The Consultation Questionnaire

About you

(Note: Information entered in this "About You" section may be published with your response (unless it is "not for publication"), except where indicated in **bold**.)

1. Are you responding as:

☐ an individual – in which case go to Q2A
☐✕ on behalf of an organisation? – in which case go to Q2B

2A. 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".)

☐ Politician (MSP/MP/peer/MEP/Councillor)
☐ Professional with experience in a relevant subject
☐ Academic with expertise in a relevant subject
☐ Member of the public

Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:

2B. Please select the category which best describes your organisation:

☐ Public sector body (Scottish/UK Government or agency, local authority, NDPB)
☐ Commercial organisation (company, business)
☐ Representative organisation (trade union, professional association)
☐ Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)
☐✕ Other (e.g. clubs, local groups, groups of individuals, etc.)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

Mediical Royal College

3. Please choose one of the following:

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

☐ I would like this response to be published anonymously

☐ I would like this response to be considered, but not published ("not for publication")

If you have requested anonymity or asked for your response not to be published,please give a reason. **(Note: your reason will not be published.)**

4. Please provide your name or the name of your organisation. **(Note: The name will not be published if you have asked for the response to be anonymousor "not for publication".)**

Name: Royal College of Physicians and Surgeons of Glasgow

Please provide a way in which we can contact you if there are queries regardingyour response. Email is preferred but you can also provide a postal address or phone number. **(Note: We will not publish these contact details.)**

Contact details:

5. Data protection declaration

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

If you are under 12 and making a submission, we will need to contact you to askyour parent or guardian to confirm to us that they are happy for you to send us your views.

☐ Please tick this box if you are under 12 years of age.

Your views on the proposal

Note: All answers to the questions in this section may be published (unless your response is “not for publication”).

Aim and approach

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

- ☐ Fully supportive
- ☐ Partially supportive
- ☐ Neutral (neither support nor oppose) X
- ☐ Partially opposed
- ☐ Fully opposed
- ☐ Unsure

Please explain the reasons for your response.

There are a variety of views held by our Fellows and Members. These are genuine and usually strongly held by individuals. They have given consideration to this issue over a long clinical career. We as a College do not hold a position on this issue as our membership has views on both sides. We question whether the term assisted dying is the correct one and whether the general public really understand what is meant by the term. We also feel the stress should be on good palliative care which should be available to anyone in need. To say that it is not available for everyone and the solution is to develop assisted dying is avoiding the main issue of providing good care throughout an individual’s life.

We also ascertained whether individual professionals would be willing to take part in the process envisaged by the proposed legislation and had an equal diversity of views. This is a professional opinion not as the document states conscientious objection.

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

We believe that maintaining good caring health service is vital for the quality of life for an individual and this includes the period when their life is coming to an end. We are supportive of the view taken by the Scottish Palliative Care Consortium of which we are a member. We would question whether this Bill is necessary if the quality of palliative care is increased and uniform across the country. The discussion paper suggests that this is an alternative to good palliative care. We do not believe this to be the case.

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

- ☐ Fully supportive
- ☐ Partially supportive
- ☐ Neutral (neither support nor oppose) X
- ☐ Partially opposed
- ☐ Fully opposed
- ☐ Unsure

Please explain the reasons for your response, including if you think there shouldbe 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.

Professional Definitions

Throughout the document there is confusion in the use of terms. Registered Medical Practitioner is the legal term for Medical Doctors who are regulated by the General Medical Council. Healthcare professional or practitioner is a looser term which may include Medical Doctors but also Registered

Nurses, Pharmacists, Physiotherapists, Occupational Therapists, Healthcare Support workers, and others. The majority have a statutory regulator. The paper is not specific about the particular skills and to which professional it refers.

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Professional Objection

It is our view that the professional individual has a right not to participate in the process and this needs to be accepted. One of our reviewers suggested professionals should positively "opt in" rather than "opt out". The wording of the consultation uses the term conscientious objection. This is in our view is inappropriate. The practice of medicine is to support life and maintain quality of life to the end. Views held are strongly held in the light of experience and are not a matter of conscience for the majority.

