NATIONAL NURSE CONSULTANT GROUP (PALLIATIVE CARE)

POSITION STATEMENT ON THE ASSISTED DYING BILL (HL)

HOUSE OF COMMONS 11TH SEPTEMBER 2015

Lord Falconer's private members bill "Assisted dying for the terminally ill" has been taken up by Rob Marris, Wolverhampton Labour MP and will be debated in the House of Commons on September 11th 2015.

This is a statement prepared in response to the proposed Assisted Dying Bill (HL Bill 25) by the National Nurse Consultant Group (Palliative Care). We are a group of senior nurses working in hospital, hospice and community who have wide ranging knowledge, skills and experience in caring for patients with complex physical, psychological, social and spiritual issues at the end of life. Our statement is based on these, and not personal opinion.

The Royal College of Nursing survey in 2009 that showed a shift in the College's position to one of neutrality was made on an exceedingly low 0.3% representation of RCN members and did not specifically represent nurses who were experts in palliative care or end of life care.

The Nursing Vision (NHS England, 2012) was underpinned by 6 fundamental values – Care, Compassion, Competence, Communication, Courage and Commitment. These values exemplify what it means to be a nurse. Our commitment to these values is at the heart of our argument against the Bill. To be active in hastening death is an antithesis for nursing and palliative care.

Asking nurses to participate has potential to resurrect emotive debates and issues about who is willing to 'care' for this population of patients. Having to advocate for patients and caring for them in one instance and then helping them make decisions regarding premeditated dying, will cause a conflict of personal morals for nurses. This may lead to burnout, emotional exhaustion, depersonalisation and diminished professional accomplishment related to care of the dying. We believe that premeditated dying should not be linked in any way to nurses or to the profession of nursing.

Palliative care adopts and practices a comprehensive multi- professional approach to care which affords opportunity to confront complex issues – this is the ethos of palliative care.
Appropriate, adequate and timely symptom control can greatly relieve patient and carer suffering by identifying reversible / treatable problems (e.g. depression). Furthermore sensitive communication skills can allow people to share their fears and frustrations.

This Bill is fraught with challenges – sourcing 'attending' and 'independent' doctors, predicting prognosis (which is always extremely difficult to do with any level of accuracy), the impact on the family left behind and to the support of the bereaved, the medication protocol and who would be expected to prescribe, prepare and administer the drugs. There is also no detail regarding where the act would take place. The resulting division between healthcare professionals could be catastrophic for palliative care, both in terms of keeping end of life care high on the agenda and the dis-engagement of professionals within this area of care. Palliative care units and hospices have always

been and are places of safety. Such a change in the law may adversely affect public perception of these places of care. We believe that premeditated dying should not be linked in any way to healthcare establishments.

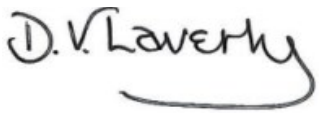
We are concerned that patients with advanced illness are at their most vulnerable and may begin to feel a burden on those close to them. They may feel they are no longer contributing to their family or society and some may feel pressurised to take this course of action.

The National Nurse Consultant Group (Palliative Care) unconditionally supports the Association for Palliative Medicine's (APM) briefing paper (January 2015) and therefore do not support any changes in the current law. We also consider this to be separate from the remit of health care and should be a legal decision, restricted to the courts. This will ensure that appropriate boundaries and constraints are in place to maintain safety. We believe that premeditated dying should not be linked in any way to the specialty of palliative care.

Palliative and end of life care is advancing in the UK, with healthcare professionals trained to care for patients who are struggling to come to terms with their life-limiting illness. We actively support the debate to make palliative care a right (Access to Palliative Care Bill; HL Bill 13). Natural death with support of symptoms should be the emphasis of care and management.

Finally, we strongly recommend that any future national discussions must involve palliative care nurses.

Yours sincerely on behalf of the National Nurse Consultants Group (Palliative Care)



Diane Laverty
Nurse Consultant in Palliative Care
Chair

Nigel Dodds
Nurse Consultant in Palliative Care
Secretary