

Assisted Suicide (Scotland) Bill

The Royal College of Paediatrics & Child Health (RCPCH)

Introduction

The RCPCH welcomes the opportunity to respond to the consultation on the proposed Assisted Suicide (Scotland) Bill. This response has been developed and written by the RCPCH Ethics and Law Advisory Committee, a multi-disciplinary committee of paediatricians, other child- health professionals, ethicists and legal experts elected to lead on issues of ethics and law for the College. The response focuses on questions of the consultation where we have specific expertise and knowledge to comment and input.

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?

No. We have particular concerns about the application of any such practice to children and young people without any explicit consideration of the unique aspects surrounding childhood. Such consideration ought to encompass, as an absolute minimum, deliberation about:

- (i) the ethical, legal and social elements of the child-parent relationship, as well as specific issues with children who do not have parents;
- (ii) the implications of recent neuro-scientific advances which demonstrate clear differences in risk taking, decision-making and concepts of future self in young people compared to older people;
- (iii) the strength and weaknesses of explicit child specific protections from assisted suicide in those who might make a decision that:
 - a) does not truly represent their own independent view,
 - b) that they are not truly capable of making without undue coercion or
 - c) that might be compromised by a coexistent issue with the child or family's mental health that compromises the child and family's decision making.

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?

This Bill appears more limited in scope than the previous End of Life Assistance (Scotland) Bill and is clearly more focused on the individual's wishes, and perceptions of their situation.

Commendably, there is a clear attempt to minimise potential elements of coercion and to provide procedural safeguards. However, it is hard to be certain that these precautions will have the desired protective effects whilst also satisfying those who believe that some form of assisted suicide - in certain conditions - is morally permissible, subject to procedural regulation.

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?

If the Assisted Suicide (Scotland) Bill were to be enacted into law, then provided 'the processes and requirements set out in the Bill have been clearly adhered to,' then it follows that those providing assistance ought to not be subject to criminal or civil sanction.

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

No, for the following reasons:

a) Age

There is clear information supporting the ability of children far younger than 16-years of age to engage in complex decision-making about medical care, especially in the setting of severe chronic illness. This of course varies with a child's underlying development state, social and educational background and individual traits rather than just being a feature of age. The age of 16 is arbitrary when children aged 12 or 13 can demonstrate capacity.

The lack of any consideration of the recent advances in the understanding of the neurodevelopmental processes of adolescence - in terms of sense of personal mortality and risk taking – ought to preclude inclusion of young people in any such process.

b) Capacity

The lack of an assessment by any expert in young people's capacity and mental health in this process is of grave concern. Specifically, an assessment by a generic psychiatrist, rather than an expert in Child and Adolescent Mental Health Services (CAMHS) is inappropriate and inadequate.

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

The role of medical practitioners must be more clearly clarified before we could provide an informed response. This needs to include assessment and regulation of core competencies for those involved, with amended professional standards. The roles as currently outlined in the Bill would need to be widened to include nurses and professionals.

How might potential conflicts of interests, disagreements over values and procedures be dealt with in an open and transparent manner?

Could palliative care or other healthcare professionals opt out of referring children on the basis of consciousness objection, or would they be required to refer on the basis that there is a legal right to this 'treatment'

What role, if any, would private sector providers be permitted/have a right to play in the provision of assisted suicide?

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 information provided in the Bill is extremely vague on this issue. Clarification of this would have facilitated informed discussion about precisely what is involved and how it is to be delivered in this proposed Bill. Further details about who might ethically and legally deliver advice on this issue and how will practice undergo peer review and governance must be provided before we can provide a response. We would also welcome further information about what protocols and care is provided to those whose attempt might be unsuccessful, and to their families.

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

The consultation document provides very few details about the role of licensed facilitators. We would welcome further information about the qualifications, roles and training of these individuals and how core competencies, peer review processes and the overall governance of this proposed system will operate in practice before we can provide a response. We would also recommend further information about provision for audit and research into assisted suicide in Scotland and support for practitioners.

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

There ought to be mandatory referral to paediatric palliative care services and CAMHS for any person below 16-years of age before any consideration of assisted suicide if such a law were to be enacted.

We have a range of general concerns which RCPCH members have expressed that may result from societal acceptance of assisted suicide if this proposed Bill is enacted. These include:

- (1) Potential changes in societal attitudes to those with disabilities
- (2) Erosion to the doctor-patient relationship
- (3) The process eventually becoming subtly coercive in itself due to cost savings

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