Association for Palliative Medicine
Of Great Britain and Ireland

Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill

Potential Impact on Palliative Care Services

During 2022, a Medical Advisory Group was set up by Liam McArthur MSP to explore the implementation of assisted dying within healthcare in Scotland.[1] The report did not address the likely impact of this legislation on doctors working in Specialist Palliative Care.

Scottish palliative medicine doctors were anonymously surveyed in 2022 for their views on the implications of embedding assisted dying within healthcare if it were to be legalised as proposed in Scotland.

The results of the 2022 survey are summarised below, followed by evidence from other jurisdictions that may have influenced the response

From this survey of Palliative Medicine doctors in Scotland:

- **Nearly all would refuse to participate in assisted dying**
- **A large majority believed that the legislation would negatively impact palliative care services (both in practice and reputation) and compromise access to care by vulnerable groups**
- **A large majority were clear that the proposed legal safeguards would not prevent harm to vulnerable individuals and would not detect or prevent coercion**
- **Nearly half would resign if their organisation undertook assisted dying**

Survey results (n=58)

Willingness of Scottish Palliative Medicine doctors to be involved

- **75%, the majority, would not be willing to participate in any part of the assisted dying process.**
- **Three doctors (5%)** were willing to prescribe lethal drugs and only 2 doctors were willing to administer these drugs for an assisted death.
- **Three doctors** were willing to be responsible for ensuring eligibility with AD legal requirements
- **Two doctors** were willing to be responsible for excluding coercion, manipulation or criminality

If not palliative care, then who?

- 98% stated that assisted dying **should not be part of mainstream healthcare**.
- 60% stated that excluding **coercion, manipulation or criminality should be assessed by legal professionals (judges, lawyers)**
- 69% stated that **ensuring eligibility with AD legal requirements should be assessed by legal professionals (judges, lawyers)**

The impact on palliative care services

- **None of the responding doctors believed that assisted dying would have a positive impact on high quality palliative care**
- One doctor stated that assisted dying would have a positive impact on the **public perception** of the specialty of Palliative Medicine.
- 86% stated assisted dying would have a **negative impact on services**
- 81% considered that assisted dying would **negatively impact recruitment** to Palliative Medicine

The impact on patients and families

- **Cost:** 77% considered that assisted dying would mean decisions could be influenced by cost savings for health and social care and 86% considered that legalisation would mean that decisions may be influenced by cost savings for the patient and family.
- **Equity of access:** 61% considered that assisted dying would have a negative impact on the equity of access to palliative care by **BAME (Black, Asian and Minority Ethnic) patients and families**; 76% thought there was a risk of a negative impact on access for people with **learning disabilities**; 76% thought there was a risk of a negative impact on access for the **prison population**; and 51% thought there was a risk of a negative impact on access for **LGBT+ (Lesbian, Gay, Bisexual, Trans +) patients**.
- 67% considered that assisted dying would have a negative impact palliative care in **rural communities**.
- 78% considered assisted dying would have a negative impact on their **conversations with patients and families**.

Will safeguards protect people?

- **88% disagreed that proposed legal safeguards would prevent harm to vulnerable patients.**
- **90% disagreed that proposed legal safeguards would protect people from coercion.**

The impact on Palliative Medicine doctors

- 77% stated that assisted dying would have a **negative impact on their career** sustainability.
- 90% stated that **assisted dying would have a negative impact on their role as a doctor**; 84% stated it would have a negative impact on their **personal and family life;** 79% stated it would have a negative impact on their **mental health**.
- **43% would resign** if their organisation undertook assisted dying.
- **21% of trainees stated they would not apply for a job in Scotland** if assisted dying was legalised.

Evidence Around Assisted Dying

Scottish palliative medicine doctors are not alone in opposing assisted dying.

The Royal College of Physicians (London)(2020) does not support change: "…the *RCP clarifies that it does not support a change in the law to permit assisted dying at the present time."* [2]

There is no support from the British Geriatrics Society,[3] and continued opposition from the Royal College of General Practitioners,[4] the World Medical Association,[5] the UK Association for Palliative Medicine of Great Britain and Ireland[6] and doctors in many other UK specialities. [7]

Current status of palliative care

- **Every day, over 320 people in the UK, including vulnerable groups, cannot access specialist palliative care**.[8, 9] To date, promises of extra funding for palliative care in Scotland have not been met.
- **In two assisted dying jurisdictions (Netherlands and Belgium), growth in palliative care services has stalled since 2012.**[10]
- **Assisted dying jurisdictions have falling or low rankings of quality of end-of-life care**.[11, 12] Australia had a high ranking in 2015 but had fallen 2 places by 2021. Netherlands is 8th, New Zealand is 12th, Switzerland is 13th , Canada is 22nd, and Belgium is 26th.
- **Two thirds of Oregon, USA, hospices in 2012 had policies preventing participation in assisted dying.**[13]

The impact of assisted dying on healthcare

- **Workforce demands:** The Scottish Medical Advisory Group report estimates there will be up to 580 assisted deaths per year in Scotland, based on the assumption that no more than 1% of the population would have an assisted death. However, figures in other assisted dying jurisdictions are as high as 4.8%.[14]

  The experience of doctors in Victoria, Australia is that each assisted death takes 60 hours of healthcare professional time.[15] If the **Australian experience were replicated in Scotland, we would have to find at least 35,000 hours of additional clinical time**.

The impact of assisted dying on doctors

- **Participating in assisted deaths has a psychological impact in up to half of doctors**, an impact that can persist long-term in up to a fifth.[16] Factors contributing to the emotional burden of participating in an assisted death include discomfort with being involved in the process, assessing a patient's capacity to decide, and having to judge if the patient fits the criteria for an assisted death. Australian doctors in Victoria are struggling to complete eligibility assessments or reconcile their role in assisted deaths.[15]
- **Few doctors are willing to participate in assisted dying jurisdictions**. In both Oregon and Canada around 2% of active physicians prescribe lethal drugs.[14, 17]

Conscientious objection

The recent Scottish Medical Advisory Group report makes it clear that doctors, nurses, pharmacists and organisations will have **limited power to refuse to participate** in assisted deaths.[1] They propose that training will be mandatory and its content mandated by the health secretary; only professionals directly involved can refuse; there will be a duty to refer a patient to an assisted dying practitioner or service; policies; and employment contracts will ensure organisations cannot refuse to participate.

Safeguards

Safeguards are key to protecting vulnerable people. Evidence is that **safeguards have been repeatedly weakened or removed in every jurisdiction that has introduced assisted dying**, usually on the grounds of being discriminatory.[18] Legislation is not static: evidence shows that single case rulings and doctors' changing practice can **rapidly undermine safety for the vulnerable**.[19, 20, 21]

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