



**Association for  
Palliative Medicine**  
Of Great Britain and Ireland

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Dear Fellow Trainee,

I write to you in light of the decision taken by the Royal College of Physicians of London (RCP) to consult its members about their views on assisted dying (i.e. physician assisted suicide) and what the College's position should be. Given the RCPs' decision to change its position to 'neutral', unless a two-thirds majority is returned (either in opposition or support) there is a significantly greater likelihood of a change to the RCPs' current position: the opposition of assisted dying.

The issue is complex and opinions often polarised. The question is not whether this is right or wrong, but whether we as doctors should have this as one of our duties of care.

It is clear that as medical professionals, daily involved in the task of caring for those in the midst of life-shortening illness, we have an obligation to contribute vigorously to this debate. It is also clear that we will be enormously affected by any change to legislation. I believe we have a duty to make our opinion heard and I want to encourage strongly all who are eligible, to respond to the consultation. A growing amount of material to help guide and inform can be found on the Association of Palliative Medicine [website](#)

None of us will prove to be immune to a change in the law. Please will you forward the details of this resource to anyone else you feel may benefit, and in particular, other colleagues who may be preparing to respond to the consultation across all the medical specialties.

While there is much that needs careful consideration, I feel compelled to argue that neutrality is simply not an option that our College should adopt. A professional body must have a clear position on what would become a new duty of care. A potential role as serious as this will determine the future of medicine and our careers. For the sake of those patients entrusted to us, we are obliged to think deeply, to wrestle courageously and to shoulder the responsibility of difficult decision making.

If you have any doubt on this issue I believe the safest position is opposition, not neutrality. Neutrality will be seen from inside and outside the profession as a shift towards support for legal change, whether in part or in full. That is what happened in 2004 when the RCP briefly adopted neutrality. Given the potential consequences of a change in the law, foreseen or otherwise, I believe opposition to a change in the law on physician assisted suicide (assisted dying) is the only way we can continue to protect the vulnerable individuals for whom we have the privilege to care, and who, ultimately, may stand to lose the most.

With very best wishes, Anthony Williams, Chair of the Trainees' Committee