

Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill

Introduction

A proposal for a Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life.

The consultation runs from 23 September 2021 to 22 December 2021.

All those wishing to respond to the consultation are strongly encouraged to enter their responses electronically through this survey. This makes collation of responses much simpler and quicker. However, the option also exists of sending in a separate response (in hard copy or by other electronic means such as e-mail), and details of how to do so are included in the member's consultation document.

Questions marked with an asterisk (*) require an answer.

All responses must include a name and contact details. Names will only be published if you give us permission, and contact details are never published – but we may use them to contact you if there is a query about your response. If you do not include a name and/or contact details, we may have to disregard your response.

Please note that you must complete the survey in order for your response to be accepted. If you don't wish to complete the survey in a single session, you can choose "Save and Continue later" at any point. Whilst you have the option to skip particular questions, you must continue to the end of the survey and press "Submit" to have your response fully recorded.

Please ensure you have read the consultation document before responding to any of the questions that follow. In particular, you should read the information contained in the document about how your response will be handled. The consultation document is available here:

[Consultation Document](#)

[Privacy Notice](#)

I confirm that I have read and understood the Privacy Notice attached to this consultation which explains how my personal data will be used.

On the previous page we asked you if you are UNDER 12 YEARS old, and you responded Yes to this question.

If this is the case, we will have to contact your parent or guardian for consent.

If you are under 12 years of age, please put your contact details into the textbox. This can be your email address or phone number. We will then contact you and your parents to receive consent.

Otherwise please confirm that you are or are not under 12 years old.

No Response

About you

Please choose whether you are responding as an individual or on behalf of an organisation.
Note: If you choose "individual" and consent to have the response published, it will appear under your own name. If you choose "on behalf of an organisation" and consent to have the response published, it will be published under the organisation's name.

on behalf of an organisation

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

No Response

Please select the category which best describes your organisation

Representative organisation (trade union, professional association)

Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your Full Name or the name of your organisation. (Note: the name will not be published if you have asked for the response to be anonymous or "not for publication". Otherwise this is the name that will be published with your response).

Community Pharmacy Scotland

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number.

We will not publish these details.

Aim and Approach - Note: All answers to the questions in this section may be published (unless your response is "not for publication").

Q1. Which of the following best expresses your view of the proposed Bill?

Partially supportive

Please explain the reasons for your response.

We have two key areas of concern – ethical and contractual.

Ethical

Some of this is covered by the inclusion of the Conscientious Objection (CO) Clause in the bill, which allows the pharmacist to opt out of the supply of the medicine for assisted dying on ethical, personal or

Q1. Which of the following best expresses your view of the proposed Bill?

faith beliefs. This must be extended to include the registered technicians involved in the provision of pharmaceutical care within the pharmacy team.

There is a further issue which requires further consideration and inclusion to the bill. Consideration would have to be given to situations where the pharmacist has been involved in the patient's treatment plan for the provision of both pharmaceutical and/or palliative care but exercises their CO and ceases care when the assisted dying process is undertaken. Continuity of care would need to be maintained, and another pharmacist would have to take over, which could present some specific challenges in both remote and rural locations where there may not be another pharmacist close by, and in the current workforce shortage situation where there may not be a regular pharmacist to engage in the delivery of the service. Both could result in additional travel for the Health Care Professional (HCP) to obtain the medicine, and, depending on timescales involved, a delay in the delivery of the service.

Contractual

The inclusion of the CO Clause clashes with the legal/contractual obligation to supply the medicines if the request comes via an NHS prescription. The CO Clause must give a clear legal position on the choice of the individual to opt out of the service, and must be taken into account, and supersede other legislation in place.

Q2. Do you think legislation is required, or are there other ways in which the Bill's aims could be achieved more effectively? Please explain the reasons for your response.

The legislative approach is the correct way for this process to be implemented and developed. Any alternative would run the risk of raising concerns of insufficient safeguards, and of being too subjective, which could impact negatively on all aspects of the service and the care.

Q3. Which of the following best expresses your view of the proposed process for assisted dying as set out at section 3.1 in the consultation document (Step 1 - Declaration, Step 2 - Reflection period, Step 3 - Prescribing/delivering)?

Partially supportive

Please explain the reasons for your response, including if you think there should be any additional measures, or if any of the existing proposed measures should be removed. In particular, we are keen to hear views on Step 2 - Reflection period, and the length of time that is most appropriate.

Step 1

Covers all aspects of the review required for the doctors to assess the request for an assisted death.

