

Closes 16 Aug 2024

Opened 7 Jun 2024

[Assisted Dying for Terminally Ill Adults \(Scotland\) Bill - Sharing your views - Scottish Parliament - Citizen Space](#)

The call for views and analysis:

- aim to help the Committee understand the reasons people have for either supporting or opposing the Bill
- aim to help the Committee understand how people would like to see the Bill amended
- will not establish whether more people support or oppose the Bill

The Committee will base any assessment of public opinion on published data from opinion polls. As responses to this call for evidence will be self-selecting, they cannot be assumed to be representative of public opinion and will not be treated as such.

The purpose of the Assisted Dying for Terminally Ill Adults (Scotland) Bill is to introduce a lawful form of assisted dying for people over the age of 16 with a terminal illness.

Which of the following best reflects your views on the Bill?

- Fully support
- Partially support
- Neutral/Don't know
- Partially oppose
- Strongly oppose

Neutral – Assisted dying is an issue on which we adopt a neutral stance meaning we neither support nor oppose attempts to change the law on assisted dying.

Which of the following factors are most important to you when considering the issue of assisted dying?

- Impact on healthcare professionals and the doctor/patient relationship
- Personal autonomy
- Personal dignity
- Reducing suffering
- Risk of coercion of vulnerable people
- Risk of devaluing lives of vulnerable groups
- Sanctity of life
- Risk of eligibility being broadened and safeguards reduced over time
- Other, please specify in this text box (200 words max)

Impact on healthcare professionals and the doctor/patient relationship – the Nursing and Midwifery Council (NMC) is the independent statutory regulator of registered nurses and midwives in the UK and nursing associates in England.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

How did you find out about this consultation?

- Scottish Parliament website
- Radio
- National newspaper
- Local newspaper
- Social media
- Other (please provide further details)

[Scottish Parliament website](#)

Detailed call for evidence

This is for people, groups, bodies or organisations who wish to comment on specific aspects of the Bill.

Our aim is to publish all the submissions we receive to the detailed call for evidence. The only exceptions to this are where submissions are made on a “confidential” or “not for publication” basis.

Question 1 – Overarching question

The purpose of the Assisted Dying for Terminally Ill Adults (Scotland) Bill is to introduce a lawful form of assisted dying for people over the age of 16 with a terminal illness.

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Neutral – Assisted dying is an issue on which we adopt a neutral stance meaning we neither support nor oppose attempts to change the law on assisted dying.

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- Personal autonomy
- Personal dignity
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- Risk of devaluing lives of vulnerable groups
- Sanctity of life
- Risk of eligibility being broadened and safeguards reduced over time
- Other, please specify

Impact on healthcare professionals and the doctor/patient relationship – our response focuses on aspects of the consultation that we view as particularly relevant to registered nurses, and where we can best offer our experience and support in our role as regulator.

Question 2 – Eligibility

The Bill proposes that assisted dying would be available only to terminally ill adults.

The Bill defines someone as terminally ill if they 'have an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death'.

An adult is defined as someone aged 16 or over. To be eligible a person would also need to have been resident in Scotland for at least 12 months and be registered with a GP practice.

Eligibility – Terminal illness

Which of the following most closely matches your opinion on the terminal illness criterion for determining eligibility for assisted dying?

- No-one should be eligible for assisted dying
- Assisted dying should be available only to people who are terminally ill, and the definition of terminal illness should be narrower than in the Bill
- Assisted dying should be available only to people who are terminally ill, and the definition of terminal illness in the Bill is about right
- Assisted dying should be available only to people who are terminally ill, but the definition of terminal illness should be broader than in the Bill

- Assisted dying should be available to people who are terminally ill, and to people in some other categories.
- Other – please provide further detail

If you have further comments, please provide these

[As we have a neutral position on assisted dying we do not have a view on this question.](#)

Eligibility – minimum age

Which of the following most closely matches your opinion on the minimum age at which people should be eligible for assisted dying?

- No-one should be eligible for assisted dying.
- The minimum age should be lower than 16
- The minimum age should be 16
- The minimum age should be 18
- The minimum age should be higher than 18
- Other – please provide further detail

If you have further comments, please provide these

[As we have a neutral position on assisted dying we do not have a view on this question.](#)

Question 3 – The Assisted Dying procedure and procedural safeguards

The Bill describes the procedure which would be in place for those wishing to have an assisted death.

It sets out various procedural safeguards, including:

- examination by two doctors
- test of capacity
- test of non-coercion
- two-stage process with period for reflection

Which of the following most closely matches your opinion on the Assisted Dying procedure and the procedural safeguards set out in the Bill?

