

Assisted Suicide (Scotland) Bill

NHS Forth Valley

NHS Forth Valley welcomes the opportunity to comment on this very important Bill. We have also contributed to the submission for the Scottish Partnership for Palliative Care on the same subject.

We would address the specific questions asked

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

The Board has major concern for any possible impact on the practice and provision of palliative care and on the protection of vulnerable people. All people are potentially vulnerable depending on events and circumstances towards the end of life. Many staff would have profound moral objections to participation in the process.

2. Any views on how the provisions compare with those in previous Bills?

In broad terms it is still considered fraught with challenges.

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

There is concern regarding the interpretation and governance of the requirements regarding the vulnerability of all parties.

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

Firstly regarding assessment, there is no guidance to healthcare professionals on the standards of diligence required when assessing eligibility or consideration as to whether such clinicians require additional expertise or knowledge. Neither does it require the assessing practitioner to have prior knowledge of the patient, their family or social circumstances which would make this process very subjective and potentially dangerous. Furthermore up to four practitioners may be involved in assessment which reduces the time and continuity required to develop a therapeutic relationship and comprehensively assess such literally vital and complex situations.

Secondly the timescales envisaged mean it would be possible to complete the process within 24 days, which is inadequate. The experience of clinicians including specialists in palliative care is that the views of patients often fluctuate and may be very different once there has been mitigation of distressing symptoms through effective palliative care and other treatment. The short timescales make it difficult for

adequate exploration of other options particularly sensitive person centred informed discussion of preferences for aspects of care and support.

Thirdly the short timescales for 'cooling off' periods, deadlines and revocations may well lead to the situation where some vulnerable individuals feel impelled to proceed.

5. Do 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?

These terms are very imprecise. It is notoriously difficult to predict accurately when a particular person may die, especially if the person is young or is an adolescent with non- malignant disease.

The terms "terminal or life-shortening illness", "advanced stage" and "progressive condition" are vague and ill- defined and very subjective. A significant proportion of the population has one or more (often several) chronic conditions which are usually slowly progressive.

Furthermore there is no requirement for a level of expertise in the condition concerned by the assessor.

Furthermore "Life Unacceptable" is open to inconsistent interpretation. There is no requirement in 9(2)c for the assessor to determine if the applicant has been informed about, or has access to options to improve the quality of life.

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

No - particularly regarding the assessment of capacity. Many older people have the common combination of mild depression, mild cognitive impairment, multiple morbidities and an internalised perception that they are a burden to relatives or others, which is difficult to recognise even by their own family doctors far less others with no previous knowledge of them.

Assessment of adolescents and teenagers especially if with previous psychological or psychiatric conditions is equally challenging. Most practitioners lack confidence and expertise in assessment of capacity.

7. Do you have any comment on the roles of medical practitioners and pharmacist s provided for in the Bill?

The Bill is considered unworkable in a consistent way as indicated above. The Bill is not clear as to who will prescribe or dispense any lethal medication of the role of non- medical practitioners. The clinical governance of this would be very challenging and time consuming.

Many staff would feel very uncomfortable or unwilling to support such a

process of expediting death which conflicts with their longstanding professional and personal ethics.

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

How would medical complications be dealt with during the assisted attempt? The role of clinical professionals called to intervene in such a circumstance (e.g. unsuccessful attempts) needs to be clarified.

9. Do you have any comments on the role of the licensed facilitators as provided for by the Bill?

Legislation would need to ensure and specify robust vetting, regulation and adequate training of such facilitators.

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

No

11. Any other comment about the Bill not already covered in answers to the questions above?

Robust reporting would be needed to provide monitoring scrutiny, audit regulation and research. It is generally considered that the Bill remains controversial and as already noted, with a number of inconsistencies. There are likely to be unintended consequences from any implementation which potentially would be very divisive and distracting from the main priorities of the NHS.

Thank you once again for the opportunity to comment and I hope these are useful in moving forward what is a challenging topic.

**Jane Grant
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