



The Rt Hon Wes Streeting MP
Secretary of State for Health

Cc: Ruth Maskell MP Chair of Dying Well APPG

Re: Assisted Dying Bill - Third Reading on 25th April 2025

Dear Mr. Streeting,

We are writing to you as a follow-up to our previous correspondence from November 2024 regarding the Assisted Dying Bill, which is now scheduled for its third reading on April 25th, 2025.

As Islamic faith-based organisations, our position remains steadfast. We firmly believe in the sanctity of life and that both life and death are determined by God. The progression of this bill to its third reading deepens our concerns about its potential impact on vulnerable individuals and the ethical foundations of our healthcare system.

Since our previous communication, our concerns have only intensified due to the removal of safeguards within the proposed Bill that were intended to protect this very vulnerable cohort.

a) The requirement of High court approval for an individual to end their life was withdrawn. This means that only a senior legal figure (which by definition could be only a solicitor), a psychiatrist and a social worker are required. With no palliative care, medical or justice figure required to review each individual case, this draft becomes dangerous at best.

b) The rejection of Amendment 441, which would have allowed hospices and care homes to opt out of offering assisted dying, increases the risk. Marginalised groups, who already face barriers to accessing gold-standard end-of-life care, may now avoid those services altogether – deepening existing inequalities.

Furthermore, the fundamental issues we raised in November persist:

1. **Prognostic Uncertainty:** The six-month terminal prognosis criterion remains fundamentally flawed. Medical literature continues to demonstrate that accurately predicting end-of-life timeframes is problematic, with physicians often overestimating or underestimating survival times. This uncertainty introduces an unacceptable risk in a matter as irreversible as ending a life.
2. **Vulnerability and Coercion:** We remain deeply troubled about the subtle pressures that may influence terminally ill patients' decisions. Many may feel they have become a burden to their families, caregivers, or the healthcare system. Such feelings can significantly impact decision-making, even when no explicit coercion exists. These subtle influences are nearly impossible to detect through the proposed safeguards.

3. **Healthcare Inequalities:** The persistent healthcare disparities affecting ethnic minorities and people with disabilities have not been adequately addressed. These disparities could potentially be exacerbated by the introduction of assisted dying, creating a two-tiered approach to end-of-life care.
4. **Impact on Palliative Care:** The overwhelming majority of palliative medicine specialists continue to oppose this legislation. Their expert assessment is that such a law could undermine efforts to improve and expand palliative care services, which remain chronically underfunded.

As the bill approaches its third reading, we urge you to consider these concerns with the gravity they deserve. The imminent nature of this legislative milestone makes it even more imperative that Parliament takes a step back to thoroughly evaluate the profound ethical, social, and medical implications.

Rather than proceeding with legislation that fundamentally alters society's approach to human life in its final stages, we strongly advocate for:

1. **Increased Investment in Palliative Care:** Redirecting resources and attention toward developing world-class palliative care services that ensure dignity, comfort, and meaningful support for all patients approaching the end of life.
2. **Enhanced Support for Caregivers:** Providing robust support systems for those caring for terminally ill loved ones, acknowledging the emotional, financial, and physical challenges they face.
3. **Further Research and Consultation:** Conducting more comprehensive research on the experiences of countries where assisted dying has been implemented, with particular attention to impacts on vulnerable populations and palliative care development.
4. **Broader Public Dialogue:** Ensuring that all communities, including faith communities and disability rights advocates, have their voices meaningfully included in this critical conversation.

The third reading represents a pivotal moment in this legislative process. We implore you to consider the profound ethical questions at stake and the potential consequences for our most vulnerable citizens. Our community's perspective, rooted in deep religious and ethical convictions, remains resolute: we cannot support legislation that fundamentally contradicts our belief in the sanctity of life and may compromise the care and protection of those most in need.

We would welcome the opportunity to discuss these concerns with you in person before the third reading takes place.

Yours sincerely,



Arifali Hirji
President, Council of European Jamaats



Ali Raza Rizvi
President, Majlis-e-Ulama-e-Shia Europe