Terminally Ill Adults (End of Life) Bill 2024

BRIEFING
Alex Goodman KC
12 May 2025

---

1. I have been instructed by Dignity in Dying to advise by way of a briefing on the Terminally Ill Adults (End of Life) Bill 2024 as amended in Public Bill Committee (**the committee**") on 26 March 2025 ("**the Bill**"). The Bill passed second reading on 29 November 2024 and amendments have been made following the hearing of evidence during the committee stage of the Bill. On 2 May 2025 the government published an "ECHR memorandum"[1] which confirms that "the government is of the view that the bill is compatible with the ECHR". The government has also published an Equality Impact Assessment,[2] a Memorandum on Delegated Powers[3] and a financial Impact Assessment[4]. The Bill is now progressing to the Report stage in the Commons, and Third Reading likely at a later date.

2. The principal (proposed) amendments to the Bill introduce an Assisted Dying Review Panel ("**the panel**") and a Voluntary Assisted Dying Commissioner to be appointed by the Prime Minister (hereafter "**the Commissioner**"). A further change, consequential on the first two, is that the decisions of the Commissioner and of the panel may be subject to claims for judicial review in the High Court whereas, as originally proposed a declaration of the High Court would not have been subject to judicial review. There is also, as a result of amendment, to be a Disability Advisory Board. I consider each of these changes further below.

---

[1] Terminally Ill Adults (End of Life) Bill: ECHR memorandum
[2] Terminally Ill Adults (End of Life) Bill: equality impact assessment
[3] TIABDelegatedPowersMemorandum.pdf
[4] Impact Assessment template This explains for example that the total cost of the Voluntary Assisted Dying Commissioner and panel approval is estimated to cost an average of £10.9m to £13.6m per year.

Summary of Briefing

3. The briefing is set out under the following headings:
    a. The existing offence under section 2 to the Suicide Act 1961 (§§4-5).
    b. The proposed changes to the Bill (§§6-7)
    c. The Role of the Assisted Dying Review Commissioner and the Assisted Dying Review Panel (§§8- 9)
    d. Review Panel: Discussion of Issues (§§10-16)
    e. The Commissioner (§17)
    f. Judicial Review of Decisions of the Panel and Commissioner (§§18-19)
    g. Amendments related to Disability (§§20-21)
    h. Some Key Issues in the Debates Around Assisted Dying:
        i. Protection of Vulnerable People (§§22-23)
        ii. Sanctions Against Abuse (§24)
        iii. Human Dignity and the Primacy of Life (§§25-26)
        iv. The Prospect of Courts broadening the law (§§27-28)
        v. Palliative Care (§29)
    i. Conclusion (§30)

Background

4. Since section 1 of the Suicide Act 1961 was enacted it has not been a crime in England and Wales for anyone to bring their own life to an end. As the Rt Hon Sir Stephen Sedley said in his written evidence to committee, "one corollary of the now accepted decriminalization of suicide is that life is a right which it is open to the individual to surrender"[5]. However, section 2 of the Suicide Act 1961 provides that it is a criminal offence to assist the suicide of another person, regardless of their circumstances. A person convicted of assisting another to end their life faces up to fourteen years imprisonment. This criminalisation of assisting an otherwise lawful act is almost unique in the law of England and Wales[6].

[5] Terminally Ill Adults (End of Life) Bill (3rd February 2025)
[6] One other offence of this kind was identified by the House of Lords in *R (Purdy) v DPP* [2010] 1 A.C. 345

5. The blanket ban on assistance under statute admits of no exceptions. It means that a terminally ill person who wishes to end their own life must currently make that decision alone and without professional assistance. If they are likely to later require assistance, they may have to end their life early while they are still able to do so. In practice, people do assist loved ones out of compassion. It has been left to the Director of Public Prosecutions' *Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide*[7] to build flexibility into the system which the statute lacks. Current policy developed since the *Purdy* case in 2009[8] outlines that compassionately motivated assistance to a mentally competent adult to end their life is very unlikely to be prosecuted. Nevertheless, families can face investigation after a relative ends their life (whether in the UK or abroad).

The Terminally Ill Adults (End of Life) Bill 2024

6. The main changes proposed by the Bill are that (a) a terminally ill person in the last months of life who is contemplating ending their own life will be able to discuss that decision and make it in an informed and supervised way and (b) if they do decide to end their life, they may do so by self-administering an approved substance, rather than by travelling abroad or engaging in a dangerous or traumatic method.

