

Cross-Party Group on Palliative Care
Hybrid Meeting

Wednesday 19 February 2025, 6.00-7.30pm, Scottish Parliament Committee Room 6 and on MS Teams]

Approved Minute

In Person:

Bob Doris MSP	XPG Convenor
Marie McNair MSP	XPG Deputy Convenor
Edward Mountain MSP	
Kirsty Boyd	Scottish Government
David Cameron	Office of Bob Doris
Sandra Campbell	Scottish Ambulance Service
Libby Ferguson	Marie Curie
Niamh Flannigan	Office of Liam McArthur MSP
Mark Hazelwood	Scottish Partnership for Palliative Care
Joe Higgins	Humanist Society Scotland
Annabel Howell	CHAS
Rachel Kemp	Marie Curie
Sandra Lucas	University of the West of Scotland
Fiona MacCormick	NHS Grampian
Aileen Morton	Hospice UK
Rebecca Patterson	Scottish Partnership for Palliative Care
Chris Provan	Royal College of GPs Scotland
Juliet Spiller	Marie Curie
Alyson Thomson	Dignity in Dying
Rhona Winnington	University of the West of Scotland
Gillian Wright	Our Duty of Care

Remote:

Jackie Baillie MSP	
Beatrice Wishart MSP	
Billi Allen-Mandeville	The ALLIANCE
Colin Ashwood	St Margaret of Scotland Hospice
Jo Bowden	NHS Fife
Emma Carduff	Marie Curie
Lara Celini	Humanist
Bruce Cleminson	Macmillan Doctor
Nicki Crossan	Scottish Government
Amy Dalrymple	Marie Curie
Claire Douglas	NHS Tayside
Pauline Ellison	Scottish Partnership for Palliative Care
Liz Forbat	University of Stirling
Karen Harvie	NHS Lanarkshire
Donna Hastings	St Columba's Hospice Care
Lesley Howells	Maggie's Scotland
Linda McCurrach	No-One Dies Alone Ayrshire
Mairi-Claire McGowan	St Vincent's Hospice
Coletter McDiarmid	MND Scotland
Jacqui Marwick	Cruse Scotland

Jacqueline Massie	
Andrene Maxwell	
Libby Milton	Marie Curie
Sarah Mills	St Andrew's University
Kathleen Morison	Soul midwives Scotland
Careen Mullen-McKay	
Scott Murray	University of Edinburgh
Clare Murphy	St Margaret of Scotland Hospice
Lorna Porteous	NHS Lothian
Neil Ritchie	Scottish Government
James Robertson	Ayrshire Hospice
Ross Sanderson	RCN Scotland
Heather Tonner	NHSGGC Care Home Collaborative
Ed Tulloch	NHS Education for Scotland
Michael Veitch	CARE for Scotland
Ellie Wagstaff	Marie Curie
Becca Young	Scottish Care

Apologies:

Tracy Flynn	Ayrshire Hospice
Bridget Johnston	NHS GGC / University of Glasgow
Sandra McConnell	NHS Lanarkshire/ Kilbryde Hospice
Clare McGowan	NHSGGC
Jacki Smart	ACCORD Hospice
Kenny Steele	Highland Hospice
Jackie Stone	St Columba's Hospice Care
Julie Watson	Marie Curie

Agenda item 1 - Welcome, introduction and apologies

Bob Doris welcomed attendees to the meeting and invited those in the room to introduce themselves, and those attending virtually to introduce themselves in the chat.

Agenda item 2 – Approval of previous meeting minute

The minute of the last meeting were approved pending the addition of apologies that were received for Clare Murphy.

Matters Arising – End of Life Care Together model

Bob Doris has sent a letter to Jenni Minto MSP Minister for Public Health and Women's Health highlighting the benefits brought by the Highland End of Life Care Together model, and suggesting its consideration elsewhere in Scotland. The letter can be accessed here:

[2025.02.18 Letter to Scot Gov re Palliative Care.pdf](#) A link to the letter will be circulated after the meeting.

Agenda item 3

Assisted Dying for Terminally Ill Adults (Scotland) Bill: exploring perspectives informed by the practice and provision of palliative care.

Presentations and discussion focused on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, exploring perspectives informed by the practice and provision of palliative care:

Palliative Care in Scotland: understanding the essentials

Libby Ferguson, Medical Director for Marie Curie Scotland and Consultant in Palliative Care in NHS GGC gave a presentation providing background information on palliative care. Libby Ferguson's slides and a video of her presentation can be accessed here: [Palliative Care Cross Party Group 19 Feb 2025](#)

Views on the Bill from Organisations Involved in Palliative Care

A further four presentations were given by representatives from organisations involved in palliative care:

- Mark Hazelwood, Chief Executive, Scottish Partnership for Palliative Care
- Fiona MacCormick, Consultant in Palliative Medicine, Scotland Representative for the Association for Palliative Medicine
- Chris Provan, GP and Chair, Royal College of General Practitioners Scotland
- Aileen Morton, Senior Policy & Public Affairs Officer (Scotland), Hospice UK

PowerPoint slides and videos of the presentations are available here: [Palliative Care Cross Party Group 19 Feb 2025](#)

Group discussion followed, including mention of the following issues:

- It is incumbent on MSPs to set aside preconceptions and consider the legislation in hand.
- It is important for MSPs to consider not just the theory or intention of the Bill but also how it is likely to work in practice.
- It needs to be possible to ask people why someone wants an assisted death in case there are things that can be done to help them, for example symptom control or information.
- It is important to think about coercion and how that can be realistically assessed. It was asserted that it is not possible for a GP to assess coercion within a 10 minute consultation – more time and more training would be needed. Coercion isn't straightforward to define or to assess. Expecting a doctor to judge coercion requires them to become a 'judge of families'.
- Concerns were expressed that decisions will be made on the basis of misinformation and misunderstandings about palliative care, and that there are huge challenges to addressing common misconceptions.
- It was suggested that every safeguard can also be perceived as an inequity and could therefore be set aside by a human rights court case in the future.
- Good palliative care is an essential safeguard, yet one that would require £millions of investment to realise. There is currently no indication that palliative care is a priority for investment in Scotland. It was suggested that imminent cuts affecting primary care are likely to have a negative effect on palliative care provision.

- The Financial Memorandum published alongside the Bill has been criticised by the parliament's Finance and Public Administration Committee for significantly underestimating its cost.
- Concerns were expressed about safeguarding particularly relating to young people aged 16-25 years old.
- It isn't clear how many nurses would participate in Assisted Dying. An 'opt in' scheme would be the safest way to protect nurses. Participating nurses would need training in communication.
- The suggestion that a lot of additional work would be required to be absorbed by Primary Care, and that this isn't possible within current resources.
- There is a need for clarity of roles. For example, what happens if the person doesn't die, or it doesn't go well? Who does what at that point?
- How will conscientious objection be handled, particularly when there aren't enough clinicians within a location to provide the option of assisted dying?

PowerPoint slides and videos of the presentations are available here: [Palliative Care Cross Party Group 19 Feb 2025](#)

Agenda item 4 – Any other business

No further business was discussed.

Agenda item 5 - Date of the next Cross Party Group meeting

The date of the next meeting will be arranged and circulated in due course.