Response from the Royal College of Physicians of Edinburgh to the UK Health & Social Care Committee Inquiry into Assisted dying/assisted suicide.

1. **To what extent do people in England and Wales have access to good palliative care? a) How can palliative care be improved, and would such improvements negate some of the arguments for assisted dying/assisted suicide?**

The Royal College of Physicians of Edinburgh (RCPE) is pleased to respond to this consultation. We believe that England and Wales generally offer high quality palliative care services, as has been indicated in a number of studies comparing international provision. We commend all the physicians, nurses and other staff who work so hard to provide palliative care that is often truly world class. We recognise too that there are challenges around inequities in access to generalist and specialist palliative care across England and Wales.

The RCPE supports continuing investment in palliative care provision, including in relation to palliative medicine, to help tackle some of the workforce challenges facing the sector along with most other parts of our health service, and the significant pressures on existing health and social care staff working within palliative care. We support efforts to increase awareness of the nature and provision of generalist and specialist palliative care amongst clinicians.

We consider that it is possible that further improving England and Wales' palliative care services and ensuring equity of access may have the potential to reduce those arguments in favour of assisted dying/assisted suicide in some instances.

2. **What can be learnt from the evidence in countries where assisted dying/assisted suicide is legal?**

The RCPE wishes to emphasise that it continues to take a position of having no organisational stance on assisted dying, most recently confirmed by a decision of College Council on 17 September 2021. The College's Fellows and Members work in a diverse range of medical specialties and hold a wide range of personal and professional opinions on the issue of assisted dying. We do believe that physicians must be a key part of the debate around assisted dying.

We consider that all examples internationally where assisted dying legislation has been introduced need to be considered in detail and robust evidence provided detailing their impact and effect.

We are aware that Oregon uses cocktails of up to 5 drugs and has introduced its 4th protocol in only seven years. Furthermore, the 2020 Oregon Death with Dignity Act report acknowledges that such mixtures have resulted in more prolonged deaths.

We are very concerned to note the speed with which Canada has moved from legislation similar to the current proposed Assisted Dying Bill in Scotland to legislation which allows euthanasia by lethal injection for individuals irrespective of capacity and irrespective of terminal illness. Our physician

community would be seeking assurance and stringent safeguards against that situation occurring if assisted dying legislation progresses in England and Wales.

3. **What are the professional and ethical considerations involved in allowing physicians to assist someone to end their life?**

The RCPE considers that there are numerous professional and ethical considerations in this area and many of these are highly complex. The College wishes to highlight concerns about the undue legal, clinical and personal responsibility assisted dying legislation may place on its Fellows and Members.

As an example, when some assisted dying legislation has been proposed, it has been suggested that the doctor would be responsible for ensuring that no coercion was taking place, but few details of a robust method of assessing this have been provided or indeed ways for professionals to identify the extent to which the fear of being a burden is contributing to the request for assisted dying.

The College also questions how competence may be fully and adequately assessed and evidenced for the ability to provide informed consent regarding the availability of palliative, hospice, and other care options. Current awareness of the nature and provision of generalist and specialist palliative care is well evidenced to be highly variable amongst clinicians.

With regard to physicians being able to exercise a conscientious objection in relation to being involved in an assisted dying case, College Fellows have suggested that a process could be considered which sat entirely with the court system and was outside of mainstream healthcare and would require doctors to opt in rather than opt out. Courts are well established to be able to make judgments on issues such as assessment of quality of life and/or unbearable suffering, and ensure robust transparency in the decision-making process.

If this was not feasible, conscientious objection could be addressed through the processes outlined in the GMC guidance on *Personal beliefs and medical practice*[1].

4. **What, if any, are the physical and mental health criteria which would make an individual eligible to access assisted dying/assisted suicide services?**

The RCPE considers that eligibility criteria in any assisted dying legislation would have to be drawn up with great care and consideration and would have to be as precise as possible.

We note that for the purposes of providing social security, a person is terminally ill if they are deemed by doctors as 'unable to recover', regardless of the time they have left to live. The College suggests that the Chief Medical Officer for Scotland's specific guidance around the BASRiS (Benefits

[1] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice

Assessment for Special Rules in Scotland) eligibility guidance[2] may be an appropriate example to consider if proposed assisted dying legislation focuses on the terminally ill.

5. **What protections could be put in place to protect people from coercion and how effective would these be?**

The RCPE considers that the system of protections established in any assisted dying legislation is of fundamental importance, as is enforcement and reporting on these protections.

Safeguarding of individuals is key and any process put in place to prevent coercion will inevitably involve a multi-agency approach that must be rigorous and robust.

6. **What information, advice and guidance would people need in order to be able to make an informed decision about whether to access assisted dying/assisted suicide services?**

It is vital that people are able to access all required information in relation to the realistic alternatives to assisted dying. Providing that information is also a role that requires excellent communication skills and significant experience and competence in all areas of generalist and specialist palliative care and is unlikely to be fulfilled by any single doctor. The College would suggest that a multidisciplinary team assessment and as comprehensive an exploration of options and choices as possible is essential so that all physical and psychosocial needs can be assessed.

An appropriate reflection period would be an important element of any legislation.

7. **What capabilities would a person need to be able to consent to assisted dying /assisted suicide?**

The RCPE believes that a person must be deemed medically able to provide consent on an informed basis and assessed appropriately to ensure they have this capability.

8. **What should the Government's role be in relation to the debate?**

The RCPE considers that the Government has a vital role in supporting the further improvement of palliative care services across England and Wales and ensuring appropriate investment in the sector.

With regard to the debate around any proposed assisted dying legislation, we understand proposals are likely to continue to come forward through Private Member's Bills (Member's Bills in Scotland) and we would ask the UK Government to encourage a respectful, evidence-based and inclusive debate that ensures the views of the physician community are actively sought and considered. We also consider that it is appropriate for the UK Government to continue to consider and assess how effectively, or otherwise, assisted dying legislation elsewhere in the world is operating.

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[2] Chief Medical Officer's guidance for clinicians completing a BASRiS form. Scottish Government (2021) https://www.socialsecurity.gov.scot/guidance-resources/guidance/chief-medical-officers-guidance-for-clinicians-completing-a-basris-form-for-terminal-illness