Assisted Dying for Terminally Ill Adults (Scotland) Bill

Dr Chris Provan

- General Practitioner in Aberdeen.
- Chair Royal College of General Practitioners (RCGP) Scotland.
- Involved in palliative care every day in practice.
- General practice in many areas in crisis with shortage of GPs and practices closing.

RCGP position

- Currently opposed to a change in the law.
- In September 2024, UK council voted to review this position given new legislative developments.
- Recently conducted a member survey the results of which are yet to be published.
- Survey results will help to inform UK Council's decision about what position RCGP should take.
- But today we are thinking about practicalities of Bill on the ground for patients and healthcare professionals

Walking with the patient

But if the doctor cannot cure us, we are also asking them to witness our dying. The value of the witness is that they have seen so many others die… They are our living intermediary between us and the multitudinous dead. He belongs to us and belongs to them. And the hard but real comfort offered by him is of fraternity.

Adapted slightly from John Bergen

Doctor patient relationship

- **Fundamental shift in the relationship between patients and GPs.**
- We are concerned that there may be several scenarios in which the doctor patient relationship could be damaged.
- This could be a particular problem in remote and rural areas.
- Hence the need to have a stand-alone service.

An opt-in, stand alone service

- **Coercion – we are not trained or able to assess this. ?others in this stand alone.**
- **Vulnerable patients feeling a burden.**
- **Capacity assessment – can be complex/time consuming and borderline, people may need psychiatrist input.**
- **We do not believe that conversations about assisted dying could – or should - be incorporated into a standard length GP consultation.**
- Morally complex, emotional conversations with patients and families are important and take time.

An opt-in, stand alone service

- We are unambiguous – GPs and other healthcare professionals should be under no compulsion to participate in any aspect of assisted dying.

- GPs and other professionals should be able to opt-in.

- No healthcare professional should need to prove or justify their desire not to be involved in the process.

An opt-in, stand alone service

- WTE GP numbers in Scotland continue to fall year on year and the workload crisis is escalating.
- We are concerned this bill will exacerbate the pressures which already exist.
- Previous evidence to the Parliamentary Committee said AD more difficult in busy practices.

Consistency of any service

- Should assisted dying be introduced, the service available to patients should be consistent.
- An official body should be established to provide patients with factual and objective information.
- Mandatory training should be implemented for any healthcare professional who chooses to participate – e.g. coercion, capacity.

Moral distress and injury

- Internationally 30-50% of doctors described an emotional burden associated with being involved with assisted dying.

- Should the bill pass, we are calling for greater mental health support to be made available for doctors and staff involved in assisted dying and end of life care.

Palliative Care

- RCGP recognises the fantastic work of palliative care professionals across the length and breadth of Scotland.
- Should assisted dying being legalised-palliative care must not be impacted.
- Need time and resources to be able to explore why patients are distressed and offer them help.
- Efforts should be made to better support palliative care and to raise awareness and tackle stigma surrounding the range of services already available.

Palliative Care

- We note that Marie Curie estimates that each year there are 11,000 people in Scotland who need palliative who don't get it. This must change.

- RCGP Scotland recently responded to two consultations on palliative care – Palliative Care Matters for All and Updates to the Palliative Care Guidelines.

- Palliative care patients should be invited to express their choices and wishes.

Summary

- Currently we oppose Assited Dying
- If implemented we do not feel enough time for patient assessment in busy stressed practices
- Worried about coercion
- Vulnerable patients
- Ability to opt out – moral distress
- Recommend a separate stand alone service
- Palliative care services need to be supported

Thank you

Dr Chris Provan

Chair of RCGP Scotland

"There is an underacknowledged need for balancing measures or safeguards to prevent inappropriate deaths. The development of **safeguards** will require the examination of the impact of EAS on clinical practice, narratives and personal experiences, along with the experiences of potentially **vulnerable groups including persons with disabilities, older persons and persons with mental illnesses**."
(Colleran, M., Doherty, A.M. Examining assisted suicide and euthanasia through the lens of healthcare quality. Ir J Med Sci 193 (2024) https://doi.org/10.1007/s11845-023-03418-2)