Definition of Terminal Illness

We agree with the Scottish Palliative Care Consortium that the definition of Terminal Illness is loose and giving a defined prognosis is often difficult by Registered Medical Practitioners. We should not rely on a definition in a 2018 Act related to Social Security and Benefits. Even the amplification of the definition by the Chief Medical Officer (BASRiS 2021) is still very loose. There appears very little understanding that there is real difficulty in the area of prognosis (life expectancy). Any proposed legislation would need a closely defined definition of Terminal Illness.

Attending and Independent Doctors (Registered Medical Practitioners)

We are concerned that these terms are not defined in the proposal. They should be clearly defined. The eligibility in terms of relation to the patient (eg usual general practitioner or attending consultant) should be made clear. The length of personal knowledge of the individual is important as is the training in assessment skills and in the consenting of patients considering ending their lives and prescription of lethal medication to them. They will also need on going continuing professional development to maintain skills. Are the doctors involved in ongoing care? In which case there may be a conflict of interest. The necessary speciality background of the doctors needs to be considered.

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Declaration

We believe this is simplistic and the safeguards are limited. It is quite possible for an individual to have one view and change their mind later. While the doctors may be certain of the individual's capacity and intentions at one point in time this could change despite the "cooling off" period of 14 days. The independent doctor has to make an assessment on the basis of possibly a short visit. Referral for advice on capacity is not solely the prerogative of a psychologist. Many other professionals can assess capacity. This includes a psychiatrist, palliative care physician, specialist physician or surgeon.

We consider the conversation concerning forms of available treatment should occur long before the individual considers assisted dying. It can be a long conversation over a period of time and needs to come early in a terminal disease.

We refer you to the General Medical Council's advice on consent. Of importance is what is considered a valid consent.

Reflection

While we agree a period of reflection is important, 14 days may not be long enough for many individuals. We question whether all young adults over the age of 16 are mature enough to make this type of decision.

Prescribing/delivering

There is confusion as to which professional is going to do each function. It is difficult to ask one person to prepare and witness the ingestion of medication. It is not stated whether this could be orally, by intravenous injection or other method if the person is unable to swallow.

It is important to consider initial specific training and continuing professional development for staff involved in the delivery of the lethal medication. In addition, consideration should be given to welfare and support for these staff who may be placed in a personally difficult and distressing situation.

We believe that a death certificate has to name the true cause of death. It should include lethal medication. It is not acceptable to omit this on the grounds of privacy. All deaths are open to public scrutiny by the procurator fiscal. The death certification system also allows independent review of the system.

As in any health procedure, this process would need to be subject to the principles of clinical governance with audit of the procedure in terms of complications, monitoring, scrutiny, regulation and research with reporting at ministerial level.

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

- ☐ Fully supportive
- ☐ Partially supportive
- ☐ Neutral (neither support nor oppose) X
- ☐ Partially opposed
- ☐ Fully opposed
- ☐ Unsure

Please explain the reasons for your response.

As stated above we have reservations about safeguards for the individual. The second doctor will have only seen the person on one occasion and has to come to important conclusions on the basis of what may be a short visit. No advice is given about the background or skills of the individual. We consider the conversation about available management and treatment should have occurred before the request for assisted dying. The period of 14 days may be too short for some individuals. Asking one person to witness ingestion is asking a lot of that individual.

We believe the system suggested is still open to abuse.

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

- ☐ Fully supportive
- ☐ Partially supportive
- ☐ Neutral (neither support nor oppose) X
- ☐ Partially opposed
- ☐ Fully opposed
- ☐ Unsure

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.

We agree if this Bill is enacted, there should be close scrutiny of the processes involved. We consider there is still opportunity for abuse on one side and that health professional needs to be protected on the other.

We believe the registrar general's current system of review of death certification with extra oversight provided by documentation would give independent scrutiny. Assisted death should be noted on the death certificate as contributary to the death.

As in any health procedure, this process would need to be subject to the principles of clinical governance with audit of the procedure in terms of complications, monitoring, scrutiny, regulation and research with reporting at ministerial level.

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

We do not agree with the term conscientious objection. We believe there is a genuine breadth of opinion on this matter. It is not one of which view is correct or not. Consideration should be given to positive "opt in" to a system

Financial implications

7. 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:

☐ a significant increase in costs X
☐ some increase in costs
☐ no overall change in costs
☐ some reduction in costs
☐ a significant reduction in costs
☐ don't know

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.