- I do not agree with the procedure and procedural safeguards because I oppose assisted dying in principle
- The procedure should be strengthened to protect against abuse
- The procedure strikes an appropriate balance
- The procedure should be simplified to minimise delay and distress to those seeking an assisted death
- Other – please provide further detail

If you have further comments, please provide these

[We have no comments to make for this question.](#)

Question 4 – Method of dying

The Bill authorises a medical practitioner or authorised health professional to provide an eligible adult who meets certain conditions with a substance with which the adult can end their own life.

Which of the following most closely matches your opinion on this aspect of the Bill?

- It should remain unlawful to supply people with a substance for the purpose of ending their own life.
- It should become lawful to supply people with a substance for the purpose of ending their own life, as proposed in the Bill
- It should become lawful to supply people with a substance for the purpose of ending their own life, as proposed in the Bill, and it should also be possible for someone else to administer the substance to the adult, where the adult is unable to self-administer.
- Other – please provide further detail

If you have further comments, please provide these

As we have a neutral position on assisted dying we do not have a view on this question.

The involvement of registered nurses in assisted dying process appears to be limited to attending and providing the person with a substance which they will take to end their life. They must remain with the person until they decide whether to use the substance provided, and if they do so, until the person has died (as set out in paragraph 15 of the Bill).

The Bill establishes the role of ‘coordinating registered medical practitioner.’ The coordinating registered medical practitioner and an independent registered medical practitioner will assess the terminally ill adult’s eligibility to be provided with assistance to end their own life. The Bill does not permit nurses to assess people who wish to have an assisted death. Should the Scottish Government wish to extend the professionals eligible to do this, we see no regulatory reason why suitably qualified and experienced first level nurses (meaning a nurse registered in Sub-Part 1 of the Nurses’ Part of the register) should not be able to participate in the assessment as well as the delivery process of an assisted death. Our standards equip professionals with a wide range of professional knowledge and clinical skills, including assessing needs and planning care, and many nurses practise in highly complex and specialized roles.

We think it would be helpful for the Scottish Government to set out any particular qualifications and/or experience that regulated healthcare professionals should have to perform any of the roles associated with the assisted dying process, and not just the coordinating registered medical practitioner as set out in the Bill (at paragraph 4(5)). This will give confidence to the public and those wishing to access assisted dying that any professional participating in the process have the knowledge, skills and experience to deliver the best possible care for people.

The provisions in the Bill do not make it clear how assisted dying would be facilitated in practice e.g. provision of a life ending substance by healthcare professionals and how the substance(s) will be prescribed, prepared and dispensed. Paragraph 15 (i) says the coordinating registered medical practitioner or an authorised health professional may provide a terminally ill adult with an approved substance with which the adult may end their own life. We think it would be helpful for the Scottish Government to clearly set out the process for providing an eligible adult with a substance with which they can end their own life.

Only first level registered nurse (level 1) who have completed an NMC approved prescribing programme and have their qualification annotated on the NMC register are legally permitted to prescribe. Second level nurse (meaning a nurse registered in Sub-Part 2 of the Nurses' Part of the register) are not eligible to become nurse prescribers. Any registered nurses who are not prescribers will not be able to provide the person with a substance unless it has been prescribed by another prescribing professional. We think that if the assisted dying service is implemented, it should be made clear that only registered first level nurses can take part in the assisted dying process. 'Registered nurse' alone doesn't give the clarity needed.

The process set out in the Bill is self-administered assisted dying, whereas in other assisted dying models, such as the one proposed in Jersey, there is the option of a practitioner administering a substance for the purpose of causing the person's death. We think that any differences to other assisted dying models should be made clear and communicated to professionals and the public so that people understand how the service, if approved, will run in Scotland.

Question 5 - Health professionals

The Bill requires the direct involvement of medical practitioners and authorised health professionals in the assisted dying process. It includes a provision allowing individuals to opt out as a matter of conscience.

Which of the following most closely matches your opinion on how the Bill may affect the medical profession? Tick all that apply.

- Medical professionals should not be involved in assisted dying, as their duty is to preserve life, not end it.
- The Bill strikes an appropriate balance by requiring that there are medical practitioners involved, but also allowing those with a conscientious objection to opt out.
- Assisting people to have a "good death" should be recognised as a legitimate role for medical professionals
- Legalising assisted dying risks undermining the doctor-patient relationship
- Other – please provide further detail

If you have further comments, please provide these

We support the provision of a conscientious objection in the Bill so that no individual is under a legal duty to participate in assisted dying. Currently a statutory right of conscientious objection already exists for nurses in the UK in two areas, for abortion

and human fertilisation. Our Code makes provision for conscientious objection (paragraphs 4.4 and 20.7), and we have also published [conscientious objection guidance](#) for registered nurses.

