Consultation Workshop: Assisted Dying for Terminally Ill Adults (Scotland) Bill

September 2025

Overview

What was the purpose of the workshop?

The Scottish Parliament Health, Social Care and Sport Committee wanted to consult with young people with regards to the age limit aspect of the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

Method

What did the workshop involve?

- Meetings and follow up work to plan the workshop with Members of the Scottish Youth Parliament. The MSYPs were involved in planning and facilitating to ensure the workshop was youth-led, engaging and met the needs of the young people and the buyer.

- The delivery of a 75-minute workshop with a group of MSYPs to discuss and share views on the agreed topic through a series of youth-work activities.

- This report summarises the discussions following the workshop.

What was the process of developing the workshop?

SYP staff worked with one MSYP – Marianna – to develop plans for the workshop in consultation with Scottish Parliament staff. Marianna is the Deputy Convener of SYP's Health, Wellbeing and Sport Committee.

The SYP staff met first with the Scottish Parliament team to discuss a general overview of the workshop, the aims and intended outcomes and gather information for the partnering MSYPs to feedback on. Marianna was supported by SYP staff to develop and consider:

- The session plan

- The accessibility of the session's presentation
- Overall youth-friendliness of the session

The draft session plan was shared with Scottish Parliament in advance of the workshop with opportunity for comments and edits. A copy of the full session plan is enclosed alongside this summary report.

Findings

Activity 1: Measuring Maturity

With a prompt from Marianna regarding maturity and young people's levels of maturity with regards to making decisions on assisted dying, participants were asked to develop maturity checklists. This activity was designed to elicit discussions on how possible it is to measure maturity, and on what factors it could be measured.

Ideas included:

• Life skills	• Reflection and hindsight
• Independence	• Learning from mistakes
• Understanding the consequences of decisions	• No desire to be silly
• Understanding rights	• Thinks before acting
• Doesn't get carried away with small things	• Looking after own wellbeing
• Seeing things how they are	• Bring calm
• Delayed gratification	• Confidence in yourself

Activity 2: Age of Legal Capacity

Participants worked in small groups to consider the arguments for and against people younger than 16 to be eligible for assisted dying. In general, participants felt that children and young people experiencing terminal illnesses were no different from adults and thus should be granted access to assisted dying so long as this was the right support for them. When considering arguments against access to assisted dying, participants highlighted the weight and permanence of the decision, as well as the impacts on families.

For:

- Maturity grows and makes you change depending on different life experiences
- Suffering is suffering, no matter the age

- Everyone makes their own choices
- Prolonging decisions that are unfair on young people
- 13/14 with parental consent
- Parents want to save children from pain and suffering
- Families watching children in pain unable to help
- Young people may not live to see a time where they could make a choice if the age limit is 18
- Psychiatric evaluation could help people make a decision which is right for them (without family pressured to rush into ending their life)
- Considered able to decide on major decisions such as joining military
- Can decide their own medical choice e.g. refuse treatments, medical autonomy
- Bodily autonomy
- Very limited cases
- Doctors will have control over death – won't die in a violent way

Against:

- Family pressure/opinions
- Losing hope in situations
- Guilt
- Ends up being not their decision
- More challenging decision than voting, marriage, drinking, smoking
- Too much of a final decision for someone under 18 to make for themselves
- Families would miss out on last moments
- Potential for pressure from others (more likely to be influential)
- Can be potentially impulsive – emotionally charged issue
- Very permanent decisions
- Should we safeguard children?
- Impact on family
- What is 'terminal'?
- Hormonal imbalance
- It's cruel/inhumane/immoral

Activity 3: Age threshold

Participants explored the varying age thresholds of different countries with an interactive activity. MSYPs generally perceived 'more progressive' countries like the

Netherlands to have a lower age limit, and 'less progressive' countries like Canada to have an older age threshold.

The example of Colombia with an age threshold of 6 years old and with no known cases was thought provoking for some participants. They felt this demonstrated that you could have a lower age limit without it meaning that assisted dying would become commonplace for children and young people.

Activity 4: Safeguards

Participants were asked to brainstorm ideas on additional measures to safeguard eligible children and young people. After the initial brainstorming in small groups, the groups exchanged ideas and indicated which ideas they felt were the best. The starred suggestions are noted here with an asterisk.

There were themes of access to accurate and youth-friendly information; psychological support for patient and family; additional time and support during waiting/reflection period; protections from external influence on decision.

- Knowing all available options*
- Support groups to meet other people in similar circumstances*
- Consistency of medical staff*
- Normalisation – removing stigma and recognising [assisted dying] as a valid decision*
- Evaluating carers/parents' situations*
- Extra measures until 21*
- Wellbeing checks during waiting period*
- Use of a pediatric psychiatrist*
- Longer reflection period for until 18 (30 days)*
- Dedicated safeguarding/oversight panel to ensure decision is free from influence*
- Having all the correct information in a youth-friendly format
- Family/carer conversation
- Transitional support for young people aged 18+
- No personal bias
- Medical evaluations
- Psychiatric evaluations to determine mental competence
- Extra support for family and person in last days (e.g. paid leave, grant funding, day out funding)

- Full reasoning behind the decision – extra precautions
- Parental involvement, possibly until 19 (but ultimately the patient's decision)
- Dedicated reports for each young person's death

Further information

If you require further information about the content of this report, please contact Emily Beever, Head of Policy and Public Affairs at emily.b@syp.org.uk.