7. The Bill proposes an amendment to section 2 of the Suicide Act 1961 so that the offence does not include providing assistance in accordance with the Act (clause 29). The process envisaged by the Bill entails that over the space of at least a month two doctors and a multidisciplinary panel are satisfied that the person who wishes to seek assistance to end their life is terminally ill, in the last six months of their life, has capacity to make the decision, has a clear, settled and informed wish to die, has made the decision voluntarily, and has not been coerced or pressured. In practice, the terminally ill person will need to formally consider their decision seven or eight times[9] including on at least four or five occasions to a professional person.

[7] Suicide: Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide | The Crown Prosecution Service
[8] *R (Purdy) v DPP* [2010] 1 A.C. 345
[9](i) Following initial discussion with a doctor; (ii) on making the first declaration; (iii) in the first period of reflection; (iv) potentially instructing professionals to assist with the Panel process (v) In front of the

The Voluntary Assisted Dying Commissioner and the Assisted Dying Review Panel (Amended Clauses 14-16 and Sch. 2)

8. The most significant amendments to the Bill to emerge from the committee stage mean that oversight of the process by which a terminally ill person in the last six months of life decides whether to end their own life is now to be by a multi-disciplinary Assisted Dying Review Panel comprising a psychiatrist member, a registered social worker and a current or former judge or Deputy Judge of the High Court, or King's Counsel (instead of a judge of the High Court sitting alone) (sch.2, para 2(2)). The Commissioner will make arrangements for appointing the panel (clause 4(1)) and must ensure a panel has had training in respect of domestic abuse, coercive control and financial abuse (clause 4(3))[10]. Cases will be referred to the panel by the Commissioner (clause 14). The role of the panel is to then make a determination whether it is satisfied that the requirements of clauses 7 to 11 have been met, namely that a person has made the appropriate declaration, is terminally ill, has capacity to make the decision to end their own life, that the person was aged 18 or over, that there had been a preliminary discussion between a GP and the person before they made the first declaration, that the person has a clear settled and informed wish to end their own life and that the person made the first declaration voluntarily and was not coerced or pressured.

9. The panel will scrutinise the evidence and consider whether all the components for eligibility are met. It must hear from and may question at least one of the doctors before deciding whether the legal requirements are met (clause 15(4)(a)) and whether to grant a declaration in law. They must (subject to some exceptions) hear from and may speak to the dying person too. Immediately before they are provided by the doctor with the approved substance, the person will need to formally affirm their decision and the doctor will again need to be satisfied that the person has capacity, has a clear, settled and informed wish to end their life, and has not been coerced or pressured by another person.

panel which will question the person (clause 15(4)(b));; (vi) during the second period of reflection; (vii) in making the second declaration; (viii) in self-administering the approved substance.

[10] The insertion of this provision and of further provisions regarding training in cl.7(7)-(9) respond to amendments 20 proposed by Jess Asato MP.

10. Some of the evidence to committee was that a multidisciplinary panel would be better placed than a single judge to certify the eligibility requirements are met, particularly those that require the panel to be satisfied that the person is exercising a clear, settled and informed decision free from coercion or pressure. There were also concerns expressed in evidence about the capacity of the High Court. The written evidence to committee of Professor Richard Huxtable was that in contemporary healthcare practice multidisciplinary decision-making is the norm[11]. Sir Nicholas Mostyn (a former High Court judge) in his oral evidence saw a significant advantage in having a doctor as part of the panel[12]. Sir Max Hill (former Director of Public Prosecutions) suggested in oral evidence that a panel would bring the benefit of suitably qualified medical professionals, as operated in Spain and mooted the idea of such panel members being appointed by a retired member of the judiciary[13]. Lord Sumption (former Justice of the Supreme Court)[14] considered that a panel would address problems of a shortage of capacity in the High Court, though he felt that the state should not be involved in the intensely personal and agonising process at all (whether by a judge or a panel).

