

## **Assisted Suicide (Scotland) Bill**

### **Community Pharmacy Scotland**

#### **Who are we?**

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of 1234 of Scotland's community pharmacies and negotiates on their behalf with the Scottish Government on all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

#### **What do we do?**

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

#### **1. Do you agree with the general purpose of the Bill to make it permissible, in the circumstances provided for, to assist another to commit suicide?**

Community Pharmacy Scotland is undecided on the proposed Bill. As a membership organisation representing pharmacy owners we would have to seek the views of our membership before deciding to go forward. At this time we have been unable to survey all of our members to seek agreement on whether they support the aims of the Bill. For this reason we are unable to express a view either way.

From a professional perspective if legislation was passed to enable this action, it goes without saying that the safeguards would have to be robust and safe for individual pharmacists to have assurance in the system.

Community Pharmacy Scotland would also like to be informed around how would the Scottish Government propose to pay for this service. Is this service to be an NHS service or do we expect the costs of this service to be borne by participants? Before moving to the next Bill stage we would be keen to see how the service is intended to be funded.

#### **2. Do you have any views on how the provisions in this Bill compare with those from the previous End of Life Assistance (Scotland) Bill?**

Community Pharmacy Scotland notes the changes but does not have any views on

these changes.

- 3. The Bill precludes any criminal and civil liability for those providing assistance, providing the processes and requirements set out in the Bill have been adhered to. Do you wish to make any comment on this?**

Community Pharmacy Scotland does not feel it appropriate to comment on this.

- 4. The Bill outlines a three stage declaration and request process that would be required to be followed by an individual seeking assisted suicide. Do you have any comment on the process being proposed?**

Community Pharmacy Scotland welcomes the introduction increased safeguards from the previous iteration.

We note two medical practitioners are required to verify the request. Has the consultation considered how this may be delivered in remote and rural Scotland where two medical practitioners may not be available to support the request process? We would be keen for the Bill to consider how we would resolve this possible inequity.

- 5. Do you have any comment on the provisions requiring that the person seeking assisted suicide must have a terminal or life-shortening illness, or a progressive condition which is either terminal or life-shortening?**

Community Pharmacy Scotland does not feel it appropriate to comment on this.

- 6. Are you satisfied with the eligibility requirements as regards age, capacity, and connection with Scotland as set out in the Bill?**

Community Pharmacy Scotland does not feel that this is something for our organisation to comment on.

- 7. Do you have any comment on the roles of medical practitioners and pharmacists as provided for in the Bill?**

Pharmacists have to be fully informed around the supply element. Often the medications prescribed have licensed uses for other the proposed function of the Bill. It would be useful for pharmacists to be considered as a full member of the team and brought into discussions at an appropriate stage when the supply has been authorised or being considered. We are keen that pharmacists asked to dispense medication for the use in assisted suicide are clearly provided with proof that the prescriber intends the supply of medicine for that use. This documentation would support pharmacists being able to choose whether to supply the medicine or refer the patient to another pharmacy.

Some elements of the process have to be considered. The process provides a 14 day time limit from when the second assisted suicide request is approved to when the act must be committed. It is not clear from the Bill when this 14-day time period starts.

A GP will issue a prescription for the drugs to be used to commit the act, but it is not immediately clear if the 14- day time limit starts at that point or at the point in which the prescription is dispensed. There could easily be a delay between the issuing and dispensing of the prescription, and the imposition of such a time limit could place

unwanted extra pressure/stress on the assisted person. There will also be extra stress placed on any pharmacist involved in the supply.

We think the proposed legislation should require Health Boards to prepare a list of pharmacy contractors prepared to supply the medicines. This list would facilitate the quick referral of a patient to a pharmacy able to support them.

The pharmacist providing the medicines to the “licensed facilitator” needs to be able to see standardised identification from this person. This will ensure the medicines are supplied to the correct “facilitator”. The “facilitator” also needs to provide identification from the patient for whom they are collecting the medicine so they can receive the medicines without any undue hold up.

**8. Do you have any comment on the means by which a person would be permitted to end his/her life under the Bill?**

The means under the Bill involve the supply of medicines from pharmacy. This is our main area for comment, no other angle is necessarily for Community Pharmacy Scotland to comment on.

**9. Do you have any comment on the role of licensed facilitators as provided for in the Bill?**

Community Pharmacy Scotland notes the proposal of a licensed facilitator to be present at the time the medication is taken. It would seem appropriate for this facilitator to be present especially if no healthcare professional is expected to be present.

This facilitator would need substantial training in the proposed route of death and procedures to be followed. We would be keen to see what was proposed and look to all professional bodies to have an opinion as to what was perceived relevant and useful for training to deliver this role. We are unclear as to how the training organisation would recoup its costs.

We would be keen that any training would not be seen as a proxy for healthcare professional training and those participants in the scheme would be aware that the “licensed facilitators” may not be health professionals.

**10. Do you have any comment on the role of the police as provided for in the Bill?**

Community Pharmacy Scotland does not feel it appropriate to comment on this.

**11. Do you have any comment to make about the Bill not already covered in your answers to the questions above?**

Community Pharmacy Scotland is content at this time and does not need to comment further

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