# SPPC's Views on Palliative Care and the Assisted Dying for Terminally III Adults (Scotland) Bill

### **5 Key Points**

Mark Hazelwood, CEO Scottish Parliament Cross Party Group on Palliative Care 19<sup>th</sup> February 2025







# **SPPC Member Organisations**























Dumfries Council



























& Galloway WINU





Health & Social Care



West Dunbartonshire

NHS

Shetland

Health & Social Care Partnership

The Prince & Princess

of Wales Hospice





· EDINBVRGH ·

Aberdeen City Health & Social Care Partnership



Working together for a caring,

healthier, safer Edinburgh

A caring partnership





NHS

**Dumfries** 

& Galloway

Multiple Scienosis Society











NHS

Inverclyde















LANARKSHIR









Shetland

Council

Islands



Social Care

Partnership



Health and Social Care

**East Dunbartonshire** 





Dunbartonshire









Glasgow City

**Borders** 































NHS

Orkney





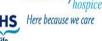


















# SPPC Approach to the Issue of "Assisted Dying"

Assisted dying raises issues of a moral, personal and ethical nature upon which many of SPPC's member organisations (for example our member NHS Boards) are institutionally unable to hold a position. SPPC therefore does not adopt a position in principle either in support or in opposition to a change in the law. Instead, SPPC's approach is:-

- To take a factual and evidential approach rather than a moral or religious one
- To educate and inform about palliative and end of life care
- To challenge misinformation about palliative and end of life care
- To acknowledge and give an account of **complexities** which tend to get lost in polarised debates
- To be clear about the **potential and the limits** of palliative care to relieve suffering
- To be clear about the current deficiencies in care towards the end of life experienced by some people, and to advocate the changes necessary for improvement
- To critically review and present a view on the specific provisions of the proposed Bill, such that if the Bill is passed potential harms (to vulnerable people and the practice and provision of palliative care) are minimised.





#### ONE

Ensuring equitable reliable receipt of general and specialist palliative care is an essential safeguard. Regardless of the Bill this should be progressed as a genuine national priority.





#### **TWO**

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.





#### THREE

Under the process set out in the Bill assisted dying is not positioned as the final stage of a sequence which is only reached after other efforts to identify and address suffering are completed. Instead assisted dying is available without any legal requirement for exploration of the applicant's suffering and the potential to relieve it.





#### **FOUR**

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.





#### **FIVE**

The Bill lacks detail on many issues which are fundamental to how a system of AD may operate in Scotland. Many key issues are left to be determined through Ministerial guidance. This makes it more difficult to comment on the potential impacts of the Bill and reduces the potential for adequate scrutiny





# Thanks

Read SPPC's full submissions to the Health, Social Care and Sport Committee, and to the Finance and Public Administration Committee:

https://www.palliativecarescotland.org.uk/news/news/sppc-submissions-to-parliament-on-the-assisted-dying-bill/





