Dear [MP's Name],

As your constituent, I am writing to express my deep concern about the proposed Terminally Ill Adults (End of Life) Bill being introduced by Kim Leadbeater, MP and to **request a meeting with you** in person or online to discuss the risks for vulnerable people in our community.

There are **seven** areas that I would like to draw your attention to that should make you extremely concerned about this Bill.

**1. A Private Members’ Bill** is not subject to the same level of scrutiny, consultation, or amendment as a government Bill. It can be pushed through in an unsafe, undemocratic manner forcing MPs to vote on life-and-death legislation without being fully informed or having full oversight.

**2. Excessive reliance on secondary legislation.** Delegating 38 powers to ministers leaves critical details including safeguards, eligibility and drug protocols to future legislation. Regulations can be amended quietly without adequate debate.

**3. Inadequate safeguards against coercion.** While the Bill requires assessments by doctors and panels, the criteria for detecting coercion or undue influence are vague and rely on regulations. There is no explicit requirement to screen for familial pressure and the independent advocate system is poorly defined.

**4. Weak oversight of medical practitioners.** The Bill allows doctors to determine eligibility but delegates training standards to regulations. There is no requirement for specialists in palliative care or psychiatry to be involved. Risks include misdiagnosis of terminally ill patients (12-15%) and conflicts of interest for those doctors aligned with assisted suicide may face pressure to approve cases.

**5. Lack of transparency in reporting.** The “final statement” omits independent verification of the patient’s consent at the time of death. There is no mechanism to audit whether the deaths followed proper procedure, increasing the potential for abuse.

**6. Ethical and practical risks of approved substances.** The Secretary of State can specify lethal drugs and their handling without clinical consensus. Drugs like secobarbital, which is used in the US, can cause prolonged, painful deaths if improperly administered.

**7. Normalisation of assisted suicide.** The Bill frames assisted dying as part of "holistic care", risking a slippery slope. Over time, eligibility could expand to non-terminal conditions via regulatory changes. In Canada, MAID (Medical Assistance in Dying) was initially for terminal illness but now includes mental illness and poverty-related cases.

Thank you for considering this sensitive and complex issue. I look forward to hearing your availability to meet to discuss this matter.

Sincerely,

[Your Name]

[Your Address]