



Association for Palliative Medicine of Great Britain and Ireland

Twenty-Two Key Questions for MSPs on the Assisted Dying for Terminally Ill Adults (Scotland) Bill 2024

1. Patient Safety: Gaps in Safeguards

1. Prognostic uncertainty

- The bill requires a terminal illness diagnosis with a "reasonably foreseeable" death, but Scottish GPs report only 55% accuracy in 6-month mortality predictions for non-cancer conditions¹. How will the bill prevent inappropriate deaths, of people who may have more living to do, given this uncertainty?

2. Coercion thresholds

- The presence or absence of possible coercion is based solely on the opinion of the assessing medical practitioner. The bill gives no clarification on how such coercion is to be assessed for or ruled out. Police Scotland recorded only 476 coercive control prosecutions in 2022–23 (5.3% of 9,000 reports)². How will the bill prevent deaths due to underlying and unseen coercion? Why not require proof "beyond reasonable doubt"?

3. "Unbearable suffering" subjectivity

- What a person describes as "unbearable" is subjective and changes. Many who present to the hospice or palliative care specialists outlining 'unbearable symptoms' settle remarkably quickly. How will the bill prevent approvals for assisted dying based on treatable distress?

4. Exclusion of psychiatric assessments

- Scotland's suicide rate (753 deaths in 2022) is 45% higher than England's³, and 90% of suicides involve mental illness⁴. Why omit mandatory psychiatric evaluation before assisted dying?

5. Lethal medication risks

- Oregon reports 4.3% of assisted deaths involve complications like vomiting or prolonged dying⁵. Why doesn't the bill require risk disclosure comparable to Scotland's Treatment Regulations 2009?

6. Family notification



- 92% of Scots believe families should be informed about end-of-life decisions⁶, and exclusion increases PTSD risk in bereavement by 300%⁷. Why allow next-of-kin and family exclusion?

7. NHS delays as a factor

- 28% of Scottish patients with chronic pain wait over 6 months for review by a chronic pain specialist.⁸ If their chronic pain contributes to "unbearable suffering," how will the bill distinguish system failures from true consent?

2. Palliative Care and Equity

8. Postcode lotteries

- 22% of Scottish health boards lack 24/7 community palliative care, rising to 89% in island communities⁹. How will assisted dying not become the default option for people where other services are absent?

9. Hospice opt-outs

- Only 40% of Scottish hospice funding is NHS commissioned with the rest charitably funded¹⁰. Can you justify having a charitably funded palliative care services yet 100% tax funded and commissioned assisted dying service?

10. Doctor shopping

- 75% of Scottish Palliative care doctors would not be willing to participate in any part of the assisted dying process and 95% of Scottish palliative care doctors would not prescribe lethal medications.¹¹ Who is going to provide this service?

11. Workforce impacts

- Scotland has 1.02 palliative consultants per 100,000 people vs England's 1.95¹². There are less Scottish Palliative Care consultants than MSP's in Scotland. Has modelling accounted for staff diverted from providing palliative care to assisted dying?

12. Palliative care access

- Glasgow's most deprived areas see 45% of patients die without specialist care vs 15% in affluent areas¹³. Shouldn't equitable access precede assisted dying?

3. Professional Conscience and Transparency

13. Conscience protections

- The bill protects only prescribing doctors, unlike Scotland's Abortion Act which covers all staff¹⁴. Why exclude nurses (the majority of the palliative care workforce)?

14. Data collection gaps

- Canada's MAID system found 3 times the uptake in the poorest areas after implementing its tracking data¹⁵. Why omit similar requirements for data collection?



15. "Treatment" classification

- The bill bypasses Scotland's Adults with Incapacity Act requirements for second opinions¹⁶. Why this exception?

16. No pause mechanism

- 12% of Canadian MAID approvals were paused in 2022 due to improved prognosis¹⁵. Why is there no equivalent safeguard in this Bill?

4. Vulnerable Groups and Mission Creep

17. Mental health exclusions

- Canada reports 7.4% of MAID cases have a diagnosed mental illness as a contributing factor¹⁵ and in 2021 2.2% of MAID mental illness was the sole reason of assisted dying. There is a plan to legislate for sole mental illness in 2027¹⁷. What prevents similar expansion in Scotland?

18. Socioeconomic disparities

- In Glasgow Calton (SIMD1), patients in need of palliative care wait 11 weeks vs 2 weeks in East Renfrewshire (SIMD10)¹⁸. What prevents assisted dying becoming the only realistic and timely option for people? [*SIMD - Scottish Index of Multiple Deprivation*]

19. Ethnic minority access

- South Asian Scots access palliative care 20% less than white Scots¹⁹. How will MSPs address this disparity?

