

British Geriatrics Society
Improving healthcare for older people

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Clare Haughey MSP
Convener, Health, Social Care and Sport Committee
By email
19 November 2024

Dear Ms Haughey,

Assisted Dying for Terminally Ill Adults (Scotland) Bill – Position of the British Geriatrics Society (BGS)

The BGS understands that the Health, Social Care and Sport Committee is examining the Assisted Dying for Terminally Ill Adults (Scotland) Bill introduced by Liam McArthur MSP. We would like to share our position with the committee, which is **opposed to the legalisation of Assisted Dying in the UK**. Our position statement, published in October 2024, is available on the [BGS website](http://www.bgs.org.uk).

The BGS is the membership organisation for all healthcare professionals working with older people across the UK. Founded in 1947, we now have over 5,000 members working across the multidisciplinary team and across care settings, including 400 in Scotland. BGS members include geriatricians, GPs, nurses, allied health professionals, pharmacists and researchers working in acute hospitals, primary care, community settings and care homes.

A change in the law on Assisted Dying will have significant impacts on older people as they near the end of their lives, and on the healthcare professionals who support them. Earlier this year, we commissioned a working group of BGS members to review the current evidence, survey the BGS membership, and formulate an updated position statement.

The BGS urges parliamentarians, government and legislators to remain cognisant of the **significant diversity of views on this issue for older people**, and to maintain **diligent focus on the needs of older people** in proceeding with the legalisation of Assisted Dying. We also recommend that any future law in Scotland **supports explicitly any healthcare professionals who object conscientiously** to direct participation in Assisted Dying.

Health and social care, including palliative and end-of-life care services, are under-resourced. The BGS is concerned therefore that older people may be influenced to choose Assisted Dying because of factors within our society which may be otherwise remediable

through positive change in current health and care policy. The BGS has identified the following priorities for end-of-life care in the UK which should be addressed *before* a change in the law is considered:

1. **Allowing death due to natural causes at the right time**, instead of continuing unwanted interventions aiming to prolong life. This is distinct ethically from the intentional ending of life, even when life is unquestionably coming to an end.
2. **Improving timely recognition of terminal decline** due to underlying disease processes including multimorbidity, advanced dementia and severe frailty. This is consistent with national guidance advocating the timely identification of patients approaching the last 12 months of life to tailor their care according to their individual preferences and wishes.
3. **Deploying effective health communication systems** to share information regarding individual preferences, including advance care plans incorporating advance decisions to refuse treatment and preferred place of death, also shared with individuals with valid powers of attorney for health and welfare.
4. **Enabling holistic, multidisciplinary care services to deliver Comprehensive Geriatric Assessment** focused on multimorbidity, dementia and frailty, with recognition these conditions cannot always be ameliorated.
5. **Providing universally accessible, high-quality supportive and palliative care services** making provision for those whose terminal decline is due to multimorbidity, dementia and/or frailty which enable individuals to enjoy naturally enduring life by ameliorating unpleasant physical, psychological and existential symptoms which otherwise cause end of life to be distressing and burdensome.
6. **Shifting societal attitudes to de-medicalise death** and supporting wider societal care provision to alleviate distress in terminal disease.

Many BGS members are concerned that effective legal safeguards to protect older people from unwarranted harms cannot be developed. Our review of international patient safeguarding precedents concludes that **the risk for safeguard failure is at least moderate** in a modern, well-run AD service which we find to be **unacceptable** when considering the needs of older people. The **BGS therefore expects to contribute meaningfully to inform the development of any future law on Assisted Dying, particularly with respect to developing and implementing meaningful and workable safeguards.**

We would welcome the opportunity to discuss our position statement with you. If you would like to arrange a meeting, please contact Lucy Aldridge (l.aldridge@bgs.org.uk), BGS Policy Co-ordinator.

Your Sincerely,



Professor Jugdeep Dhesi
President



Dr Bob Caslake
Chair, BGS Scotland Council