11. Most countries that operate a form of assisted dying (Canada, New Zealand Switzerland, the Netherlands, Belgium, Luxembourg, Austria, Italy, Germany, Portugal, and ten states of America (plus District of Columbia)) do not have a system of supervision or certification of eligibility by a panel or a court. Spain operates independent oversight panels which are involved in the assessment of every case. In Australia, each state has its own law but all feature the possibility of application to an appeals tribunal to review decisions. The origin of the idea in the Bill of a Court, now a panel, certifying a person's eligibility may have been the remarks of judges in the Supreme Court in *Nicklinson* including Lord Mance, Lord Wilson and Lady Hale. Lady Hale commented in *Nicklinson* at [314]-[316] that she could foresee that such a system would be sufficient to protect those vulnerable people whom the present universal prohibition is designed to protect. The panel which is now proposed is closer to the system operated in Spain, upon which Sir Nicholas Mostyn gave evidence to the

[11] Terminally Ill Adults (End of Life) Bill (6th March 2025)
[12] Terminally Ill Adults (End of Life) Bill (Third sitting - Hansard - UK Parliament (column 88)
[13] Terminally Ill Adults (End of Life) Bill (Third sitting - Hansard - UK Parliament (column 96).
[14] Terminally Ill Adults (End of Life) Bill (Fifth sitting - Hansard - UK Parliament (column 173-4)

Committee, and which was referred to in committee by the lead sponsor of the Bill Kim Leadbeater MP[15].

12. Sir James Munby, (former President of the Family Division of the High Court) has written five papers about the Bill. In his blog dated 30 October 2024[16] (before the Bill was published) he expressed concerns as to the role of the High Court judge. It appears that he was under a misapprehension that a judge would authorise the administration of a drug to a patient. The Bill does not provide that a judge or (if amended) a panel will authorise the administration of the authorised substance. It is to be self-administered.

13. That the approved substance is to be self-administered is relevant to the role of the panel. The panel's role is to certify a terminally ill person's eligibility to be assisted to undertake what has in any event long been a lawful decision for that person alone. That decision is to be taken by the terminally ill person in the last months of life. The panel is not performing the ordinary role of courts and tribunals in adjudicating an *inter partes* dispute, or making a determination of civil rights or obligations. In his latest paper (dated 30 April 2025 and published in early May[17]) Sir James Munby raises a range of concerns about the process to be adopted by the Panel. I am not asked to consider all of these forcefully argued points. A detailed response has been published by Sir Nicholas Mostyn dated 6 May 2025.[18] Sir James' arguments are mainly about the procedure to be adopted by the Panel. My view is that such matters do not need to be prescribed in primary legislation. I agree with Sir Nicholas Mostyn that "the procedural requirements that have been specified in the Bill are as far as the legislature needs to go." The Panel process is designed to deal with people who are dying: there is therefore a need for some flexibility as to the process, but (a) the Panel will have to act in accordance with principles of fairness and open justice established in the common law, and through provisions of general application such as the Human Rights Act 1998; (b) many technical procedural questions can be dealt with more appropriately through secondary legislation[19] and guidance than in primary legislation (it is extremely rare to legislate

[15] Terminally Ill Adults (End of Life) Bill (Twenty First - Hansard - UK Parliament (column 978).
[16] ASSISTED DYING : WHAT ROLE FOR THE JUDGE? | The Transparency Project
[17] ASSISTED DYING: WHAT ROLE FOR THE PANEL? Thoughts on the latest (amended) proposals | The Transparency Project
[18] A Response to Sir James Munby - Law & Disorder
[19] Current Clause 49 makes provision for such rules to be made by the Secretary of State. An alternative would be that they be made by a Rule Committee.

for such procedural matters in primary legislation); and (c) every panel will be chaired by a High Court judge, a deputy High Court Judge or King's Counsel and the Panels will develop their own legally compliant practices in light of experience. To the extent that there are well-founded objections to any decision of a panel, its processes will be subject to judicial review and the High Court will be able to provide guidance in the course of any such judicial reviews.

