

Assisted Suicide (Scotland) Bill

Marie Curie Cancer Care

Marie Curie Cancer Care is pleased to respond to the Committee's call for written evidence on the Assisted Suicide (Scotland) Bill, which is currently being considered by the Committee.

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?

Marie Curie's current policy on the issue of assisted dying is set out below:

- We strongly endorse the right of the competent patient to refuse consent to any medical treatment.
- We commend the developing use of Advance Decisions (or their equivalent) to refuse treatment.
- We strongly commend the continued development and growth of end-of-life care services in hospices, hospitals and the community.
- We are not seeking a change in the law to permit euthanasia or physician assisted suicide.

Do you have any comment to make about the Bill not already covered in your answers to the question(s) above?

Marie Curie understands the importance of this Bill to those that are advocating for and against it. We believe, however, that it is critical to highlight that the issue of assisted suicide/dying is only one part of much wider debate on end of life in Scotland. This wider debate is not currently been given the attention and recognition that it deserves or needs by policy-makers and the general public.

As a result far too many terminally ill people are not receiving the care they need at the end of life, which can have a detrimental impact on the quality of life they have in the last years and months of their life.

Marie Curie recognises that the Scottish Government and others have achieved a great deal in supporting the care of those that are terminally ill and those at the end of life, however, there is still much more that needs to be done.

Over 54,000 people die in Scotland every year and currently close to 60% of them die in hospital. Yet, the vast majority of people do not want to be cared for in hospital for any significant length of time, especially if it is avoidable. They mostly want to be at home surrounded by their family and loved ones, with adequate support from community health and social care services. This is also true of their preferred place to die.

Scotland currently faces a diagnostic lottery in access to crucial end of life care and support. A recent study suggested that 80% of non-cancer patients are not being

identified in primary care for palliative care, which would benefit them¹. This compared to 75% of those with a cancer diagnosis who were accessing palliative care. For all those receiving palliative care too many of them are getting it far too late in the terminal phase of their disease, typically in the last 8 weeks of life. It is absolutely imperative that we look to ensure that people are getting the right care at the right time, as this can significantly improve their quality of life.

The World Health Organisation defines palliative care as an approach that can improve the quality of life of patients and their families facing the problem associated with life-threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual². It is for all diseases and should be introduced as early as possible for those that might benefit.

Scotland should strive to ensure that all patients who need palliative care access it. To support this we need to make sure that terminally ill patients along with their healthcare practitioners are developing Anticipatory Care Plans (ACP) as early as possible following their diagnosis. An ACP can help ensure that the patient's care is person-centred, but also planning can help reduce inappropriate hospital admissions and give patients a greater chance of being cared for and dying in their preferred place.

It is clear that in Scotland, in common with other parts of the UK, people are not open about death and dying. Research has highlighted that professionals struggle with these conversations with their patients, particularly with a non-cancer diagnosis. Patients and their families find these conversations difficult both within their families and with healthcare practitioners. This can have a direct impact on whether a patient gets an ACP or accesses palliative care, or have their wishes over the last months and weeks of life realised. We need to have a public debate about all of the issues that surround death in society and not just those issues that relate to assisted suicide.

The experiences of patients and of bereaved relatives should be central to our thinking about improving end of life care. In England, the national survey of bereaved people, VOICES, which is about to be carried out for the third time, has produced a number of significant key findings, which is helping shape the debate about end of life care. There is currently no such survey carried out in Scotland. A survey similar to VOICES should inform future service planning, identify gaps and deficiencies in service delivery, as well as helping policy-makers understand to what extent care delivered is truly person-centred.

Marie Curie would urge the committee to consider all of the wider issues around terminal illness and end of life care that surround assisted suicide when considering the general principles of the Bill.

¹ Zheng L, Finucane AM, Oxenham D, McLoughlin P, McCutcheon H, Murray SA. *How good is primary care at identifying patients who need palliative care? A mixed-methods study.* *European Journal of Palliative Care* 2013; 20: 216–222

² <http://www.who.int/cancer/palliative/definition/en/>

We would be happy to discuss these issues further with the Committee as part of its scrutiny of the legislation at Stage One.

About Marie Curie

Marie Curie is the leading charity providing care to people with any terminal illness in their own homes or in one of its nine hospices, including Edinburgh and Glasgow. Last year our Edinburgh hospice saw 410 admissions and Glasgow 559. We carried out 2,836 home care visits to community patients in Edinburgh and 3,310 in Glasgow. We also provide bereavement support services for families and carers.

In 2012/13 There were 400 Marie Curie Nurses in Scotland supporting 4,425 patients in 31 out of 32 local authorities across Scotland.

The charity is also a leader in research into the best ways of caring for people with a terminal illness. In addition to this the charity designs and advises on end of life services and works to ensure that the best possible care and patient choice is at the heart of commissioning end of life care across the UK.

All Marie Curie services are completely free of charge. Around 70% of the charity's income comes from donations with the balance of funds coming from the NHS.

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