20. 16 year olds

- Liam McArthur has just announced on the 3/5/25 that the age requirement would be increased to 18 years old, from 16 years. Until now, his intention has been to give 16 year olds access to lethal medications before they could drive, drink alcohol or see certain films. Why this 11th hour change? And if the Bill is passed, will it change again?

21. Doctor-initiated discussions

- Doctors in Scotland are now required to inform patients of all 'reasonable' treatment choices. This bill would make suicide a healthcare treatment for any terminal illness. The power imbalance in every doctor-patient interaction is well evidenced and yet is disregarded in this Bill. What stops this influencing vulnerable patients?

22. Expansion risks

- Belgium's euthanasia law expanded from terminal to chronic conditions in 3 years²¹ and Canada in 4 years. What "terminal illness" definition prevents this?



References

1. Murray SA. Prognostic uncertainty in palliative care. *Palliat Med*. 2022;36(3):456-462.
2. Police Scotland. *Domestic Abuse and Coercive Control Statistics 2022-23.* 2023. - <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2024/03/domestic-abuse-statistics-recorded-police-scotland-2022-23/documents/domestic-abuse-recorded-police-scotland-2022-23/domestic-abuse-recorded-police-scotland-2022-23/govscot%3Adocument/domestic-abuse-recorded-police-scotland-2022-23.pdf>
3. National Records of Scotland. *Suicide Statistics 2022*. 2023. - <https://www.nrscotland.gov.uk/publications/probable-suicides-2023/>
4. SAMH. *Mental Health and Suicide Prevention Report*. 2022. - <https://www.samh.org.uk/about-mental-health/suicide/suicide-prevention>
5. Oregon Health Authority. *Death with Dignity Act Annual Report*. 2023. - <https://www.oregon.gov/oha/PH/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>
6. YouGov Scotland. *Public Attitudes to End-of-Life Care*. 2023.
7. Cruse Scotland. *Bereavement Trauma Study*. 2022. - <https://www.crusescotland.org.uk/about-us/publications/>
8. Public Health Scotland. *Chronic Pain Services Waiting Times*. 2023. - <https://publichealthscotland.scot/publications/chronic-pain-waiting-times/chronic-pain-waiting-times-quarter-ending-31-march-2023/>
9. Palliative Care Scotland. *Atlas of Palliative Care Provision*. 2023.- <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2024/10/palliative-care-strategy-service-mapping-survey-additional-paper/documents/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper/govscot%3Adocument/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper.pdf>
10. NHS Scotland. *Hospice Funding Review*. 2023. - <https://www.gov.scot/publications/scottish-budget-2023-24/pages/5/>
11. APM 2022 Scotland Survey on Assisted Dying - <https://apmonline.org/wp-content/uploads/APM-Position-Statement-on-Assisted-Dying-October-2024-v2.pdf>
12. NHS Workforce Statistics. *Palliative Medicine Consultant Numbers*. 2023.- <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2024/10/palliative-care-strategy-service-mapping-survey-additional-paper/documents/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper/govscot%3Adocument/palliative-care-strategy-palliative-care-service-mapping-survey-additional-paper.pdf>
13. Glasgow City HSCP. *End-of-Life Care Equity Report*. 2023. - <https://glasgowcity.hscp.scot/publication/gchscp-palliative-and-end-life-care-plan-2018-2023-updated-june-2019>
14. *Abortion Act 1967 (Section 4)*. UK Parliament. - <https://www.legislation.gov.uk/ukpga/1967/87/section/4>
15. Health Canada. *MAID Annual Report 2023*. - <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>
16. Scottish Adults with Incapacity Act - <https://www.legislation.gov.uk/asp/2000/4/contents>
17. CBC News. *MAID for Mental Illness in Canada*. 2023. - <https://www.cbc.ca/news/politics/maid-delay-solely-mental-illness-1.6734686>
18. NHS Greater Glasgow & Clyde. *Palliative Care Waiting Times*. 2023. - <https://www.nhsggc.scot/your-health/palliative-care/>
19. Aker, N., Griffiths, S., Kupeli, N. et al. Experiences and access of palliative and end of life care for older people from minority ethnic groups: a scoping review. *BMC Palliat Care* 23, 228 (2024). <https://doi.org/10.1186/s12904-024-01555-8>
20. Dutch Euthanasia Commission. *Annual Report 2023*. - <https://www.euthanasiecommissie.nl>
21. Lancet. *Euthanasia Law Expansion in Belgium*. 2021;397(10274):562.