

## Palliative Care and Assisted Dying

### Six Point Briefing for MSPs in advance of the Stage 1 Debate

The briefing below is designed to highlight for MSPs some of the important considerations which may get lost in polarised debates or in individual accounts of personal experience.

#### **ONE – An imprecise definition will have real-life impact**

The definition of “terminal illness” in the Bill is not precise enough, which will lead to variation in interpretation and could mean that people with years to live are deemed eligible, which is at odds with the stated policy intent of the Bill.

#### **TWO – Essential practical details are missing**

The Stage 1 Committee report highlights a large number of very significant issues which remain unclear, absent or essentially unresolved. The Bill lacks detail on many issues which are fundamental to how a system of assisted dying would operate in Scotland. For example, the Bill makes no mention of arrangements for the inspection, scrutiny or audit of the provision of assisted dying services, nor arrangements for raising and investigating concerns about individual cases. Many key issues are left to be determined through Ministerial guidance. Without these details up front it is impossible to give the Bill adequate scrutiny or make informed comments on many of its likely impacts.

#### **THREE – Always identify and address suffering**

Under the process set out in the Bill assisted dying is available without any legal requirement for prior exploration and documentation of the applicant’s suffering and the potential to relieve it. Currently assisted dying is **not** positioned as the final stage of a sequence where other efforts to identify and address suffering are completed first.

#### **FOUR – Improvements to palliative care are an essential safeguard**

Palliative care can have a hugely positive impact on a person’s quality of life that is often underestimated or misunderstood. Access to good palliative care is therefore an important safeguard. No one should make a decision to end their life in a context where they didn’t receive the care they needed, or because they were scared they wouldn’t get the care they might need in future, or didn’t understand the positive impact which specialist palliative care or other services/support could have on their quality of life. *Improving current provision will take significant investment, but this shouldn’t be a reason to sideline an essential safeguard.*

## **FIVE – Uncomfortable trade-offs**

It is important to acknowledge openly that there may be trade-offs between different goals. For example, maximising choice for some may increase the risk of coercion of vulnerable people and groups, since procedural safeguards are seldom fully effective.

SPPC does not believe that all risks can be eliminated. SPPC does not believe that yet-to-be discovered adequate solutions to difficult challenges (such as reliably identifying coercion) will necessarily emerge in subsequent stages of the legislative process.

## **SIX – A need for cross-party bold ambition**

The huge public interest in Assisted Dying is an indicator of how much people care about experiences of serious illness and dying. Regardless of the progress or otherwise of the Bill a step-change improvement in palliative care should be progressed as a genuine national priority. All MSPs and all parties should publicly commit to bold ambition on this issue. It mustn't return to the back burner as has happened in the aftermath of previous attempts to change the law on assisted dying.

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## **LEARN MORE**

A recent meeting of the Cross-Party Group on Palliative Care heard short presentations on palliative care and assisted dying from leading palliative care organisations: Association for Palliative Medicine, Royal College of GPs, Hospice UK and SPPC. Video and slides can be viewed [here](#).

SPPC's position and approach to the issue of assisted dying, and its detailed written evidence submitted to the Health, Social Care and Sport Committee (and Finance and Public Administration Committee) can be read [here](#).

## **ABOUT SPPC**

Scottish Partnership for Palliative Care (SPPC) was founded over 30 years ago and has grown to be a collaboration of more than 100 organisations involved in providing care towards the end of life. SPPC's membership includes all the territorial NHS Boards, all IJBs, local authorities, the Scottish Ambulance Service, all the hospices, other Third Sector organisations and a range of professional associations.

SPPC brings together health and social care professionals from hospitals, social care services, primary care, hospices and other charities, to find ways of improving people's experiences of declining health, death, dying and bereavement. SPPC provides a voice for organisations and individuals working in this area, a means of staying informed and connected, and a vehicle for collaboration. SPPC also engages with the public and communities through our Good Life, Good Death, Good Grief alliance.

SPPC works closely with Scottish Government to facilitate engagement with the sector and to inform and support implementation of policy. SPPC recently won a Public Service Award for its portfolio of work.

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