We agree that a nurse could not refuse on the basis of conscientious objection to carry out tasks which are within the normal range of their work, and which are not directly related to the assessment or delivery of an assisted death. We think it would be helpful if guidance on conscientious objection could be developed to support healthcare professionals around this point, encouraging them to discuss concerns or objections with their manager at the earliest opportunity.

We note that the Bill, as drafted, is based on the assertion that any medical practitioner or registered nurse authorised by the coordinating medical practitioner could be expected to participate in assisted dying, if requested by an eligible adult in Scotland, unless they have a conscientious objection to doing so. We would question whether participation in assisted dying should be an expectation of all eligible healthcare professionals as the starting point. Our Code requires nurses to complete the necessary education and training before carrying out a new role. We would like to have a better understanding of how the assisted dying service would ensure that those willing to participate have the proper training and experience to do so.

In Jersey, it is proposed that the assisted dying would be established as a separate service. Health and care professionals would have to opt in and be registered to work for the assisted dying service. Some advantages of this approach are:

- health and care professionals would have greater choice about whether they want to opt in and take part in the service
- greater oversight at a local level of the professionals involved in the service
- better assurance that those participating in assisted dying have the necessary skills and knowledge required for the scope of their role.
- ease for people seeking assisted dying to identify the health and care professionals willing and able to carry out the functions of the assisted dying service
- limited impact on existing health and care services.

When considering the detail of how the service would operate in Scotland, it is important that the Scottish Government considers whether the proposed model could be delivered within the current resources without adversely impacting on existing services and already over-stretched staff.

Assisted dying is devolved across the UK so we recognise that each country of the UK will take a particular approach. It is not for the NMC to comment on how services should be organised and operate in each country of the UK. However, in our view, we think any differences in how services are organised and operate should be clear for the benefit of the public, people seeking an assisted death and healthcare professionals.

All registered nursing professionals are required to uphold the requirements the [NMC Code](#) at all times. The Code specifies registrants must “keep to the laws of the country in which they are practising” (paragraph 20.4). If assisted dying is legalised in Scotland, registered nurses practising in Scotland are expected to follow the law in Scotland.

Therefore, the NMC Code will not prevent a nurse who practises in Scotland from participating in assisted dying if it becomes lawful to do so under Scottish law. However, because assisted dying is unlawful in England, Wales and Northern Ireland, registered nurses practising in these countries would not be permitted to take part in an assisted dying process.

We support the development of guidance for all health and care professionals to manage conversations around assisted dying and end-of-life options particularly as nurses may be approached first by someone raising the issue of assisted dying.

Question 6 - Death certification

If a person underwent an assisted death, the Bill would require their underlying terminal illness to be recorded as the cause of death on their death certificate, rather than the substance that they took to end their life.

Which of the following most closely matches your opinion on recording the cause of death?

- I do not support this approach because it is important that the cause of death information is recorded accurately
- I support this approach because this will help to avoid potential stigma associated with assisted death
- Other – please provide further detail

If you have further comments, please provide these

Other – we do not have a view on this question.

Registered nurses are required to uphold the Code. The Code requires nurses to keep clear and accurate records relevant to their practice (standard 10).

Question 7 – Reporting and review requirements

The Bill proposes that data on first and second declarations, and cancellations, will be recorded and form part of the person's medical record.

It also proposes that Public Health Scotland should collect data on; requests for assisted dying, how many people requesting assisted dying were eligible, how many were refused and why, how many did not proceed and why, and how many assisted deaths took place.

Public Health Scotland would have to report on this anonymised data annually and a report would be laid before the Scottish Parliament.

The Scottish Government must review the operation of the legislation within five years and lay a report before the Scottish Parliament within six months of the end of the review period.

Which of the following most closely matches your opinion on the reporting and review requirements set out in the Bill?

- The reporting and review requirements should be extended to increase transparency
- The reporting and review requirements set out in the Bill are broadly appropriate
- The reporting and review requirements seem excessive and would place an undue burden on frontline services
- Other – please provide further detail

We have no comments to make for this question.

Question 8 – Any other comments on the Bill

Do you have any other comments in relation to the Bill?

We have no further comments to make for this question.