14. On 12 March 2025 the Minister of State for Courts and Legal Services Sarah Sackman KC MP gave some detail to committee as to how the government envisages the Panel will operate (although the Bill is a private members bill on which the government is neutral, the government has now engaged in the detail of how it would operate to ensure that if passed it is robust and workable). The Commissioner is to be appointed by the Prime Minister. Ms Sackman's explanation of the Commissioner and the Panel's role is succinct and I reproduce the key parts[20] :

> "The commissioner would receive documents, including the reports from the co-ordinating doctor and declarations under the legislation, make appointments to the list of persons eligible to sit on assisted dying review panels, and refer cases to those panels, which would replace the role of the High Court in the original draft of the Bill. In addition, the commissioner would have the responsibility for monitoring the Bill's operation and reporting annually to Parliament"
>
> … New schedule 1 contains practical arrangements for the office of the voluntary assisted dying commissioner, as established in new clause 14. In practice, we anticipate that the commissioner's office will be a non-departmental public body. The establishment of such an office to support the Government-appointed chair or commissioner is common practice for roles of this nature. One such model is the Investigatory Powers Commissioner, which is chaired by a person who is holding or who has held high judicial office. The schedule also introduces the role of a deputy commissioner, who, like the commissioner, must have been appointed by the Prime Minister and hold or have held office as a judge of the Supreme Court, the Court of Appeal or the High Court.
>
> Both the commissioner and deputy commissioner would be appointed for terms of five years, with their remuneration set by the Secretary of State. The commissioner would have the ability to appoint their own staff, having obtained approval from the Secretary of State in regard to the number of staff, the remuneration and the terms, as well as providing an annual statement of accounts. In the ordinary way, such a public body would be subject to other statutory provisions, not least the Equality Act 2010.
>
> New clause 15 would establish the mechanism for the referral by the voluntary assisted dying commissioner to an assisted dying review panel. When the commissioner receives a first declaration from the person seeking assistance,

[20] Terminally Ill Adults (End of Life) Bill (Twenty-third - Hansard - UK Parliament

> and reports from the co-ordinating and independent doctors as to their assessments of the person—including a statement by those doctors as to the person's eligibility for assistance—they would be required to refer the case to a panel as soon as reasonably practical. In practice, the task of organising the work of each panel would fall to the commissioner's office. The co-ordinating doctor would be required to inform the commissioner where a first or second declaration is cancelled. Where the commissioner is informed of the cancellation of the first declaration, they must not refer the case to a panel, or must inform the panel to disregard the application if already referred..."
>
> "… the amendments tabled by my hon. Friend the Member for Spen Valley do not spell out every step of the process or the procedure that the panels would be expected to follow. That is left to secondary legislation, and it will be for the commission and the commissioner to produce their own guidance on how the panels and the panel procedure are intended to be governed and regulated…"

Ms Sackman KC MP drew an analogy with the way in which the Parole Board makes its own procedural rules.

15. In response to some concerns raised by members about bias on the Panels, Ms Sackman KC MP said:

> "There is no doubt that, as we will see later, the panel would be subject in all its decisions to public law principles, including procedural propriety. The absence of any suggestion of bias—even of the appearance of bias—is an important public law principle."

16. A further line of concern raised by one member in the Committee was whether the panel should involve an adversarial process. Ms Sackman KC MP responded:

> "The situation that the Bill addresses is that of an individual seeking to establish their eligibility for a right that—if the Act is passed—Parliament will have conferred on those who meet the criteria. It is not an adjudication. It is the panel's function to assess, through the various conversations and provisions and by interrogating the information that has been provided, whether it is properly satisfied that the eligibility of the person's election to avail themselves of that right is sound."

17. As to the role of the Commissioner to be appointed by the Prime Minister, they will be receive documents; monitor the operation of the Act; appoint and refer cases to Assisted Dying Review Panels (clauses 4, 14, 40, 45 and sch. 1) and consider applications (on grounds of an error of law) for reconsideration of decisions of the Panel (clause 16).

Judicial Review of Panel and Commissioner Decisions

18. The other significant change that has arisen as a result of the amendments to the Bill is that in introducing the role of the Commissioner, and in making the role of certifying eligibility that of a statutory panel rather than that of the High Court, the decisions of those bodies will be susceptible to judicial review[21]. This might mean that family members or perhaps third parties ideologically opposed to assisted dying could seek to impede the ability of dying people to progress with their end of life. Such cases are likely to be rare. Some may consider that judicial review offers a final safeguard ensuring High Court oversight of the operation of the panel and the Commissioner.

19. One exception to the use of judicial review is that where a panel decides that a person is not eligible, that person enjoys a right of review to the Commissioner (rather than the High Court) on grounds of an error of law pursuant to clause 16. However, all other decisions of the panels, or of the Commissioner, would be administrative decisions which, if vitiated by some error of law, could be challenged in the High Court on an application for judicial review.