Step 2

The detail of the time for reflection for the patient and the decision they reach does not sit within the expertise of CPS. In some countries with active legislation, the time window is 10 days.

However, given the timescale of the reflective period, we recommend that once this is complete and the patient agrees to progress to Step 3, that the pharmacist is contacted and engaged to put the necessary arrangements in place (medicines required, potential date of supply, ensure there is no CO) to facilitate the collection and delivery of the medication when it is required.

Step 3

Consideration needs to be given to which registered healthcare practitioner (HCP) will be collecting the medication and include detail of how this would take place, including detail of the necessary safeguards to ensure appropriate supply.

Q4. Which of the following best expresses your views of the safeguards proposed in section 1.1 of the consultation document?

Partially supportive

Please explain the reasons for your response.

The involvement of the pharmacist in the process needs to be specified in more detail to ensure continuity of care toward the end of Step 2 and into Step3.

Q5. Which of the following best expresses your view of a body being responsible for reporting and collecting data?

Partially supportive

Please explain the reasons for your response, including whether you think this should be a new or existing body (and if so, which body) and what data you think should be collected.

Having an independent body to report and collect data ensures that clear monitoring and evaluation of outcomes are available. This supports both good, regulated practice, and allows for assessment of the assisted dying processes and ongoing improvements in these. This would be a new body, set up within NHS Scotland to deliver the work.

The data collected would comprise all relevant data to monitor, assess and improve the service ongoing – anonymised and detailing age, any health conditions, gender, race and location.

Q6. Please provide comment on how a conscientious objection (or other avenue to ensure voluntary participation by healthcare professionals) might best be facilitated.

This must be clearly set out in the legislation for all professionals involved in the service. The GPhC standards are clear that pharmacists must recognise their own values and beliefs but no not impose them on other people.

The policy intent is that no person will be obliged to participate in the assisted dying process, while no citizen wishing to use the service and meeting the necessary criteria, is restricted from access

All healthcare regulatory bodies need to be engaged and involved in the development of the processes and policies post legislation to ensure it meets the standards required. The Bill advises that a register of HCPs and staff whose personal ethics do permit participation will be developed. This register must be maintained ongoing to accommodate changes, and all persons accessing this register must be HCPs. The access process needs to be clearly defined to ensure safe practice and security of the individuals who have chosen to participate/opt out.

Financial Implications

Q7. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

some increase in costs

Please indicate where you would expect the impact identified to fall (including public sector bodies, businesses and individuals etc). You may also wish to suggest ways in which the aims of the Bill could be delivered more cost-effectively.

Q7. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

The full detail of all of the costs involved sits out with the expertise of CPS.

For community pharmacies, where there will be a cost increase, since this will be a new service, not comparable with anything currently delivered. This would include

- Assessment of the service required
- Development of the service
- Training and development for pharmacy teams.
- Delivery of the service
- Provision of resource for patients to advise how the service will be delivered.
- Increase in cost of professional indemnity to deliver the service

In addition, we envisage costs for

- The maintenance of a register of pharmacists delivering/opted out of the service.
- The operation of the data collection
- Support from governing bodies to set up and support the delivery and operation of the legislative aspects of the service.

Equalities

Q8. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation?

Positive

Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.

This question is routinely asked in all consultations from an equalities perspective. However, this consultation is different, in that there is specific evidence for some of the groups in their potential use of assisted dying. CPS has commented on those groups where we have some expertise

Age

In general, older people have more serious illnesses and will therefore use the service more than younger people. The bill is proposed for anyone over the age of 16, and therefore there is no negative impact based on age.

Disability

The majority (88%) of Scottish people living with a disability support assisted dying as a choice for terminally ill people. The bill has been set up to ensure that disability alone is not a qualifying criterion, and the person must also have a terminal illness. The bill therefore has no negative impact, or disproportionate effect on based on any disability an individual has.

Gender re-assignment.

There are no aspects of the bill which relate specifically to gender.

Race

There are no aspects of the bill which relate specifically to race

Others

Nothing to add.

Sustainability

Q9. In terms of assessing the proposed Bill's potential impact on sustainable development, you may wish to consider how it relates to the following principles:

- living within environmental limits
- ensuring a strong, healthy and just society
- achieving a sustainable economy
- promoting effective, participative systems of governance
- ensuring policy is developed on the basis of strong scientific evidence.

With these principles in mind, do you consider that the Bill can be delivered sustainably?

Yes

General

Q10. Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

None