to take a step back... and talk about the entire sector. I think**



that this Bill... should trigger a wider conversation on a long-term funding settlement for the adult social care sector in its entirety, including palliative care but going beyond that to residential care services.” He reiterated, “At the moment... there is a postcode lottery and there are people either stuck in hospital or people at home who need that support and are unable to access that because the funding situation or workforce situation is so dire in some localities that they cannot get the access to care that they deserve.”

Throughout the hearing, Rickatson consistently highlighted the intersection between the Bill’s moral, legal and funding implications for care providers. His remarks stressed the need for opt-out protections, transparent referral mechanisms, workforce training, and a comprehensive funding reform to prevent inequity or coercion in practice.