Amendments Related to Disability

20. A further result of amendment at committee stage is that the Commissioner must appoint a Disability Advisory Board to advise on the operation and implementation of the Act in its operation on disabled people (Clause 44). The board must include people who have a disability as well as representatives from disabled people's organisations.

21. A number of matters are to be addressed in detail in the making of regulations. A new measure introduced by amendment is that the Secretary of State must consult the Commission for Equality and Human Rights before making those regulations (clause 51(1)). These include the form of the first and second declaration (clauses 7 and 17), further regulation about training of doctors (clause 7(6)), the form and content of the coordinating and independent doctor's reports and final statement (clauses 10-11 and 26), and the form of the second declaration (clause 17), specifying an approved substance,

[21] A point made by the Minister Sarah Sackman KC MP Terminally Ill Adults (End of Life) Bill (Twenty-third - Hansard - UK Parliament at column 1112.

Some Key Issues in the Debates Around Assisted Dying

Protection for Vulnerable People

22. The need to protect vulnerable people has been asserted as an argument against any change to the law. However, it is far from clear that the current state of the law offers much, or better, protection to vulnerable people. A terminally ill person who wishes to end their life currently has three main options. They may, if they can afford it, and while they are physically able, travel abroad. They must do that alone if they are not to put others at risk of prosecution. Second, they may attempt to end their own life. This may be dangerous, traumatic or unsuccessful. They may have to make an attempt before they reach a point of needing assistance. Third, they may ask for assistance, but in so doing they put loved ones at risk of prosecution. In any of these courses, there is no system available to allow the person to make an informed decision with the help of professionals. Current safeguards for those who are vulnerable and might be under pressure or coercion to end their life are limited to retrospective criminal investigation (by which point any serious coercion may already have occurred) and there may be limited means of proving nefarious conduct by evidence (for example toxicology may be impossible where there has been a cremation).

23. The Bill seeks instead to facilitate open discussion with doctors, followed by oversight from a multidisciplinary panel so that a person may make an informed decision one way or another. There will be repeated assessment by professional people of whether a person is terminally ill and nearing the end of their life, of the person's capacity, and of the voluntariness of their decision. The person may opt out at any time. Their decision-making will not be clandestine, but out in the open. There is provision for an independent advocate to support qualifying persons throughout the process.[22] The general prohibition on assisting a person to die will be retained outside of the statutory scheme and presumably henceforth those who act outside the scheme will be subject to harsher sanction. New offences will be created if the Bill passes. The crimes of manslaughter and homicide will of course also remain unchanged[23].

[22] Clause 20

[23] As pointed out by Sir Max Hill, former DPP in his evidence to Committee: Terminally Ill Adults (End of Life) Bill (Third sitting - Hansard - UK Parliament

Sanctions Against Abuse

24. The Director of Public Prosecutions currently operates a policy whereby it is highly unlikely that offences under section 2 of the 1961 Act will be prosecuted where they are motivated by compassion and without personal gain. If the Bill is passed, assisting suicide will remain illegal in every circumstance other than where the formal process prescribed by the Bill is followed. Accordingly, to the extent that section 2 currently operates as a deterrent to unscrupulous conduct, it will continue to do so. If the Bill is passed, section 2 will also be supplemented by new criminal offences of exerting pressure or coercion. If the Bill is passed, then prosecutorial policy may in future be less liberal for those who assist a person to die outside of the statutory process[24].

Human Dignity and the Primacy of Human Life

25. The law as a whole (not just in this context) protects and strives to protect the basic values of human dignity, and of the primacy of human life. There is an argument that the current blanket prohibition on assisting people to end their life fails to ensure that the law safeguards the basic requirements of human dignity.

26. The current criminalisation of assisting suicide might be said to work against, rather than to protect, the primacy and sanctity of human life. Lord Neuberger (in *Nicklinson*[25]) made the powerful observation that section 2 of the Suicide Act 1961 may actually serve to cut short some people's lives by encouraging people to take their own life before they wish to do so, rather than wait until they require assistance to do so. The new Bill would, if enacted, allow people within its ambit to live out their lives to their full extent, safe in the knowledge that they have an alternative if needed. Section 2 of the 1961 Act would continue to apply to all cases outside of the new formal system. The system created by the new Bill arguably safeguards the primacy or sanctity of life better than the current system.