Financial costs of developing a system are not discussed in the proposal. The resources to provide this service may need to be found and could be significant. No mention is made of the educational and continuing professional development needs of staff and cost of oversight of the system. They may be better spent of providing better palliative care.

Equalities

8. What overall impact is the proposed Bill likely to have on equality, taking accountof 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
☐ Slightly positive
☐ Neutral (neither positive nor negative) X
☐ Slightly negative
☐ Negative
☐ Unsure

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 minimisedor avoided.

There may be implications for individuals whose first language is not English or Gaelic. There may be implications for those with limited education or poor reading ability. These individuals may have a protected characteristic.

Sustainability

9. 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
☐ No
☐ Unsure X

Please explain the reasons for your response.

While the document points to various references in the literature, there are genuine differences in scientific opinion on this matter. We draw you attention to the Scottish Palliative Care Consortium Paper giving further evidence.

General

10. 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)?

We circulated the proposal to our Council and received the following individual comments.

The Principle of Assisted Dying

I strongly object. Scotland needs much more investment in good Palliative care. At the moment it is patchy, and completely inadequate. Good palliative care should be offered to everyone in their last six months of life. It can ease most symptoms. Those whose symptoms cannot be relieved and are suffering can be considered for an end of life pathway.

We are all dying, from the day we are born. A diagnosis of cancer that has spread could be considered terminal, but many live with this, with successful treatments and symptom control. This is expensive for the patient and for the NHS.

This Bill enables Scotland's clinicians to save the government money. Kill off the patient, it is quick and cheap apart from the brief intervention. What kind of society chooses to save money, rather than offer good care?

Poorer people, those with extended families and long-term conditions which might just meet criteria for this bill may wish to "save themselves" but also their families from the cost and distress of their care - either doing the care or costs of care at home with a feeling of being a burden, or in care setting which may cost them much of their savings. Whilst the dying person can easily convince two doctors that they want to die, it is potentially really for the other reasons (save family cost/distress/ burden).

If this proceeds there must be NO private provision for this "service".

It must be compulsory for a Palliative care Consultant to be one of the individuals assessing the individual and indicated that no treatment can be given that would help.

There must be monitoring/register by GMC for all cases to ensure that no doctor whose registration has been under question is involved.

It must be registered on the Death Certificate as a contributing factor.

The Clinician must undertake formal training to the level of a CREDENTIAL in assisted dying. Only this way, would the full ethical issues be able to be adequately assessed by a specialist - not just any two doctors.

Legislation on this issue is long overdue. A competent individual should have access to the means to end their life and avoid severe and unnecessary suffering. Checks and controls need to be in place.

I feel that there is a greater need for palliative care to be improved and involve external agencies such as MacMillan or Marie Curie. This would give more dignity to the patient and support the family/carers.

I have too often seen examples of patients who are at the end of life despite our current measures to palliate, have a prolonged and undignified death. The Bill has the necessary safeguards to reassure me as a physician that this is a robust process

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I feel that if the majority of the public are now for assisted dying consideration of a Bill like this then this should be undertaken. There seems to be a shift in public opinion. However personally I am uncertain and professionally even more uncertain.

While the proposal seeks to give some safeguards to the process, it is my understanding that in countries/states where legislation has been enacted the safeguards are gradually eroded. While the desire is to relieve suffering and increase autonomy it is difficult to prevent a cultural drift towards accepting the normalisation of prematurely ending of life. Being reassured of the absence of coercion would become increasingly difficult as individuals may perceive the expectation that they should accept this route without becoming a burden to the medical/hospital services, family, caregivers or the state. Where legislation exists, it has been accompanied by an increased incidence of violent suicide. The method of administration of life-ending medication may itself be accompanied by significant distress.

Our focus of alleviating suffering should be the promotion of good palliative care which attends to the spiritual and psychological wellbeing of our patients as well as relief from their physical suffering. Investing in those services rather than an advertising campaign for euthanasia should be the firm recommendation from the College.

Willingness to take part in the process:

I wouldn't *wish* to participate, but would be prepared to do so.

I am really professionally wary of this as to what is considered as a terminal illness and how this will be taken forward/enacted. Unlike other medical decisions we take every day once enacted, this is not in anyway reversible.

The notion that it is permissible to oversee the intentional taking of life as a means of treatment is not consistent with the practice of medicine. It is a betrayal of our professional responsibilities rather than an act of a progressive and caring society.