

# Assisted Dying for Terminally Ill Adults (Scotland) Bill

**Hospice UK Presentation to Cross Party Group on Palliative Care - February 2025**

# Hospice UK Position on Assisted Dying

*Hospice UK represents the community of more than 200 hospices across the UK. It is not our role to either support or oppose a change in the law on assisted dying.*

*Rather, our aim is to make sure that the experience and expertise of our members informs the political process.*

*Hospice UK recognises the many different views and positions that hospices may take as the political process develops. Our formal position to represent our members is therefore one of 'no collective view.'*



# Our work with Scottish hospice staff and volunteers

- “Safe space” workshops facilitated by an academic
- Informal discussions with hospice leaders and clinical staff
- Webinars sharing information
- Dedicated meetings on the committee calls for views
- Questionnaire / email feedback from hospice staff

# End of life care

Key points from our responses:

- “the assisted dying debate must include discussion about how we can make good palliative care available and accessible to everyone, whoever they are and wherever they live”;
- “Nobody should ever feel they have to make the choice to have an assisted death because they didn’t receive the care they needed, didn’t believe they would get the care they needed, or didn’t understand the impact specialist palliative care could have in managing their complex needs.”
- “At a fundamental level, there needs to be better access to and investment in palliative care to ensure equity of access to information, care and support across Scotland for all.”



# Staff working with those eligible

Key points from our responses:

- “Hospice staff have concerns that the legalisation of assisted dying could affect relationships between patients and professionals; and between professionals who participate in the process and those who opt out. Concerns have also been raised about potential impact on recruitment and retention of staff; staff wellbeing; and changes to professional practice.”
- “A statutory care navigator system should be established, and this should include the provision of trusted information about palliative care for individuals, their family members and health and social care staff.”
- “The legalisation of assisted dying has an impact on a much broader range of staff (and volunteers) than just health professionals. Within hospices, staff such as healthcare support workers, social workers, counsellors and chaplains could also be involved in discussions with patients about their expected death”

# Non-statutory organisations

Key point from our responses:

- “If assisted dying is legalised, it will affect the staff, volunteers and organisations who currently provide support to people reaching the end of life or with a terminal diagnosis - as this would be the same people eligible to access assisted dying.”
- “There is a lack of clarity as to what the costs would be for any individual organisation. There appear to be assumptions made that any change in legislation would have minimal impact on normal processes, but that is not the view of the majority of hospice staff we have spoken with.”

Costs would be incurred in relation to: staff training; updating manuals; documenting changes to procedures; public facing materials updated to reflect change in law.

# Charitable Hospices - Current Position





# Charitable Hospices - if AD Legalised



# More Information

[https://www.hospiceuk.org/  
assisted-dying/scotland](https://www.hospiceuk.org/assisted-dying/scotland)