The Prospect of English or European Courts Broadening this Law

27. An argument that has been made against the Bill is an assertion that once passed, its ambit will widen through litigation. This has never happened in any decision of the

[24] I wonder whether there is a constitutional case for putting the DPP guidance on clause 2 on a statutory footing for those who remain outside the reach of the Bill, thus giving it parliamentary approval.
[25] *R (Nicklinson) v Minister of Justice* [2015] 1 AC 657.

European Court of Human Rights in this area: on the contrary, that Court has said repeatedly and often that decisions about assisted dying are matters within the margin of appreciation of member states (i.e. it will not interfere with such decisions). Mrs Nicklinson's appeal to the European Court of Human Rights was ruled inadmissible for that reason[26].

28. Domestically, the Supreme Court in Nicklinson's case declined to grant any remedy to the Appellant, the nine-Justice panel being almost unanimously of the view that it was for Parliament and not the courts to decide questions around assisted suicide[27]. Noel Conway's case[28] dealing directly with the case of a terminally ill Appellant was dismissed by a Divisional Court, the Court of Appeal and in turn refused permission to appeal by the Supreme Court, which acknowledged the "transcendent public importance" of the issue but noted that "Under the United Kingdom's constitutional arrangements, only Parliament could change this law". The Courts have repeatedly taken the view that legislation on assisted dying was a matter for Parliament and not for the courts. There is little or no prospect of English judges considering it appropriate to cross well-drawn lines of institutional competence so as to broaden the ambit of an Act that had been recently debated and passed by Parliament in this area.

Palliative Care

29. The Bill has a number of provisions concerned with palliative care. During the informal discussion with a doctor before a person embarks on the Bill's processes and again during consultations with the coordinating and independent doctor, those doctors must discuss any available palliative, hospice or other care including symptom management and psychological support (clause 5(4)(c) and clause 11(2)(c)(iii)). Codes of practice will guide such discussions, including on palliative care (clause 36(1)(b)). Clause 46 of the Bill provides that at the end of five years the Secretary of State must undertake a review of the operation of the Act which is required, by clause 46(3)(b), to set out an assessment of the availability, quality and distribution of appropriate health services with palliative care needs including pain and symptom management; psychological

[26] *Nicklinson and Lamb v United Kingdom* [2015] 61 EHRR SE7

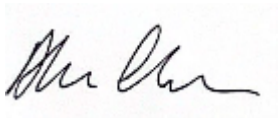
[27] Lord Neuberger at [116], Lord Mance at [164], [166]-[168], [190], Lord Wilson at [197], Lord Sumption at [230]-[232], Lord Hughes at [267], Lord Clarke at [293], Lord Reed at [296]-[297], and Baroness Hale at [300].

[28] *Conway v Secretary of State for Justice* [2018] EWCA Civ 16.

support for those persons and families; and information about palliative care and how to access it. Clause 45 also requires an annual report by the Commissioner to the Secretary of State on the operation of the Act which will necessarily include reporting on palliative care. It is not within the scope of the Bill to secure greater resources, but the Bill is intended to play a role in securing improvements in palliative care in England and Wales.

Conclusion

30. In my view English and Welsh law lacks coherence in this area. It regards suicide as lawful, yet operates a blanket ban on assisting suicide, while effectively decriminalising assisting suicide in most cases through prosecutorial policy. It allows those wealthy enough to travel abroad to be assisted to die, but denies those without the finances any equivalent means of assistance to terminally ill, mentally competent adults who wish to make a decision to end their own life. The prohibition on being assisted to die is liable to encourage people to end their life early, or else exposes people acting compassionately to assist to investigation and stigma. Safeguards against coercion are insufficient and is constitutionally unsatisfactory. The existing law fails to cut a proportionate balance between the rights of individuals to basic autonomy and dignity and such wider purposes as the blanket ban is presumed to serve. The changes proposed by the Bill are carefully circumscribed and defined. In my view they will better safeguard the sanctity of life, will better protect the vulnerable, and will ensure that the framework for end of life decisions has the constitutional authority of parliament.



Alex Goodman KC
Landmark Chambers

12 May 2025